UNIVERSITY OF THE WESTERN CAPE

PERCEPTION AND EXPERIENCES OF WOMEN REGARDING POSTNATAL CARE IN NDOLA-ZAMBIA

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BY

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KEYWORDS

- ZAMBIA
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- SATISFACTION

ABSTRACT

Postnatal care has remained fundamentally unchanged for a long time and been subject to very little research. Despite the importance of the postnatal period, women's experience of postnatal care has not received great attention and most writing about women's birthing experience has largely been concentrated on antenatal and labor care. The importance of understanding client perceptions of service is widely acknowledged and becoming more relevant in health care, as attempts to incorporate clients' views into service development, provision and evaluation are increasing. Health care providers are beginning to recognize the importance of consumer satisfaction as a measure of quality of service.

This study focused on women's perceptions of postnatal care and sought to gain insight into their views on benefits, experience, attendance and attitude towards postnatal care. A qualitative descriptive research design was used to conduct the study. Data were analyzed by thematic content analysis. The Health Belief Model guided the description and interpretation of the data.

The research was conducted at Bwafwano maternity unit, a 24-hour service in Ndola City, Zambia. The purposive sample comprised 20 women drawn from postnatal and children's clinics. Inclusion criteria were that participants were within the 6 to 8 weeks postnatal period and seeking maternal and child health services at the unit and willing to participate in the study.

Findings from the study revealed that some women had attended either the 1 week or 6 week postnatal care clinic while others had never attended any postnatal care clinic. Women's knowledge of the benefits of postnatal care was relatively good. Despite the recognition of the benefit of postnatal care, it was evident that women were reluctant to use the postnatal service for reasons including fear of being examined, fear of the effects of vaccines, fear of imposed sterilization in family planning and fear of being found to have with diseases. Other reasons for non attendance given by the participants were dissatisfaction with previous care received, laziness on the part of the woman, negative attitudes of midwives and ignorance about the service as well as reluctance to be examined by a male midwife.

Participants appreciated some aspects of postnatal care rendered but suggested improvement in those areas they felt were lacking in quality. Areas of concern included lack of comprehensive physical examination for both mother and baby, limited information, particularly feedback after examination, inadequate supplies as well as cancelled appointments.

Results from this study indicate that there is need for further exploration on a wider scale of clients' views of services rendered. Furthermore the results accentuated the need for evaluation of current postnatal maternity care in Zambia in order to find suitable strategies that will increase quality of care.

DECLARATION

I declare that this mini-thesis is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other university.

_____ _____

ELIZABETH KONDOWE KALUNGA DATE

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MRS. FELICITY DANIELS. (LECTURER)

SUPERVISOR

DEDICATION

This mini-thesis is dedicated to all the wonderful people who inspired and encouraged me during my studies. To my dear late mother, Lillian, Etinasi Kondowe for her bravery during her illness and her dedication to motherhood. You were always there for me mother and I miss you so, but I will carry on, just as you told me to, shortly before your departure for heaven.

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1.1 INTRODUCTION

This chapter is concerned with an orientation to the study in which formulation of the research problem, purpose and significance of the study, research methodology, ethical considerations and limitations of the study are described. Definitions used in the study and an outline of the study is also given.

1.2 FORMULATION OF THE PROBLEM.

1.2.1 Background To The Problem

Zambia is a Southern African landlocked country, occupying a total area of 752,614 square kilometers (2,5% of Africa's total area). The total population as in the year 2000 stands at 10.2 million people (USAID, 2000). Zambia's Total Fertility Rate in 1990 was 6:1 and the Maternal Mortality Rate in 1996, at 197 per 1,000 or 649 per 100,000 births, one of the highest in Africa. A contributing factor to the high mortality rate is lack of access to and poor utilization of antenatal and postnatal services. (John Hopkins School of Public Health, 2000; USAID-ZAMBIA, 2000).

In an effort to improve the living standards and quality of life for all Zambians, the government established the 1989 population policy, with several goals. One such goal was to promote health and welfare and prevent premature death and illness especially among high-risk women and children. Two strategies for achieving this goal and its objectives included providing maternal and child health care as well as family planning services, to reduce infant, child and

maternal morbidity and mortality and improve women's status (John Hopkins School of Public Health, 2000)

Before 1991, the health sector in Zambia was characterized by a decline in the provision of quality health care, which impacted negatively on women and children who are the major users of health services, coupled with low utilization of health services (Gender in Development Division, 2000). In Zambia, many factors affect the utilization of health services by both men and women. Some of these factors are due to socialization and beliefs. Long distances and poor road network are some of the barriers to effective access to health facilities. Even when facilities are easily accessible though, women have a poor attitude towards their own health. It is notably so that even when facilities are easily accessible and they themselves are sick, women are faced with difficult choices to attend to the needs of their families first at the expense of their own health (Gender in Development Division, 2000).

In Zambia, a study undertaken by Likwa in 1994, indicated that under- utilization of maternal services results from:

- Lack of decision making power by women in need of reproductive health care (other persons such as husband, brother or mother-in-law decide whether or not to seek professional care for her)
- Delayed decision to seek care because of distance, transportation problems, illness factors, cost, poor quality of care, subordinate

position of woman in the community, socio-economic factors and educational status of women

- Delayed arrival at a health center caused by distances, poor transportation, weak community organization or death on route.
- Delayed provision of adequate care caused by poor quality of care, low staff morale or understaffed or under-equipped facilities

(John Hopkins School of Public Health, 2000)

In 1992, the Zambian government began taking a new decentralized approach to health services with the goal of providing "Zambians with equity of access to cost-effective, quality health care as close to the family as possible". Zambia's decentralization of health services marked a radical departure from past approaches often excessively centralized and non-consultative. The new approach works by moving responsibility for essential service functions to the district level, to make services more responsive to local needs and accountable to users (USAID-ZAMBIA, 2000).

Since 1992, Zambia has implemented health reforms whose major thrust has been the decentralization of the Ministry of Health key functions of planning, management, service delivery, funding and resource allocation to district management boards (Gender in Development Division, 2000). The policy further states that in this decentralized system, the Zambian Government has committed itself to financing and providing a basic package of cost-effective health care services as close to the family as possible. One strategy adopted has been the

upgrading of district health centers to offer comprehensive Maternal and Child Health (MCH) Services. Women are now able to obtain antenatal, intranatal and postnatal services nearer to their homes. In Ndola, for example, the health centers are located in various major residential areas reducing distance, to enable easy access to services. In addition, the government subsidizes the services, and only a minimal fee is levied for labor and delivery. The services are also provided on a daily basis.

The introduction of health reforms however, was a positive move as most Non Governmental Organizations committed themselves to assist in raising the standards of health care and hence upgraded a number of health centers to the level of providing 24-hour maternity service. These centers are located in residential areas and hence clients can access them easily without spending any or a large sum of money on transportation to get to the tertiary institution, as was previously the case.

Unlike in some developed countries (Twaddle, Liao & Fyvic, 1993) where women receive postnatal care in their homes, the Zambian scenario entails a client going to the health center to receive postnatal care at 1 week and at 6 weeks or whenever a problem arises between the scheduled visits. Staff-patient ratios have never been adequate and this causes a long waiting time before services are rendered to patients. Despite the positive strides that have been taken by government to address some of the barriers to utilization of health services, postnatal services seem to be under-utilized by childbearing women.

1.2.2 Statement Of The Problem

The postnatal period is the time that most women recover from the birth process and begin to take on a new role. It is characterized by a recovery from pregnancy and birth experiences, as well as the adjustment to new roles and the adjustment of the family to the new family member (Fichardt, van Wyk & Weich, 1994; Rice, Naksook & Watson, 1999).

It is during this period that most women have mixed feelings and more importantly, it is seen in many cultures as a most dangerous period when a new mother is vulnerable to all sorts of illnesses (Fichardt, van Wyk & Weich, 1994; Rice, Naksook &Watson, 1999). Not only are women's behaviors restricted during this period, they also want to observe certain traditional customs in order to avoid ill health in later years (Rice, Naksook &Watson, 1999).

Maternal care is most important especially during the first 6 weeks after the birth of the baby, to enable the body to adjust to a non-pregnant condition. Recovery time and care are necessary to enable these changes to take place in a healthy manner. In the days and weeks of the postnatal period, women experience anatomical and physiological changes as well as social adjustments, which make exceptional demands on them.

Objectives of postnatal care are three fold and interrelated:

- Promoting the physical recovery of the mother and baby from effects of pregnancy, labor and delivery.

- ❖ Establishing sound infant feeding practices and fostering good maternal / child relationships.
- ❖ Providing the psychological support requires strengthening the mother's confidence in herself and in her ability to care for her baby whatever her particular personal, family or social situation may be (Sellers, 2001).

Postnatal care is provided in 3 phases; immediately after birth, after 1 week and at 6 weeks. These phases were designed to allow for follow up of women's health, to assess recovery and identify deviations from normal (Sellers, 2001). Despite the importance of the postnatal period, women's experience of postnatal care has not received great attention and most writing about women's birthing experience has been centered on antenatal and labor care (Rice, Naksook, &Watson, 1999).

During clinical supervision of student midwives at Bwafwano Maternity Unit, Ndola-Zambia, between 1999 and 2000, the researcher and staff at the clinic observed that postnatal care services were relatively under-utilized in comparison to antenatal and intranatal services. Statistics obtained from records showed that in October 2000, out of a total 106 deliveries, only 74 (69.8%) women returned for postnatal assessment and care. Similarly, in December 2000, only 28(35%) women returned for postnatal checkup out of 80 deliveries conducted. The annual attendance rate for postnatal care in 2000 was 946 (43.8%) out of a total of 2160 deliveries conducted. Between January and July 2001, a total of 707 deliveries were conducted out of which 215 (30%) women attended the first week postnatal

clinic and 51 (7%) attended the sixth week postnatal clinic (Bwafwano Clinic MCH Register, 2000). This depicts a 37.6% postnatal attendance of which some women may have attended at both the first and sixth week postnatal check-up.

From the above statistics, it can be assumed that postnatal services are underutilized despite the Government's attempt to improve the services. This creates an assumption that the women have a poor or negative attitude towards postnatal services. This sparked the interest in the researcher to find out the experiences and perceptions of women towards postnatal care services, which would either support or negate such an assumption.

1.2.3 Purpose Of The Study

The purpose of the study was to explore women's perceptions and experiences of postnatal care at Bwafwano Maternity Unit in Ndola, Zambia, in an attempt to gain insight into what the contributing factors to women's low postnatal attendance were.

1.2.4 Significance Of The Study

This study was relevant and significant as insight into clients' views of postnatal care will assist in finding a solution to the current under-utilization of postnatal services and may support the provision of a service that considers clients' needs and preferences.

1.3 AIM AND OBJECTIVES OF THE STUDY

1.3.1 Aim:

The aim of the study was to explore and describe women's perceptions and experiences of postnatal care services in Ndola, Zambia.

1.3.2 Objectives:

1. To determine women's understanding of the benefits of postnatal care for clients.
2. To identify factors affecting / influencing women's utilization of postnatal care.
3. To obtain information of women's past experiences of postnatal care services.

1.4 LITERATURE REVIEW.

A review of the relevant literature was undertaken to obtain information on postnatal care with regards to:

- ❖ Clients' knowledge of postnatal care.
- ❖ Attendance of postnatal care services.
- ❖ Reasons for clients' non- attendance of postnatal care.
- ❖ Clients' views and satisfaction with services rendered

1.5 RESEARCH METHODOLOGY.

A qualitative, descriptive research design guided the study. The study was conducted in Chifubu township on the Copperbelt province of Zambia. Purposive sampling was used to select the research participants and the sample comprised 20 women in the 6-8 weeks post-natal period. Data were collected by means of a semi-structured interview guide and the interviews were tape-recorded. Thematic content analysis was used to analyze the data. Validity and reliability were ensured through establishing trustworthiness of the study. Ethical considerations were centered on permission to conduct the study, consent of participants and their right to confidentiality. A short data collection period and language difficulties were limitations that arose during the study

1.6 DEFINITIONS USED IN THE STUDY.

ANTE-NATAL: Refers to the period during pregnancy

HEALTH BELIEF MODEL (HBM): A model that describes health based on perceptions of susceptibility, seriousness of the disease and advantages or disadvantages of action.

HEALTH BEHAVIOR: Any health related action taken by a person to protect health or promote a higher level of health, to prevent or detect disease.

INTRA-NATAL: Refers to the period during labor and delivery.

MULTIPARA: A woman who has had more than one delivery.

PRIMIPARA: A woman who has had only one delivery.

PERINATAL: Refers to the period before delivery from the 22nd week of pregnancy through the first 28 days after delivery.

POST-NATAL CARE: Care given to a mother and her baby during the 6 weeks following delivery.

1.7 ABBREVIATIONS

BCG-BACILLUS CALMETTE GUERIN

HBM-HEALTH BELIEF MODEL

MCH-MATERNAL AND CHILD HEALTH

MOU-MIDWIFERY OBSTETRIC UNIT

1.8 OUTLINE OF THE STUDY.

CHAPTER 1: Introduction to the study, formulation of the problem, purpose and significance of the study, objectives of the study, research methodology, data analysis, ethical considerations, limitations of the study and definitions of terms.

CHAPTER 2: A review of the relevant literature.

CHAPTER 3: The research methodology, namely, design of the study, study setting, sampling, data collection procedures and data analysis procedures, ethical considerations and limitations of the study.

CHAPTER 4: Methods used for data analysis, presentation of findings, and interpretation of results.

CHAPTER 5: Summary of findings, implications, conclusion and recommendations.

This chapter has given a description of the problem under study, aim and objectives, an introduction to the literature review and methodology as well as definitions of terms. The chapter ends with an outline of the study. The next chapter is a presentation of the literature review.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

In chapter 1, an orientation to this study was provided by discussing the background and statement of the problem, the purpose, significance and objectives of the study, the assumptions, terminology and the outline of the research study. This chapter is concerned with review of literature related to this study. The review of the relevant literature contained in this chapter is centered on:

- ❖ The ideas and findings of other researchers on the research topic
- ❖ What is known about the research problem and what still needs to be researched.

Once the researcher had clarified the research topic, resources of the library at the University of The Western Cape were accessed to identify, read and critique the literature sources. Catalogues, indexes, abstracts and bibliographies were used to identify relevant sources. The researcher also made use of the interlibrary loan system to obtain books and articles that were unavailable at the university of study. From these sources, literature pertaining to postnatal care services and maternity care in general were obtained.

Literature review for this study included previous studies undertaken to determine attendance of post-natal service, reasons for non-attendance, clients' opinions and satisfaction with services rendered.

The literature review revealed that studies done on postnatal care were largely from developed countries where most clients had no problem with attendance but expressed disappointment with health care providers attitudes and timing and place of postnatal checkup. Very little research related studies were obtained which provides a developing world and an African perspective. The few obtained mainly considered Saudi Arabian and South African perspectives. It was difficult to obtain literature from the Zambian perspective. Only two maternal care related studies were found. This clearly indicates the little attention that is paid to postnatal health. However, the available literature gave insight to the prevailing situation in relation to postnatal care, be it in developed or developing countries. The theoretical framework for the study was derived from The Health Belief Model.

2.2 THEORECTICAL FRAMEWORK

The Rosenstock's Health Belief Model (HBM) guided the study as its theoretical framework. The HBM is a model that was developed to provide a framework to explain why individuals participate in health programs such as health checks. At its core, the model suggests that the likelihood of an individual taking action related to a given health problem is based on the interaction between four different types of beliefs. The model predicts that individuals will take action to protect or promote health if, they perceive themselves to be susceptible to a condition or problem; they believe it will have potentially serious consequences; it is perceived as a threat; they believe a course of action is available which will

reduce their susceptibility, or minimize the consequences and that the benefits outweigh the costs or barriers (Nutbeam & Harris, 1999).

The HBM is beneficial in assessing health protection or disease prevention. It is also useful in organizing information about client's views of their state of health and what factors may influence them to change their behavior. The HBM suggests that utilization of health services is directly related to the individual's perception of the cost and benefit and is evaluated in terms of money, time, convenience and efficacy of the health services as perceived by the patients. The HBM was ideal for this study, which sought to explore clients' perceptions and experiences of postnatal care, what causes women to seek or not seek postnatal care.

2.3 PREVIOUS STUDIES

Management of the postnatal period has hardly changed over the last 35 years or so, apart from a shortening of postnatal hospital stay. Changes have been ascribed mainly to differences in antenatal and intranatal care while postnatal maternal health has remained an under-researched and neglected field (Glazener, 1992; Glazener, Stroud, Naji, Templeton & Russell, 1995). Literature reveals some research done mainly in the developed countries regarding postnatal experiences, expectations and satisfaction of clients.

The existence of facilities for Maternal and Child Health (MCH) care does not necessarily mean that even women who have been expressively advised to use them

Will use them (Armstrong & Royston, 1989). A qualitative study done in Bangladesh of women's perceptions determining use of MCH services identified the following typical reasons for non-use:

- MCH services are seen as places to which one goes only if one has problems.
- Healthy women and healthy babies need not be taken to health centers or doctors.
- Long distance and lack of company for visiting the clinic
- Long waiting time for services.
- Unconcerned attitude and rude behavior of clinic personnel (Armstrong & Royston 1989)

These reasons from the Bangladesh study support data documented by Zambia National Gender in Development Division (2000).

A postnatal visit is generally considered an essential component of perinatal care for both mothers and infants. Postnatal care ensures that a woman is not experiencing complications following delivery and provides an important opportunity to assess the infant's progress, the family's ability to cope and whether pediatric care and other services are being received (Kogan & Leary, 1990).

Postnatal care should respond to the special needs of the mother and baby during this special phase and should include: the prevention and early detection and

treatment of complications and disease and the provision of advice and services on breastfeeding, birth spacing, immunization and maternal nutrition.

Postnatal services should be based on the needs and health challenges related to it such as maternal and neonatal care. They should incorporate all essential elements required for the health of the mother and her newborn and should be provided in an integrated fashion. There is a need to provide a solid infrastructure for the provision of a service which is comprehensive, culturally sensitive and which responds to the needs of childbearing women and their families (WHO, 2002). To improve the effectiveness of postnatal care, a check-up within the first two weeks post delivery is an essential intervention, in addition to the routine six weeks check (Zishiri, Shodu, Tshimanga & Nyirongo, 1999).

Despite the recognition of the importance of the postnatal period, women's experiences of postnatal care has not received great attention and most writing about women's birthing experience has so far dwelt more on antenatal and labor care (Rice, Naksook &Watson, 1999). In the recent past, there has been recognition within the fields of health care, that it is important to listen to user's perceptions of health care (Salmon, 1999).

It is further stated by Salmon (1999) that in the case of maternity care, it has been argued that these views should be central to shaping services to provide what has been described as client and family centered care. Listening to women is an essential element in the provision of flexible and responsive postnatal care that

meets the felt needs of women and their families (Butchart, Tancred & Wildman, 1999).

2.3.1 Developed Countries

Kogan and Leary (1990) conducted a retrospective study on factors associated with postnatal care in Massachusetts, to show that although there were significant reasons for promoting postnatal care, factors associated with whether a woman returned for a postnatal visit had not been examined. In this study, factors that had a negative bearing on women's return rate for a postnatal visit included inadequate prenatal utilization, lower education level, high parity, maternal age less than 26 years, delivery outcomes such as stillbirth or infant death, mode of delivery e.g. forceps aided or repeat caesarian section delivery, ethnicity e.g. blacks were less likely to return than whites, financial access and staff shortage at service sites.

In response to considerable dissatisfaction expressed by women with all aspects of their birth experiences and perinatal care, a survey study utilizing questionnaires was done by Stamp and Crowther (1994), to determine the characteristics of a sample of women giving birth in one hospital in South Australia, and these women's perceptions of the usefulness of the advice and care that they were given during the postnatal period. The study was conducted on a convenience sample of 235 women. The study results revealed women's views of midwives' attitudes as being insensitive (8%) and judgmental (9%), midwives being unhelpful (40%) and gave conflicting advice (10%). Positive perceptions

were in relation to, midwives giving emotional support (57%), answered questions (32%) and gave health information (30%).

The implication of the results on midwifery practice was that contact with midwives in the early postnatal period is ideal for support and advice, though midwives were not always perceived as fulfilling this part of their role

In another study conducted in Australia, Kenny, King, Cameron and Shiell (1993) undertook a survey of client satisfaction with postnatal midwifery care. In this study, a self-administered questionnaire was used on 200 postnatal women accessing domiciliary or hospital care. The women assessed the midwives interest and caring potential, education and information provided, their own progress with feeding and baby care, and their own physical and emotional health. They were also asked about their expectations of and gains from postnatal care. Women who chose domiciliary care rated their postnatal care more highly than the women who stayed in hospital.

Findings reinforce the importance of providing women with choices, for the maternity care, which best suits their needs. This study demonstrates that client satisfaction with a service is relative to client perception and expectation. A service may not necessarily please two clients equally. In this study clients had a choice of type of postnatal care whereas in Zambia all postnatal care is accessed from the maternity units.

Fishbein and Burggraf (1997) conducted a study at a mid Atlantic hospital to describe maternal concerns at two weeks and the mothers' ability to function in various roles at four weeks postnatal, using a convenient sample of 100 healthy women discharged within 48 hours after delivery. The results showed that women had physiological concerns relating to perineal sutures, breast-care, body image, fatigue and depression. The results indicated the necessity for nurses to explore strategies in hospitals and communities to provide early care for postnatal mothers. In Zambia, mothers spend less than 8 hours in a maternity unit following a normal delivery and so lose contact with midwives very early. The health providers only become aware of the mothers' early postnatal period needs and problems if and when the mothers attend the one-week postnatal checkup or bring the baby to the child health clinic

A study undertaken in Aberdeen during 1990-1991, on maternal morbidity, revealed that although some women were particularly unwell after delivery, some had apparent lack of professional help or treatment and some reasons given included the feeling that it was inappropriate to ask for professional help or that professional help was unavailable, unsatisfactory or ineffective (Glazener, Stroud, Naji, Templeton & Russell, 1995). Findings from this study indicate that if women had a poor perception of care received, they were unlikely to seek postnatal care in subsequent deliveries.

Ruby (1994) conducted a study to ascertain women's perceptions of factors which affect their health and well being during the postnatal period and to

establish whether interventions by partners, relatives, friends or health professionals were effective in resolving any morbidity present. Factors that were reported positively or negatively to affect maternal health and well being were maternal morbidity, tiredness, childcare knowledge and skill deficit, social activity, problems with establishing and maintaining breastfeeding and redefining normality. Findings from this study suggest that women receive inadequate information, advice and support from health professionals during antenatal and postnatal period to facilitate their transition to motherhood.

A study conducted by York, Tulman and Brown (2000) examined whether there was a relationship between level of prenatal care utilization and postnatal patterns of healthcare in low-income African-American women. The results reflected that women who sought inadequate or no prenatal care had greater infant morbidity and mortality in the postnatal period and significantly lower levels of attendance of maternal postnatal visits. The study confirmed that the level of prenatal care is indicative of the level of postnatal care women seek for themselves and their children in the first year after delivery.

A prospective prevalence survey was done in Aukland, New Zealand between 1997-1998 on attendance of postnatal services by 504 mothers of newborn babies up to 8 weeks of age. The study-investigated incidence of the attendance of the 6-week's postnatal check-up and whether mothers perceived any barriers to access. About 98% mothers had a postnatal check-up and the small group who did not, gave no valid reason as to why (Turner, Hounsell, Robinson, Tai & Whittle,

1999). It can be assumed that those clients who had no valid reason for not attending were ignorant of the benefits of a postnatal visit to themselves as well as to the baby. This survey showed a high attendance rate of postnatal clinic by mothers.

Gunn, Lumley, Chondros and Young (1998) conducted a randomized control study to determine whether an early postnatal check-up improved maternal health rather than the traditional six-week postnatal check-up (on a sample of Australian women from rural and metropolitan area in 1995). The sample comprised 300 women from the metropolitan center and 383 women at rural centers. The women in the intervention group were given an appointment for a check-up for one week after hospital discharge, the control group for six weeks after birth. Questionnaires were mailed to collect data at three and six months after birth. Results indicated that women in the control group were more likely to attend for their postnatal check-up at the scheduled time than women in the intervention group. The latter saw this as new and therefore not important or the timing was not practical for some women who found the one-week check-up being too early.

Unless the importance or benefit of service is clearly explained, clients may not perceive the relevance and would rather maintain what they have been used to doing.

A study was done in Birmingham by Bick and McArthur (1995) to describe the attendance and content of the six-week postnatal examination. A survey of 1278

women was carried out. The study indicated that attendance for the 6-week postnatal examination in the UK is good and revealed that attendance rate was 91% compared to 88% of a 1985 study by Bowers. This was an indication that women find it acceptable to attend the clinic for an examination after they have given birth. However, despite the high attendance rate it was found that routine postnatal examination did not meet the health needs of women, and content, time and relevance needed to be addressed. For those women who did not attend, reasons given included simply forgot, had been too busy or did not think the examination was necessary or were too embarrassed, not wanting the examination or scared of doctors.

Rowett (1994) conducted a survey in Leeds, on women's views of the care they received from a maternity unit, to ascertain whether the local maternity service was meeting the main objective of 'Changing Childbirth' of a woman centered approach to care, based on women's individual needs. Results obtained from the 160 conveniently sampled subjects showed overall high satisfaction levels. Important common themes were quality of information and friendliness. Women also reported high levels of satisfaction about labor and delivery but there was least satisfaction with postnatal care received in the hospital.

The low satisfaction levels of postnatal care could indicate that women's expectations were not being fully met. In the Zambian study, one of the aims was to find out if areas of concern arising from views of women in developed

countries would be similar or different from those in Zambia, which is a developing country.

A survey was conducted by Ladfors (2001) on a random sample of 600 Swedish women from the city of Goteborg, to determine women's attitudes and knowledge about maternal care during delivery and in the antenatal and postnatal period. This study concluded that continuous assessment of women's experiences and opinions are necessary. The study revealed the importance of determining clients' views on health care given to them.

Clement, Silorski, Wilson, Das and Smeeton (1996) conducted a study to ascertain variables that predict women's satisfaction with reduced antenatal visits in London. From the study, a conclusion was drawn that in order to predict satisfaction with care, it is necessary to talk to women individually, and tailor care to their particular preference. If clients participate in planning for their own care they are most likely to utilize the service as they expect their needs to be met as planned.

Twaddle, Liao and Fyvic (1993) conducted an evaluation study in Scotland. Results revealed that women were more satisfied with individualized postnatal visits as compared to the routine domiciliary visits. This revealed that women would like to participate in the management of their own postnatal care.

2.3.2 Developing Countries - Africa

Cotzee (1988) cited in Benn, Kotze and Nolte (1992) in her background to the study into maternity services in South Africa found that aspects presenting major problems in providing postnatal care were patient co-operation (46%) and transport (47%) as well as deficiency in the skills of the midwives with regard to community oriented services.

Benn, Kotze and Nolte (1992) undertook a study in South Africa, to investigate the six-week postnatal check-up to determine whether postnatal clinics in Port Elizabeth were meeting the health and educational needs of mothers postnatal, and to assess the task of the midwife in providing the service. Statistics obtained from 3 postnatal clinics in the area indicated low attendance of postnatal service. In 1989, 3900 deliveries were conducted at the provincial hospital in close proximity to the 3 postnatal clinics, but only 323 (8.2%) women returned for postnatal service at 6 weeks.

Possible reasons advanced were that, the women do not have time to wait to be seen, that they have to return to work, that women lack knowledge regarding the importance thereof, or because of the small benefit they reaped from contact with health care providers in terms of information and education received and emotional support given. Observation method was used to collect information on the conduct of the postnatal visit on a sample of 100 patients from three provincial hospitals in Port Elizabeth area. Results revealed serious shortcomings

in the quality of the postnatal service provided. Key aspects such as social, and psychological needs were neglected

Fichardt, van Wyk and Weich (1994), undertook an exploratory study in Bloemfontein, South Africa. Findings from the study showed that women in the postnatal period experienced common needs and problems regarding self-care and baby care and these were identified in the first postnatal visit at 2 weeks postnatal. This study revealed that early check-up helps to identify clients with needs and problems and offers an opportunity to correct the situation and offer timely advice to clients.

An exploratory, descriptive study was undertaken by Mashazi and Roos (2000) to determine utilization of a Midwifery Obstetric Unit (MOU) in a South African Metropolitan area. The objective of the study was threefold:

- to describe the opinion of members of the community about reasons for the under-utilization of the MOU,
- to describe suggestions of the community for improvement in utilization of the MOU,
- to describe intervention strategies for community nurses to improve the utilization of the MOU.

Data were collected by means of focus group interviews. The investigation revealed that the community was not utilizing the MOU because of negative attitude of nurses, lack of material and human resources, poor safety and security measures and lack of community involvement and participation.

The study clearly showed that community involvement and participation in planning services to be offered is important. Clients may offer suggestions that may prove to be useful and if they are involved may be more inclined to utilize a service. In the current study, the researcher obtained views of client on under-utilization and perception of postnatal care.

A pilot study was done in Zambia by Maimbolwa, Rasjo-Aridson, Ngandu, Sikazwe and Diwan (1997), the objective of which was to describe the routine care of women during normal labor and delivery and the immediate care of newborn babies in Zambia at different levels of health care. A descriptive survey was conducted between 1994 and 1995 on 11 maternity facilities urban and rural, on 84 women. Based on findings, the researchers suggested that many present maternity ward routines, both physiologic and psychological, should be carefully studied. It was also suggested that the midwives reorient their caring practices to more culturally and evidence-based maternity care.

It was further recommended that there was a need for a qualitative research approach to obtain a better understanding of Zambian women's views, community views and experiences of the maternity health services and why they use or do not use it. The current study has taken a qualitative approach to obtaining an understanding of women's views of postnatal care as recommended in the Maimbolwa study.

2.4 CONCLUSION.

Although there is limited work done on postnatal care, the available literature is mainly from the developed countries and focuses to a great extent on issues psychological nature pertaining to client dissatisfaction with services. It is documented that in developed countries, client attendance at postnatal clinic is not a problem. In the African context how ever, there is still a problem with attendance of postnatal clinic. Two studies conducted in South Africa and Zambia outline reasons for non-attendance for maternal and child health services in general and not specifically addressing postnatal care. The gap from the available literature is the lack of information regarding women's non-attendance at postnatal clinic.

Despite the fact that the Zambian government has addressed the issue of distance by bringing maternal services as close to the community as possible, postnatal clinic attendance is sill low. Owing to this it was found necessary to ascertain reasons for the continued low attendance at postnatal clinic by obtaining information from the clients ' views themselves. It is hoped that information elicited would help to address the prevailing situation in as far as postnatal care is concerned.

This chapter has covered a review of previous research studies related to postnatal care, experiences of women, perception and satisfaction with health services. The purpose of the literature cited was to highlight the importance of

listening to clients' views of services so as to assist health managers plan and provide services which are tailored to meet clients' needs.

The next chapter focuses on the qualitative research methodology that was adopted to conduct the study. A description of the research design; study setting; study population; sampling design; research technique, validity and reliability and limitations is given.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The last chapter was a presentation of previous research studies related to postnatal care services, consumer utilization and satisfaction with services as well as preferences for type of care.

This chapter presents the methodology. Research methodology "refers to the strategy of the study, from identification of the problem to final data collection" (Burns & Grove, 1995: 225). It focuses on the following; study design, setting of the study, sampling design and study population data collection and data analysis, validity and reliability of the designed instruments, ethical considerations and limitations of the study.

3.2 DESIGN OF THE RESEARCH

An exploratory, descriptive research design (embracing some aspects of the phenomenological approach) was utilized to conduct the study. Phenomenological approach allowed for description of the meaning of women's views and experience of postnatal care from the perspectives of the consumers of the service. The purpose of phenomenological research is to describe what people experience in regard to some phenomena and how they interpret those experiences or what meaning the experiences hold for them. Phenomenology is an approach that concentrates on a subject's experience rather than on subjects or objects. It is a model that allows researchers to adopt the viewpoint that all things

are relevant only from the informant's perspectives (Bailey, 1997; Brink, 1999; Baumgartner, Strong &Hensley, 2002).

The study was qualitative in nature as it sought to gain in-depth information regarding the dynamics related to perception of postnatal care (Bless & Higson-Smith, 1995; Robinson, 2000). Qualitative data places emphasis on people's lived experience and are thus well suited for identifying and locating the meaning people place on the events, processes and structures of their lives. Their perceptions, assumptions, judgments and suppositions become clear and can be placed in context in the social world around them (Bailey, 1997; Baumgartner, Strong & Hensley, 2002). "Qualitative research approach values participants perspectives and seeks to discover these perspectives" (Marshall & Rossman, 1995: 39).

Qualitative research designs "focus on qualitative aspects (meaning, experience and understanding) from the viewpoint of the research subjects and in the context in which the action takes place" (Brink, 1999:119). The design was relevant to the study as the main objective was to describe clients' views of postnatal care.

3.3 SETTING OF THE STUDY

The study was conducted in Chifubu Township in Ndola on the Copperbelt Province of Zambia. Chifubu Township has 2 health centers of which Bwafwano maternity unit provides a 24-hour service. This health center was upgraded by IRISH-AID. The unit caters for clients living within Chifubu Township and

nearby townships and is within walking distance for Chifubu residents or a 10 minutes drive for those clients from surrounding townships. Qualified midwives provide postnatal services at 1 week and at 6 weeks postnatal. However due to voluntary separation from the civil service, the center also faces staff shortages as is the case with all other public institutions of health in the province and country. The unit conducts antenatal clinic 3 times a week, children's clinic twice a week, postnatal clinic once weekly and family planning on a daily basis. The unit also has a labor ward and a postnatal ward where clients are kept for up to 6 hours prior to discharge.

Under the Health Reforms strategy of community participation in healthcare, community health neighborhood committee members actively participate and assist health providers with basic activities such as health education, weighing and record keeping. The professional midwives are left to handle the more technical aspects of health care. This in a way does help alleviate the staff shortage.

3.4 STUDY POPULATION AND SAMPLE

The study population included all women in the six to eight week postnatal period seeking maternal and child health services at Bwafwano maternity unit. "Study population is the entire set of objects and events or group of people which is the object of research and about which the researcher wants to determine some characteristics" (Bless & Higson-Smith, 1995: 85). Study population also refers

to "an entire group or aggregate of people or elements having one or more common characteristics" (Baumgartner, Strong & Hensley, 2002: 125).

The study sample comprised 20 women attending the postnatal and children's clinics. The first 10 women were from the children's clinic and the other 10 women from the postnatal clinic. The study sample drew women attending postnatal and child health services but excluded family planning seekers, as there was no one who met the criterion of being in the 6 to 8 weeks postnatal period. The reason was that women come for family planning services usually from the 3rd month postnatal. In Zambia, most women breastfeed and rely heavily on lactation amenorrhoea as a family planning method. In addition, in most cultures, women do not resume sexual relations early and wait until the child is older and then they are prompted to seek a method of contraception upon return of menses. The sample included women attending children's clinic who met the criterion being postnatal mothers within 6-8 weeks postnatal period. The women were captured from the children's clinic to obtain a sample of those who had not attended postnatal clinic. In Zambia women will readily attend a service for children than a service for their own health.

3.5 SAMPLING DESIGN

Purposive sampling method was used to select the study sample. This is a type of non-probability sampling in which subjects are selected because they are identified as knowledgeable regarding the subject under investigation. The investigator establishes certain criteria thought to be representative of the target

population and deliberately selected subjects according to the criteria (Burns & Grove, 1993; Dempsey & Dempsey, 1996; Bailey, 1997)."The strategy in purposeful sampling is to select units that are judged to be typical of the population under study" (Bless & Higson-Smith, 1995: 95).

The characteristics of the study sample were that participants were:

- In the 6-8 weeks postnatal period
- Seeking maternal health services at the unit,
- Conversant with English language or at least a vernacular language known to the researcher as well,
- Voluntarily willing to participate in the study.

3.6 DATA COLLECTION METHOD

Data were collected between January and March 2002 in Ndola, Zambia.

To collect data, interviews were conducted using a semi-structured interview guide consisting of open-ended questions that allowed for probing. The semi-structured interview guide was appropriate for the study as it did not restrict participants to responses and allowed for probing as well. According to Bless and Higson-Smith (1995) and Robinson (2000), interviews are ideal for exploratory research as participants are free to express their views from their perspective. Furthermore, interviews conducted face-to-face are more intimate and allow the interviewer to interact directly and develop rapport with the interviewer. Additionally, the interviewer has a chance to read the non-verbal cues given by the interviewee, which may indicate confusion or lack of understanding so that a

question can be rephrased. Non-verbal information may also be an important part of understanding the full response to the question (Bailey, 1997; Baumgartner, Strong & Hensley, 2002).

An advantage of an unstructured or semi-structured interview is that researchers can obtain a great deal of useful information, perform an in-depth data analysis and produce a most useful account of an individual's, or a group of peoples' perspectives on an important issue in their lives through a free flowing unstructured or semi-structured interview (Bailey, 1997: Baumgartner, Strong & Hensley, 2002).

3.6.1 Procedure

The researcher collected data as an independent researcher at the maternity unit. This allowed for easy access to the study subjects and allowed for rapport to be created with the study subjects. Prior to data collection, permission to collect data was obtained from the office of the District Director of Health (Appendix A).

The unit's sister-in-charge assisted the researcher in identifying the participants. The researcher gave the sister-in-charge a copy of the inclusion criteria for study participants, which was utilized to select the participants from the clients who were attending the postnatal and children's clinics. The researcher visited the unit on the days when postnatal and children's clinics are conducted. Interviews were conducted individually with each interviewee after the purpose of the study was explained and written consent obtained (Appendix B). The interviews were

conducted in privacy and recorded on audiotape with the participant's consent. Audiotaping was used as it allowed the researcher to engage more in conversation with the interviewees and avoid writing continuously which would also make the interviewee uncomfortable. Additional interview notes were also taken. Interview data were manually transcribed verbatim.

3.6.2 Instrument

A semi-structured interview guide was designed to elicit responses from the participants relating to their perceptions of aspects of postnatal care that were the interest of this study. The instrument contained a section on demographic data of the participants such as age, parity, and marital status, standard of education, employment status, and religion. These were included to obtain a general view of participants' social characteristics (Table 4-1). The major section contained open-ended questions that dwelt on the issues of interest for the study such as knowledge about postnatal care, attendance at postnatal clinic, previous experience of postnatal care and attitudes towards postnatal care (Appendix C).

3.7 DATA ANALYSIS

"Data analysis is the process of bringing order, structure and meaning to the mass of collected data" (Marshall & Rossman, 1995: 111). Qualitative data analysis is the process of systematically organizing the field notes, interview transcripts and other accumulated materials until they are understood in such a way as to address the research questions and can present that understanding to others (Patton, 1990; Bailey, 1997). A Priori method of coding was used for forming different

categories of themes from the data. A Priori refers to having named categories before data collection (Bailey, 1997). In the present study, the researcher already had some predetermined themes of interest from the available literature review and these themes guided the collection of data. According to Bailey (1997; 177), in a priori coding, the researcher may choose to break down the research questions into component words or short phrases, which are then considered to represent the variables of interest in the study

Thematic content analysis was used to analyze the data. Content analysis is "the process of identifying, coding and categorizing the primary patterns in the data." (Patton, 1990: 381). A similar definition is given by Polit and Hungler (1995), and Baumgartner Strong and Hensley (2002). Data were analyzed and managed by adopting Burnard's (1991) model of thematic content analysis, which is an adaptation from various works on content analysis. Burnard (1991) states that; ' the aim of qualitative analysis is to produce a detailed and systematic recording of the themes and issues addressed in the interviews and to link the themes and interviews under a reasonably exhaustive category system'. Burnard's method allows for the data to stay as close to the original material and yet allowing for categories to be generated which allow the reader of a research report to 'make sense' of the data.

By following the stages outlined by Burnard (1991) the researcher listened to the audiotaped interviews immediately after the daily interview sessions and noted emerging topics from the interviews. This allowed the researcher get acquainted

with the data and ascertain the quality of audiotapes (Marshall, 1995; Bailey, 1997).

The transcribing process involved repeated listening to the tapes. The tape recordings were transcribed verbatim and the transcribed tape recordings wee then read through noting down emerging general themes within the transcripts. The identified categories were then grouped together under main and sub-headings to reduce the list to a reasonable number. The transcripts were re-read alongside the list of categories and sub-headings to establish the degree to which the categories covered all aspects of the interviews.

The available data from the transcripts were unitized on strips of paper, that is, grouped into units of information that served as the basis for the categories. These included phrases or sentences that had meaning to the researcher. The transcripts were then coded according to the list of category headings. Each coded section of the interview was cut out of the transcript and all items of each code were collected together. The cut out sections where then pasted on paper with appropriated headings and sub-headings. Once all the sections were pulled together, the write up process was began.

During analysis, the researcher referred to these themes to form categorization of client responses and attempted to link the data examples and commentary to the literature. In addition, emergent themes from the data were also incorporated and the result was a blend of predetermined and emergent themes or categories

(deductive and inductive). The codes were collapsed and combined and relationships between the themes were examined. Themes were grouped with other themes of related meaning and organized into aggregates. Once all the sections were compiled, a list of categories and emergent themes was then compiled and the data were described under the identified categories and sub-categories of themes. The themes and patterns of the data analysis are presented in Table 3-1

Table 3-1: Categories and Sub-categories of Themes of Perception of Women Regarding Postnatal Care.

1. Category: Clients' Reasons for Attendance / Non-attendance At Postnatal Clinic.
   - Sub-category: Lack of awareness about the service
     Dissatisfaction with service
     Non-availability of supplies in clinic
     Lack of comprehensive services

2. Category: Clients' Understanding of Postnatal Care
   - Sub-category: Knowledge of postnatal care
     Perceived benefit of postnatal care

3. Category: Reasons for women's non-attendance of postnatal clinic
   - Sub-category: Complacency of women
     Attitude of staff
     Misconception of women regarding the service
     Dissatisfaction with service
     Lack of awareness about the service
     Reluctance to be examined by males
     Fear of diagnosis of disease

4. Category: Experience of postnatal care
   - Sub-category: Dissatisfaction with service
     Satisfaction with service

5. Category: Desired improvement of postnatal care
   - Sub-category: Need for complete examination of mother and baby
     Need for teaching sessions
     Scheduling of appointments
     Availability of supplies in the clinic

3.8 VALIDITY AND RELIABILITY

Silverman (2000), states that validity refers to " the extent to which an account accurately represents the social phenomena to which it refers". Silverman (2000), stresses that the key aspects of reliability involve the selection of what is recorded, the technical quality of recordings and the adequacy of transcripts. He contends that tape recordings and transcripts can provide highly detailed and publicly accessible representations of social interactions. According to Silverman (2000: 188), reliability refers "to the degree of consistency with which instances are assigned to the same category by different observers or by the same observer on different occasions."

However, some authors have suggested that qualitative research methodology should use alternative approaches to measuring the authenticity of a study such as credibility, transferability, dependability and confirmability (Marshall & Rossman, 1995; Polit & Hungler, 1995; Baumgartner, Strong & Hensley, 2002).

3.8.1 Credibility

Refers to " the confidence in the truth of the data." (Polit & Hungler, 1995:427). It is suggested by Brink (1999) that one way in which credibility can be established is by identifying and describing participants in a study. Marshall & Rossman (1995: 143) state that in ensuring credibility, "the goal is to demonstrate that the inquiry was conducted in such a manner as to endure that the subject was accurately identified and described." This is one way by which the credibility of

the present study was enhanced. The researcher identified the ideal participants and gave a description of them.

Prior to interview sessions, the researcher ensured that the tape recorder was in working condition. After the interviews, the tape recorder was played back to listen to the recorded interviews. This was to verify that the interview had been recorded in full and effectively. Following the study, any independent analyst, wishing to analyze the data following a content audit guide should be able to derive the same findings and participants can ensure transcribed accounts do reflect what they said. This should give credibility to the study.

3.8.2 Transferability

This refers to "how the research findings can be generalized or transferred from the representative sample to the whole population and which may be problematic in qualitative research" (Marshall & Rossman, 1995:144). Polit and Hungler, (1995:430) state, "The researcher needs to provide sufficient descriptive data so that others can consider the applicability of the data to other settings." They further state that "a researcher reinforces transferability of findings by ensuring that the decision trail' of the research is clear and comprehensive."

In the present study, the researcher endeavored to produce an accurate description of the research methodology and the data analysis assisted by direct quotations from the interviews. This approach constitutes 'a thick description,' which is a criterion of transferability (Marshall & Rossman, 1995). This was further

strengthened by use of the purposive sampling technique, using women who had attended or not attended postnatal care clinic.

3.8.3 Dependability

According to Polit & Hungler (1995: 430), dependability of qualitative data refers to "the stability of data over time and over conditions for example through inquiry audit that involves scrutiny of the data and relevant supporting document by an external reviewer." It is argued that a qualitative study that establishes credibility also establishes dependability. The researcher set out to achieve credibility and therefore dependability.

3.8.4 Confirmability

According to Baumgartner, Strong & Hensley (2002) confirmability suggests that data are factual and reliable. Polit & Hungler (1995: 430) state " confirmability refers to objectivity or neutrality of the data. The issue of confirmability in qualitative research focuses on characteristics of the data." This was achieved in the present study through the use of the interviews in which evidence was obtained from the participants about the phenomenon under study.

3.9 ETHICAL CONSIDERATIONS.

3.9.1 Permission To Conduct The Study.

Written permission to conduct the study was sought from The Director of Health, Ndola District Health Management Board. The researcher was granted permission accordingly (Appendix B)

3.9.2 Right To Full Disclosure.

The aim of the study was explained to potential participants. Permission to include them in the study was sought and written consent was obtained. An explanation was given that the participants were at liberty to give information freely (Appendix B).

3.9.3 Freedom From Exploitation.

The participants were informed that refusal to participate or not to disclose information would not in any way, affect the services they were entitled to receive from the health center maternity unit (Appendix B)

3.9.4 Right To Confidentiality

Participants were assured of confidentiality for information given. Identifying the subjects using first names only ensured anonymity of study subjects. The interviews were held in privacy (Appendix B).

3.10 LIMITATIONS OF THE STUDY.

3.10.1 The Timing Of The Sample

The study sample was meant to include women attending the family planning, postnatal and children's clinics. However women from the family planning clinic could not be included as the women usually commence family planning 3 months after childbirth. The study sample was limited to women who were in the first 6 to 8 weeks of the post-natal period.

3.10.2 Timing Of Data Collection Period.

Data collection was limited to between January 2002 and March 2002 as the researcher had to collect the data in the home country during vacation and had to be back to continue with the academic program in March 2002.

3.10.3 Language Used During Data Collection

Not all the study subjects could speak English. The interviews for such clients were recorded in the language the client was best conversant with and the researcher had to translate these responses into English.

This chapter dealt with the research methodology. The type of research chosen was qualitative in nature and the semi-structured interview guide was used to collect the data. The next chapter gives a detailed description, discussion and interpretation of the data.

CHAPTER 4: DATA PRESENTATION & INTERPRETATION

This chapter endeavors to give meaning to the data by presenting the data as comprehensively and as clearly as possible using narrative report writing style and relating the findings to aspects of the theoretical framework. The data is presented by content analysis method.

4.1 INTRODUCTION

The interviews were conducted within a period of 3 months between January and March 2002. All the participants met the inclusion criteria: mothers within 6-8 weeks postnatal period; attending postnatal and child health services at Bwafwano maternity unit. In this chapter, participants are referred to using first names only.

The participants consisted of 20 women; 10 were drawn from the postnatal clinic and 10 from the children's clinic. Of the 10 participants drawn from the children's clinic, 2 of these participants, were primiparae and 8 were multiparae. Of the other 10 participants from the postnatal clinic, 6 were multiparae and 4 were primiparae.

The semi structured interview guide was used to collect data, as well as probing technique during the interviews. Ideally, the researcher should not be involved with any aspects of health provision. However the researcher provided information, education and counseling, for those requesting explanation after the interviews, and referred those needing physical examination. This was done to

prevent lost opportunity for client education. Some participants requested to be informed on postnatal care services.

Data gathered were based on the personal expressions of the women. The interviews were conducted within Bwafwano maternity unit premises. The venue was relatively conducive for the interviews on the first day, as some level of noise and disturbance was experienced. On the second day the distractions were eliminated when the charge sister allocated a room situated away from the center of the service area.

Relevant demographic data were documented (Table 4-1), and represents a general profile of the study participants.

Table 4-1: Demographic Profile Of Study Participants.

Characteristic variable	**Number of participants**	**Percentage of participants**
Age		
16-20years	4	20%
21-25years	9	45%
26-30years	5	25%
31-35years	2	10%
Marital Status		
Married	16	80%
Single	4	20%

Educational level		
No schooling	1	5%
Primary level	2	10%
Grade 8	1	5%
Grade 9	8	40%
Grade 11	3	15%
Grade 12	5	25%
Occupation		
Housewife	12	60%
Teacher	1	5%
Schoolgirl	2	10%
Hairdresser	2	10%
Businesswoman	1	5%
Typist	1	5%
Unemployed	1	5%
Parity of mother		
Para 1	6	30%
Para 2	11	55%
Para 4	3	15%
Age of babies		
1 week	6	30%
2 weeks	3	15%
3 weeks	2	10%

5 weeks	1	5%
6 weeks	1	5%
7 weeks	2	10%
8 weeks	5	25%
Postnatal clinic attended		
None	7	35%
1 week	4	20%
6 week	9	45%
1 and 6 week	0	0%
Clinic sampled from		
Postnatal	10	50%
Children's	10	50%

The majority of the participants, 9 (45%) were in the age group of 21-25years. However, age did not have any direct bearing on the analysis of the data. In relation to marital status, 16 (80%) of the participants were married. This was of significance as it reflected that the majority of participants were not under parental or guardian control. With regards to education, a total of 17 (85%) of the participants had some form of secondary level education. Hence, in as far as literacy, it is expected that, participants, given information regarding postnatal care, would understand its benefits and readily utilize the service.

Interestingly, 12 (60%) participants were housewives and as such these were women had better control of their time in comparison to others who were

engaged in economic activities outside their homes. The demographic data also reflected 7 (35%) participants as never having attended postnatal clinic, and none (0%) of all the participants had attended both the 1-week and 6 week postnatal clinics. The information proved useful in the presentation of the qualitative data but were not used for quantitative analysis as the study was of a qualitative nature.

The results of the interviews have been reported using the following 5 main themes identified:

1) Clients reasons for attendance / non-attendance of postnatal clinic.
2) Understanding of postnatal care
3) Reasons for women's non-attendance of postnatal care
4) Clients' experience of postnatal care
5) Desired improvement of postnatal service

Each theme is discussed under the 2 main groups of participants, that is, those who attended the postnatal clinic and those who did not attend the postnatal clinic.

4.2 PARTICIPANTS WHO ATTENDED / DID NOT ATTEND POSTNATAL CLINIC

This section describes data from women who attended and women who did not attend postnatal clinic.

4.2.1 Clients reasons for attendance or non-attendance at postnatal clinic

4.2.1.1 Clients who attended

Lack of awareness about the service

Participants at the postnatal clinic when asked why they did not attend the 1-week postnatal clinic: Lonia said ***"I had no information about it."*** Lonia displayed ignorance about the postnatal check-up at 1 week despite having 4 children. With the other 3 previous deliveries, she did not attend the 1-week postnatal clinic.

On the day she was interviewed, Lonia's baby was five and a half weeks old and as far as she was concerned, she had only come to collect a Road to Health Card for the baby. Put in her own words, Lonia said. ***"I came to collect the children's card."***

In Ndola, mothers value the possession of a Road to Health Card because without it, they do not easily access healthcare for the children. Local health authorities, to motivate mothers to seek child health services, such as growth monitoring and vaccinations, implemented this measure. Some mothers feel obliged to attend children's clinic so that their children's Road to Health Card can be kept updated and this prevents them facing difficulties when seeking health care in time of illness.

It would appear that Lonia's main focus was the baby and was oblivious to the fact that she needed health assessment postnatal. Even when facilities are easily accessible, women have poor attitude towards their own health. It was also highlighted in the literature that even when facilities are easily accessible and they themselves are sick, women have to make difficult choices to attend to the needs of their families first at the expense of their own health (Gender in Development Division, 2000).

Sharon seemed to be totally ignorant about the 1-week postnatal clinic. She simply said,

"I didn't know that I had to attend at 1 week." Sharon's baby was 2 weeks old and as far as she was concerned, she had brought the baby to receive BCG.

Illness factors

Esnart's response was, ***"I was very sick and I thought it was not necessary. I just sent someone to bring the baby for BCG."*** It can be assumed that had Esnart known the importance and purpose of the postnatal clinic, she would have eagerly attended the clinic knowing or hoping that since she was not well, she would have received treatment. Another explanation could be that Esnart did not perceive her "sickness" to have potentially serious threats or consequences, therefore she did not seek help.

Nutbeam and Harris (1999: 21) in describing the Health Belief Model (HBM) state, "it has been found to be most useful when applied to behaviors for which it

was originally developed, particularly traditional preventive health behaviors such as immunization and attendance for health checks." Hence it was appropriate for the present study, which dealt with women's attendance at postnatal clinic.

Lillian, like Esnart is another mother who felt that she could not come for postnatal check-up because of feeling unwell. ***"No I did not come at 1 week because my headache was paining."*** was her reply. It would appear that clients seem to detach their "being" or "feeling unwell" or sickness from postnatal healthcare. As Loveness put it ***"I had a problem at home, I was not feeling okay."***

The HBM element regarding perceived threat states that, an individual will take action if they perceive that their health is threatened (Nutbeam & Harris, 1999). In this instance it would appear that having a headache was not perceived as a threat. In addition, the response displayed a lack of knowledge about the essence of postnatal clinic. A lack of knowledge is described as a potential barrier to taking relevant health action.

In Nsemuka"s study (1994), it is reported that low utilization of maternal health services in Zambia was due to delayed decision to seek care because of illness factors that may be personal or family related (John Hopkins School of Public Health, 2000). Kogan and Leary, (1990) reported that although there are significant reasons for promoting postnatal care, factors associated with whether a woman returns for a postnatal visit had not yet been examined. Some of the

reasons for promoting postnatal care are that postnatal care ensures that a woman is not experiencing complications following delivery and provides an important opportunity to assess the infant's progress and whether pediatric care and other services are being received (Sellers, 2001).

Zambia, being a country in the tropics has endemic malaria as a major health problem. As a result, most people attribute their feeling "sick", or "unwell" or feverish to a malaria attack which often times is treated with over the counter self medication. Medical help is only sought if the condition gets worse. However, it is important for postnatal women to have an early check-up as it helps to identify clients with needs and problems and offers an opportunity to correct the situation and offer them timely advice. Serious complications that may occur in postnatal period include mastitis, breast abscess, puerperal sepsis, urinary tract infections, thrombophlebitis and deep venous thrombosis, infected episiotomies or caesarian wounds to name a few (Sellers, 2001). It can also be assumed that if women were given sufficient information concerning the dangers of postnatal complications it would motivate them to seek healthcare at the earliest sign of onset of an unknown illness.

Dissatisfaction with service

Some of the women who had attended postnatal clinic at 1 week did not, however attend at 6 weeks for various reasons. Some of the participants expressed disappointment with service received at 1 week that they did not consider it worthwhile to attend again at 6 weeks.

Cynthia, a para 2 participant had attended postnatal clinic at 1 week, when asked why she didn't come back for the 6-week postnatal check-up, she replied, ***"Because nurses did not examine me. They did not do anything for me. They just ask me, how are you feeling? Then they said go and buy medicine."***

Despite having attended the postnatal clinic, it appeared as though some participants' expectations and needs were not fully met. Participants were asked to describe how they found the services rendered. For Clara, the postnatal clinic was not very beneficial.

"I was asked how I was and the baby. The baby was given BCG...Not satisfactory, I was expecting to be examined and the baby also....aah not beneficial apart from the education given on vaccinations." From her comment, an impression was created that Clara had fragmented care and that obviously, she expected more than she received.

Esnart was not satisfied as well, as at this postnatal clinic, she only had her weight and blood pressure measured. ***"Not very beneficial because most times we are only asked questions."*** Being a multipara with 4 previous deliveries and experience of only being questioned during previous postnatal visits can be an explanation of why Esnart did not attend herself but sent someone with the baby to the 1 week postnatal clinic.

Patricia received some form of physical examination and observations and her baby received BCG vaccination at the 1-week clinic. Despite this she remarked

"I expected more than what I got." Patricia expected to be examined thoroughly to rule out abnormalities, and that her baby would be examined too. Patricia's baby was 3 weeks old and it would seem that the probability of her returning for the 6 weeks postnatal clinic would be very low given her comment on service delivery.

Sharon equally expressed her dissatisfaction. ***"Not very beneficial in the sense that the baby was not even examined...it has yellowness and a swelling on the head, and these things are not even noticed."***

According to the HBM, one of the factors that determines the likelihood of an individual taking action for health promotion is the belief that the benefits of taking action outweigh the costs or barriers (Nutbeam and Harris, 1999). If clients rate a service as not being beneficial, chances are that they may not return in future for the same kind of service. It seemed apparent that women were not satisfied with the examination of the breast, vulva, episiotomies or caesarian section wounds or fundal height cheeks. The women expected their babies to be examined as well, apart from being vaccinated. Chipo was one such woman. When asked about how she finds the services she had received she replied, ***"Fair, though I would like my baby to be examined as well."***

4.2.1.2 Clients who did not attend

Lack of awareness about the service

For others, they said that they did not attend either of the two postnatal checkups because they were not told about it. According to Constance: ***"No we were not told. The person who was weighing the babies today is the one who mentioned that they give lessons."***

Constance was referring to the member of the neighborhood health committee who was assisting with the children's clinic for the day. During her health education session, she apparently mentioned the existence of postnatal check-up.

As has been stated earlier, lack of knowledge may impede an individual from taking effective health action. In the HBM this is described as a perceived barrier to taking action (Nutbeam & Harris, 1999).

Illness factors

Lillian a first time mother had only attended the 1-week postnatal clinic but did not return for the 6-week postnatal check-up. Lillian was questioned further to determine the reason for her failure to return. ***"No, I did not come, my head was paining."***

In Nsemuka's study, illness factors were found to be a cause for non-utilization of maternal health services (John Hopkins School of Public Health, 2000). When Lillian attended the 1-week postnatal check-up, she claimed that nothing had been done for her. Her baby only received BCG. This is probably the reason for her failure to return, though she easily found an excuse of having a headache.

Dissatisfaction with service

Stella a mother of two, like Lillian also only attended the 1-week postnatal clinic and claimed that she did not receive any care other than the baby being weighed. ***"I came at 1 week but aah.they did not check me, aah.they just weighed the baby that is all."*** Further probing as to whether she was asked to come back revealed the following. ***"They did, but every time you come here, you find that there is no medicine. You just..aah..The baby just receives some Polio."*** Stella certainly found an explanation for her non-attendance for the 6-week postnatal check-up. From her comments, it became clear that Stella's expectations were not met the first time round and hence the decision to stay away for the 6 week check-up. In the HBM, the fourth element states that an individual will take action for a health problem if they perceive the benefit of a course of action outweighs the cost or barriers (Nutbeam & Harris, 1999).

4.2.2 Understanding of postnatal care

4.2.2.1 Clients who attended

Clients knowledge of postnatal care

The study participants where questioned to ascertain their level of understanding of postnatal care and the type of services offered. Not all the women understood what postnatal care was. They simply did not know or were unsure. With hesitancy Patricia simply said ***"I am not sure."***

Chipo put it rather bluntly. ***" I do not have any idea."***

Considering the fact that these two were first time mothers, they could easily be excused for their ignorance as they were just learning about postnatal care now that they were mothers. However, like in any maternal and child health service, raising awareness on postnatal care should occur during the antenatal period in health education sessions.

It was interesting to note that Lonia, the mother of 4 was the only multipara who had no idea what postnatal care was all about and expressed her ignorance as ***"I didn't know."*** This was interesting because under normal circumstances, as Lonia has been attending maternal services for 4 pregnancies and deliveries, her need should have been identified and she should have been encouraged to attend postnatal care clinic. However it was apparent that Lonia lacked follow up. The apparent lack of understanding of postnatal care by Lonia can be described under the HBM element of perceived barriers to desired health behavior. The barriers incorporate social as well as environmental variables (Nutbeam & Harris, 1999). Lack of understanding may be due to social status of being illiterate which negatively affects individuals' perceptions.

For the women who expressed some understanding of postnatal care, the responses varied as follows:

Astrida said, ***"It's the care given after delivery."***

"It's a clinic where a woman goes after delivery." (Mirriam)

"It's checking a mother and baby after delivery, if she is okay, or maybe there is something." (Loveness)

"It's a place where women are examined after delivery and check your health." (Esnart)

"To check if you are feeling well." (Lillian)

"That is where women go to take children for BCG after delivery." (Clara)

"Okay, when you deliver after some days you must come to the clinic for checkup. If there are any problems they see." (Mildred)

The women's statements were indicative of some level of knowledge concerning postnatal care. However the comment about postnatal clinic being a place for taking babies to receive vaccinations only raises concern. In Zambia the introduction of the 1-week postnatal check-up was welcome, as it became another opportunity for commencement of vaccinations for the baby, as well as for assessing the health of both mother and the baby. If there has been a shift of attention which creates an assumption that the primary focus of this is immunization only, then it is an unfortunate development. If health providers are not paying attention to conducting a comprehensive health assessment then reasons need to be identified. An immediate assumption from the researcher's viewpoint would be that inadequate staffing and pressure of work compels health providers to give the basic immunization and only inquire about the health of the mother and baby to save on time.

It is evident, that women are aware that some form of examination should be done, whether or not this is carried out is another issue that needs to be determined. Bick and McArthur (1995) conducted a study in Birmingham to

determine attendance, content and relevance of the 6-week postnatal examination. Results revealed that the routine conduct of the examination was not meeting the needs of women. The researchers of this study further recommended a reassessment of the content, timing and relevance of the postnatal assessment. Cynthia emphatically put is as ***"Postnatal care is to look after mother after delivery and to examine a mother but nothing was done."***

When asked to state the kind of postnatal care she received, Lillian replied, ***"Nothing, they gave baby BCG, they didn't check me."*** Although the women did not state all the activities that are carried out at a postnatal clinic, somehow they were able to mention some aspects of postnatal care such as information, education and communication, BCG vaccination, examination of the mother and baby, blood pressure and weight checks. However the women in the study received these services in varying combinations, which is indicative of the different focuses of healthcare providers.

An attempt was made to find out from the women, the source of postnatal information.The information they had was given to them by delivery attending midwives either at the clinic or hospital labor wards. The women also alluded that there was insufficient information given out regarding postnatal care. The researcher asked the women to mention the kind of information, which they felt, was lacking.

Patricia suggested, ***"What happens at postnatal clinic...the benefits of postnatal care."***

Sharon said,***" What is done at the clinic and the finding after examination is not known."*** She felt that it was important to be told what had been found after she or her baby had been examined. It can be possible that often times clients are not told why and what has been done on them, let alone informing them of findings, whether positive or negative. Other suggestions made included:

"What postnatal clinic is all about. What you are expected to do." (Astridah)

"Explaining of postnatal care. Where to find the postnatal clinic." (Mirriam)

"Goodness of postnatal clinic." (Esnart)

"The operation of the clinic, the explanation of postnatal care." (Clara)

"Information about mother and baby examination." (Christabel)

"Information on care of baby and oneself." (Chipo)

Moddy, a multipara mother of 2 was the only interviewee, from mothers who attended postnatal clinic, who felt information given to women on postnatal care was sufficient. ***"Yes they do teach us, how to take care of my baby, if I am keeping the baby well, about myself? How to keep myself well."*** Moddy also felt her previous experience of postnatal care was beneficial as she said, ***"we had been taught on hygiene and breastfeeding."***

Perceived benefits of postnatal care

The participants were asked to give their opinion on the benefit of postnatal care. Overall, the women felt that postnatal care was beneficial. Their opinions are described below.

"It helps the woman to recover from birth pangs and if only women can be kept in hospital longer after delivery." (Chipo)

"It is a good clinic because one can know her health." (Christabel)

"Postnatal care is good because you can be examined and abnormals ruled out." (Clara)

"It helps a woman to know how she is after delivery and how to care for the baby." (Sharon)

"It is good because the nurses can know how the woman is." (Esnart)

"It helps the mother to know if she is healed from delivery. She is assured of good health after getting information from the teaching." (Astridah)

"It is good, to teach us how to look after ourselves and to look after the baby and your body." (Cynthia)

"It helps the mother to check on her, maybe there might be a serious problem even end up taking her life." (Loveness)

"It is important because sometimes there are things that remained in my stomach and I am not feeling well, if you come to postnatal you should explain everything and they should examine you." (Beatrice)

In addition participants felt clients benefited from postnatal care in many other ways such as getting lessons on different topics such as how to care for the baby

and herself, about vaccinations, introduction to family planning and how to maintain health by having a follow up visit.

The third element of the HBM states that perceived benefits of specified action also determines a client's health behavior. From the responses given, the participants affirmed that postnatal care is beneficial and hence, it can be assumed that this perception may have contributed to their attendance of postnatal clinic (Nutbeam & Harris, 1999)

According to Kogan and Leary (1990), postnatal care ensures that a woman is not experiencing complications following delivery and provides an important opportunity to assess the infant's progress, the family's ability to cope and whether pediatric care and other services are being received. The findings indicate that women's knowledge of postnatal care is good as they know the benefits thereof but it is interesting to note that despite the understanding of the benefits, women still stay away from postnatal care clinic.

4.2.2.2 Clients who did not attend

Clients knowledge of postnatal care

Some of the participants seemed to have an understanding of postnatal care, these were the participants who had attended the 1-week postnatal clinic. The others seemed to confuse antenatal care and the postnatal ward for postnatal clinic:

"It is where you come when you are pregnant." (Constance) When she was corrected, her second attempt to answer yielded the following response: ***"It is***

where they keep you when you deliver so they can see if the baby is alright." When she was told it was not so, Constance simply said, ***"I have never gone for postnatal care clinic."*** Her third attempt was ***"It's where you bring the child, they will teach you how to care for the baby."***

It was apparent that Constance did not know or understand what postnatal care clinic was all about. Being ignorant could be the possible factor responsible for her non--attendance. For those who had some understanding of postnatal care, of their responses were:

"Okay.. when you deliver, after some days you must come to the clinic for check-ups. If there are any complications they see." (Mildred)

"It's where mothers go after delivery." (Audrey). Probing led her to discuss what happens at postnatal clinic: ***"They see the wound, check you and tell how to treat it"***

Perceived benefits of postnatal care

Participants were asked to give their opinion of how they viewed postnatal care to be of benefit to women:

"I mean, when you are checked, something like that when you are checked they, maybe they can know if you have a problem or not." (Stella)

"Coz, we want to know how we can keep our babies, and how when we have something which is troubling us, or when we are not feeling okay, we can tell you, yaa." (Audrey)

"It is beneficial because you learn a lot of things. Maybe there are some things that you don't know, again they will teach you for example, maybe your baby is sick and you are just at home, you can't know why the baby is crying so you have to come to postnatal clinic and tell them the problem of the baby." (Constance).

Generally, the women's opinion of postnatal care is that it is beneficial for both the mother and the baby for health assessment and teaching sessions on baby care and care of the mother.

4.2.3 Reasons for women's non-attendance at postnatal clinic

4.2.3.1 Clients who attended

The responses in 4.2.1 regarding clients reasons for attendance or non-attendance at postnatal clinic refer to the participants own reasons for attendance or non-attendance. The participants agreed that some women do not attend postnatal care clinic. When asked to comment why women generally do not attend postnatal clinic, given the fact the service was within Chifubu and free, the following were some reasons advanced:

Attitude of staff

Clara argued that the reason why mothers did not attend was because ***"The nurses' attitude is that of shouting at us, so we fear to come and no examination is done on them."***

Fear of health provider's negative form of interaction tends to bring discouragement from attending the postnatal clinic. Bick and McArthur's (1995)

study revealed that clients did not attend because they were scared of doctors. Health providers' negative attitude towards clients is seen as a barrier to attending the postnatal clinic. This fits under the HBM element of perceived barriers to taking action (Nutbeam & Harris, 1999).

The element of fear of being shouted at, is suggestive of health providers being less supportive and unresponsive to patient needs. Stamp and Crowther's (1994) study in Scotland at an Adelaide Women's Hospital revealed negative women's views of midwives attitude as being insensitive, judgmental and midwives being unhelpful.

Complacency of women

Christabel thought, ***"They are just lazy."***

Christabel's statement may be described under the HBM's element of perceived susceptibility to a problem. This element of the HBM predicts that individuals will take action to promote health if they perceive themselves to be susceptible to a condition or problem (Nutbeam & Harris, 1999).

It can be assumed that women are considered "lazy" probably because they feel it is a waste of time to go to the postnatal clinic when they do not have evident signs of a health problem or feeling unwell. The necessity is not at all felt. In Bick and NcArthur's study (1995) some women did not think it was necessary for them to attend the clinic.

Misconceptions of women regarding the service

Mirriam suggested ***"They think that sterilization will be imposed on them especially if they have many children."*** This was supported by Esnart who felt that ***"Some have got too many children and fear that they may be forced to do sterilization."***

It can be assumed that when women are counseled on alternative methods of family planning like permanent method of sterilization, especially for those having many children, they conclude that health providers are instructing them to stop childbearing. On the other hand, it can be deduced that as health providers counsel women on family planning some become emotional and personal and in an effort to stress the importance of this permanent method for health reasons, it in actual fact seems as if they are imposing methods on clients.

Misconception about a health service may be described as a barrier to desirable health behavior under the HBM element of perceived barriers to taking action (Nutbeam & Harris, 1999). The HBM is a psychosocial model and hence forces including social, economic and environmental conditions significantly shape barriers to action (Nutbeam & Harris, 1999). Misconceptions fall under the social parameter in which people have developed various beliefs in relation to health.

Cynthia suggested that women do not attend because ***"They know that nothing will be done to me so they send others to bring the baby for injections. When***

you complain they give you Panadol and do not check you but at other clinics they examine you. That is where I went."

The fourth element of the HBM deals with perceived benefit of specified action when an individual is faced with a decision to take action related to a given health problem (Nutbeam & Harris, 1999). From the Bwafwano maternity unit study on women's perception of postnatal care, the women who sent others (siblings, relatives) to take a baby to the clinic and they themselves stayed away, did not see the need, as they felt they would not benefit. This perception may have been birthed following previous experience or from hearing other women's comments of postnatal care.

Lonia's comment was ***"If they come, they fear that the vaccines given may bring other diseases."***

Lonia's statement brings to surface, the myths that are commonly held that vaccinations cause more harm than good. In order to safeguard their babies, some women may stay away from early postnatal care services. This also implies the general lack of knowledge on postnatal care.

Lack of awareness about the service

As Loveness suggested ***"Maybe others, they do not know how important it is that's why they don't come."*** As implied by the HBM, lack of knowledge is a barrier that causes the individual not to perceive the benefit of a service, and lack of knowledge perpetuates myths surrounding healthcare and services. "Changes

in knowledge and beliefs will almost always form part of a comprehensive health promotion program" (Nutbeam & Harris, 1999: 22). In the present study myths of vaccinations are a barrier to women's attendance at postnatal care.

Others echoed the sentiment given by Loveness, that some women are not attending postnatal care clinics simply because they are ignorant of the existence of the service. It is difficult to arrive at a conclusive statement since within the same environment other women are utilizing the service. Alternative explanations could be that these are women who may be new in the area and come from places where postnatal care services are not offered regularly, or there may be an under-emphasis at these services on teaching and encouraging women to attend the postnatal service. It could also be that awareness raising is not done on postnatal care regularly and hence some clients may be missing out on valuable information and service.

Chipo stated, ***"They think nurses talk too much."*** However Chipo was unable to elaborate on what she meant by 'nurses talking too much.'

4.2.3.2 Clients who did not attend

The women who were interviewed from the children's clinic said that they did not attend postnatal clinic because either they did not know about the service being available, they were unwell or because at the previous delivery they did not receive the expected service. They were asked to comment on what they thought the other reasons could be, why so many other women do not attend postnatal

clinic. Their responses were somewhat different to the participants who attended the postnatal clinic:

Attitude of staff

"Aah..Most women complain that nurses here, they are rude, not good, but the way you take them, I mean, if you understand them then they also understand you, coz if you are rude to them, then they will also be rude to you." (Constance)

It seemed as if Constance felt women contributed to nurses being 'rude' and felt nurses could not be held totally responsible.

Reluctance to be examined by male midwives

According to Beatrice ***"They feel shy to be checked, that is what they say. Last time for antenatal, there were male midwives and so some where refusing to be examined by males."*** Upon further probing, Beatrice said people found it difficult to be examined by males because they were used to being examined by fellow women. When Beatrice was reminded that most doctors who looked after maternity clients were also males, she simply smiled and replied, ***" Anyway what is important is to be checked and examined."***

Reluctance (Fear) to be diagnosed of diseases

"They fear..aah if they have got diseases." (Agnes). It is interesting to note that some women would rather stay away from a health service than attend, particularly if they suspect themselves to be ill. It would be assumed that when an

individual suspects ill health the first action would be to seek medical advice. The assumption that can be drawn from this statement is that for some individuals not knowing what is actually wrong is less anxiety provoking than knowing the actual problem, which may create anxiety.

Lack of definite appointments

"The reason is, they don't tell us when we can come or not." (Audrey). As indicated earlier, the lack of definite appointments has a negative bearing on women's attendance. They assume that they will be sent away. This has occurred to some participants during previous visits, and as a result, clients suppose it to be a waste of time to attend a service that is not definite.

Lack of education regarding the service

"Because we are not taught many things about it during pregnancy." (Stella)

Creating awareness about the existence and importance of a health service is important in sensitizing clients to attend the service. Observation from clinical experience and research shows that more emphasis has been placed on antenatal and labor care. Health providers themselves do not seem to value postnatal care, making it a neglected aspect of maternal care.

The various reasons advanced for women's non-attendance of postnatal clinic are examples of perceived barriers to effective health action and are described under the fourth element of HBM (Nutbeam & Harris, 1999).

4.2.4 Clients experience of postnatal care

4.2.4.1 Clients who attended

Lonia the mother of 4 children was the only multipara participant who had never had any previous experience of postnatal care. She had no formal educational background. On the day of the interview, Lonia came to the clinic merely to collect a Road to Health Card.

Nsemuka's 1994 study in Zambia on utilization of antenatal and postnatal care, revealed that low utilization of maternal health services also resulted from delayed decision to seek care because of educational status of women (John Hopkins School of Public Health, 2000). However this could not necessarily be the only reason for Lonia's non-attendance as she indicated a lack of information as the reason for her non-attendance. The rest of the participants who had no previous experience of postnatal care were primipara women.

Dissatisfaction with services

The few women who had some experience of postnatal care did not have much to say about their experiences. Previous experiences ranged from clients being asked questions on their well-being, baby weight and immunization. Mirriam retorted, ***"I was only asked how I was feeling and the baby."*** This was the description given by Sharon and Clara as well.

For Astridah it was ***"I was only asked how I was... baby was weighed and given BCG."*** These sentiments were an indication that the women somehow felt the

services were inadequate. These experiences can lead to disillusioned clients who may not value postnatal care and may opt to sending their babies with someone else as they had an impression that physical examination was not part of postnatal care.

The lack of satisfaction with past experiences of postnatal care posed as perceived barriers for some participants as was expressed in their responses. Nutbeam and Harris (1999) in describing the HBM mention that perceived barriers affect health action behavior.

Satisfaction with service

On the other hand, some women expressed satisfaction with the information, education and communication aspects of postnatal care. Positive responses on benefits derived from attending postnatal clinic include:

Astrida commented, ***"It gave me information on vaccinations."***

Although Clara seemed disillusioned she acknowledged the positive aspect of information, education, and communication components. To put it in her own words ***"Not beneficial apart from information on vaccinations"***

Mirriam, appreciated the fact that she learnt about vaccinations and care of the baby. Leonia echoed appreciation of the educational component ***"I was taught on health and care of the baby."***

Chipo also found learning about health in general and about vaccinations beneficial although she found the physical examination component inadequate.

For some participants, perceived benefits led to satisfaction with services received upon attendance of postnatal clinic. According to the HBM perceived benefits lead individuals to taking effective health action (Nutbeam & Harris , 1999). If clients perceive satisfaction, they are most likely to continue attendance of a service.

4.2.4.2 Clients who did not attend

Dissatisfaction with service.

With regards their previous experience of postnatal care, those who had attended after a previous pregnancy, somehow did not seem to have had a positive experience.

"They just checked the wound that's all. The baby, they just looked at him." (Audrey)

"I was not examined as I expected but only asked questions. The baby was only given Polio and BCG minus physical examination." (Cynthia)

It can be assumed that the clients' negative experience could have been a contributing factor to non-attendance of postnatal clinic for subsequent deliveries. The negative experience portrays a lack of perceived benefit. Nutbeam and Harris (1999), in describing elements of the HBM state that perceived benefit will motivate an individual to take desirable action but if that perception is absent then it becomes a barrier.

Cynthia and Audrey were both multiparae women and did not appear ignorant about existence of postnatal care services. Both acknowledged that it had some

benefit but despite that, they had failed to attend postnatal clinic, particularly Cynthia whose baby was now 8 weeks at the time of the interview. Audrey could be given the benefit of doubt that she would still attend, as the baby was only 8 days old. However she was primarily at the clinic to have the child immunized.

Complacency of client in attending postnatal clinic

The rest of the clients interviewed at the children's clinic had not had any previous postnatal care experience. Constance, a mother of two gave no valid reason as to why she had not attended any postnatal clinic and did not seem concerned about it as she put it

"I have never gone for postnatal care clinic." Further probing only revealed that she was more conversant with children's clinic.

4.2.5 Desired improvements of postnatal service

4.2.5.1 Clients who attended

Need for complete examination of mother and baby

Interestingly, nearly all the participants said that there should be complete examination of mother and baby. The participants felt this was lacking and was the kind of service the women would like to see in postnatal care. As Patricia stated ***"Examine me and baby thoroughly to rule out problems."***

"If the nurses can be examining us from head to toe." (Esnart)

"Examination of baby from head to toe." (Sharon)

Need for teaching sessions

"Physical examination and information on care of the baby." (Astridah)

The participants felt that the component of physical examination of mother and baby as well as teaching sessions was not comprehensive. They desire to see an improvement in these areas. The HBM states that "perceived benefit will motivate an individual to take a course of action that will promote or maintain their health" (Nutbeam & Harris, 1999).

4.2.5.2 Clients who did not attend

Since the women were able to state the benefit of postnatal care, they were also able to point out areas, which they felt needed improvement.

Need for complete examination

Lillian's suggestion was ***"We should be physically checked, to check for any diseases like malaria so that I am quickly treated."***

Cynthia urged: ***"tell them to check us... like you must touch me on my abdomen and check me like this (touches herself) my nails, mouth, eyes, like that."***

"I would like you to check me. Perhaps I have some...checking me." (Agnes)

Need for teaching sessions

"I think it should just.Umm.in teaching, okay like here in Chifubu with most women, I have observed when they tell you to come and then they don't come and when you come then you are just the 2 or 3 of you, the nurses maybe get bored or lazy, I mean..teaching before a few people." (Constance)

"You should improve by informing them to come to postnatal, yaah that will help by. just helping us." (Audrey)

"I think they should be teaching women more points...aah, early in pregnancy, up to the time they deliver, even after...even during under 5 clinic." (Stella)

Availability of supplies at the clinic / Definite appointments

"I think they should make sure they have all they need to use. Also to be sure of dates when we are supposed to come." (Mildred).

Overall the participants felt the areas that needed to improve in the delivery of postnatal care were the physical examination component, the women want to see more physical examination done for themselves as well as their babies. They want to see more information giving, teaching sessions on postnatal issues for both mother and baby. In addition, they felt that it is important that all necessary equipment and supplies are readily available and they would like the health providers to keep to appointment dates. It appears that women get frustrated when they turn up for a postnatal appointment only to be turned away for one reason or the other.

Findings from this study suggest that not all women utilize the postnatal clinic service for various reasons. The next chapter summarizes the findings, and gives the conclusions and recommendations arising from the study.

CHAPTER 5: SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

This chapter gives a summary of the major research findings and relates them to relevant literature. Conclusions are drawn and recommendations for further research that have arisen from the study are made as well as the implications for midwifery practice are also presented. The discussion in this chapter focuses on some key issues that have shed light on the objectives of the study.

5.1 INTRODUCTION

To understand the data as it unfolded, and to find patterns within the data, the researcher constructed some tentative patterns to suit the subject matter. Some selection and interpretations of the data involved weaving descriptions, participants' words, observations and the researcher's own interpretation into a rich and believable descriptive analysis as described by Maykut and Morehouse (1995)

5.2 SUMMARY OF FINDINGS

5.2.1 Participants reasons for attendance/non-attendance at postnatal clinic

5.2.1.1 Participants attendance at postnatal clinic

It was evident from the study that although some women are attending postnatal care, for most of them, it is either at 1 week or at 6 weeks. It was obvious that, for those who came for the 1-week postnatal clinic, dissatisfaction and disappointment were contributory factors for failure to return at 6 weeks. On the other hand the women who attended the 6-week postnatal clinic seemed unaware

of or gave various excuses for missing the 1-week postnatal clinic. From the study, none of the participants had attended both the 1 and 6 weeks postnatal clinic. Some multiparous women had never attended any postnatal clinic whether in the present delivery or previously.

It has been documented that even though services are free and easily accessible, women will not necessarily use them (Mashazi & Roos, 2000). In Zambia, the problem of distance and financial cost has been addressed by having the maternal and child health and primary health care services situated in residential areas. There are other factors that need to be considered. This study has shed light on possible reasons for low postnatal clinic attendance for a service that is free and easily accessible as seen from views of the women themselves.

5.2.1.2 Participants reasons for their non-attendance

From this study, issues that arose with regards to non attendance at postnatal clinic were mainly due to, lack of understanding of what postnatal services are, as some women thought it was not necessary for them to be in attendance for the 1 week check-up. This supports data already documented by Zambia National Gender in Development Division (2000) that MCH services are seen as places to which one goes if one has problems.

For some women, they did not deem it necessary to attend postnatal clinic. This supports findings revealed in the Bick and McArthur (1995) study on attendance,

content and relevance of the 6-week postnatal examination. Results revealed that some women questioned the necessity of attending a postnatal assessment.

In Bick and McArthur study (1995) one reason for women's non-attendance for postnatal clinic was that clients did not think it necessary. However from the present study, some women who apparently had some form of physical problems were not prompted to attend postnatal clinic. This supports the assumption that there is lack of sufficient information about activities of a postnatal clinic. If the women understood that health assessment was a priority, they would have attended so that their 'headache' and 'feeling unwell' would have been looked into. In Nsemuka's 1994 study of utilization of maternal health services in Zambia, illness factors were a reason for delayed decision to seek care (John Hopkins School of Public Health, 2000).

The study also revealed that some women were not attending postnatal clinic because of previous experiences. Women expressed that for previous postnatal care attendance, "nothing was done for me." They were not examined. They reported that their babies were simply being vaccinated. This created an element of dissatisfaction and it would appear that going to the clinic to simply be questioned on how one was 'feeling' would be a waste of time and not worth the effort. These findings are supported by those from Benn, Kotze and Nolte's (1992) study. However, the women seem to recognize and appreciate the immunization programme and benefits for the babies. Rather than waste their

time, they ensured babies benefited by delegating older siblings or relatives to take the babies for immunization.

Another reason for non-attendance of the 1-week postnatal clinic advanced by the women was that they did not know about it, as they had no information. Most of the women assumed that the 1week clinic was for the babies' benefit to receive early immunization. Similar sentiments were raised by the women from the child health clinic.

Most of the women mentioned not being aware of the existence of the postnatal clinic. However for some who had not attended the 6-week clinic, they stated they had not attended because they were disappointed, as they were not examined at the 1-week clinic. It can be assumed that the women considered it a waste of time. This finding supports Likwa's 1994 study results in Zambia that utilization is affected by poor quality of care, low staff morale or understaffed or under equipped facilities (John Hopkins School of Public Health, 2000).

5.2.2 Understanding of postnatal care

5.2.2.1 Participants knowledge of postnatal care

The study also revealed that generally, women's knowledge of postnatal care was rather limited. This was demonstrated by their lack of full understanding of postnatal care and activities carried out at this service. Most of the study participants had an idea that the postnatal clinic was a clinic where women went after delivery to be checked with the babies, but were unable to give a full

description. This finding is supported by findings from the studies by Benn, Kotze and Nolte (1992); Dowswell, Renfrew, Gregson and Hewison (2001), who found that the amount and quality of information available on postnatal care is limited.

Results from the present study indicated a variation in women's understanding of postnatal care. While, most of the women were aware that postnatal clinic was concerned with welfare of the mother and baby, others thought it was meant for babies to receive BCG. It was interesting to note that women understood postnatal clinic according to the service they had previously received. The women's source of information with regards to postnatal care was obtained from the attending midwives in the labor ward. There was a general lack of information about postnatal care being received from antenatal class as a form of health education. The information was obtained on an individual basis. This finding supports conclusions drawn from previous studies that postnatal care receives very little attention (Rice, Naksook & Watson, 1999; Mashazi & Roos, 2000).

The women who were in attendance at the postnatal clinic seemed to have a better understanding of services offered at postnatal clinic than were those women participants drawn from child health clinic. As a result, the former were able to point out areas they felt were lacking in postnatal care. Some of the areas mentioned were centered on importance of postnatal clinic, benefit of, activities of the clinic, and information about examination of the mother and baby. A

possible explanation could be that some of the women had previous experience of postnatal care on which they based their information, unlike their counterparts who were complete non-attendees of postnatal clinic, and were totally ignorant of even what to expect as they had never been exposed to a postnatal clinic or a teaching session on the same. The implication here is that women who are aware of benefits of a service are more likely to utilize it than those who have no information. The HBM states that health-seeking behavior is influenced by an individual's perceived benefit despite barriers (Nutbeam & Harris, 1999).

5.2.2.2 Perceived benefit of postnatal care

With regards the benefits of postnatal care, all the women agreed that it was very beneficial for both mothers and babies. Both groups of participants, those who had attended and those who did not attend postnatal clinic recognized that postnatal care was beneficial for clients. This is supported by findings from Bick and McArthur's study (1995). Some women were able to acknowledge the benefit of access to health information and counseling, detection of problems and treatment thereof as well as counseling and provision of family planning methods, teaching on baby care. This supports results from Stamp and Crowther's (1994) study.

On the whole women felt it was worth attending postnatal clinic. Women perceive postnatal care being beneficial in areas which included: helping them recover from labor and delivery, physical examination as an opportunity to have abnormalities ruled out, gaining knowledge on how to maintain health for

themselves and their babies and being introduced to family planning (Kogan & Leary, 1990).

When women are attending postnatal care clinic, they do so with expectations of benefit. When these expectations are not met, it creates a sense of disappointment with the service. The negative experience may influence future attendance (Benn, Kotze & Nolte, 1992) The implication for health providers is that, a service should be provided following guidelines for provision of comprehensive health care if client satisfaction and utilization of the service is to be effective.

5.2.2.3 Access to information

The findings from the present study also revealed that participants' access to information on postnatal care was limited. This is probably the reason for limited knowledge of postnatal care. For the women in the study, they had obtained information or heard about postnatal care on an individual level. Most of the women mentioned that they were told about it by the midwife who assisted at their deliveries in the labor ward, at the clinic or the hospital. The women referred to were told that they should come for postnatal check-up. They did not seem to remember being taught about postnatal care in any antenatal class session.

The finding is supported by results from a study on what women want from postnatal care, in which women wanted information to be available to them and were frustrated if it was not (Butchart, Tancred & Wildman, 1999). This result

supports the fact that has already been documented by other researchers that postnatal care has received little attention in both service provision and research in comparison to antenatal, labor and delivery services (Glazener, 1999; Glazener, Stroud, Naji, Templeton & Russell, 1995; Rice, Naksook & Watson, 1999). Bonda-Salomen (1998) states that postnatal care is seldom either technological or dramatic and has been shown to take low priority in both practice and research.

Ruby (1994) also concluded that women receive inadequate information, advice and support from health care professionals during the antenatal and postnatal periods to facilitate their transition to motherhood. This is also supported by Singh and Newburn (2002), in whose study women felt they wanted more information and support from healthcare professionals in the period following birth.

5.2.3 Reasons why women do not attend postnatal clinic

All the women in the present study were in agreement that not all women attend postnatal care clinic. This was evident from the sample that was drawn from children's clinic. These were women who had not attended postnatal clinic, though not all of them had the same reasons for non-attendance. The women who had not attended gave the reason of either not having known about availability of postnatal care or having been previously disappointed with the service rendered.

Reasons advanced by participants regarding factors affecting attendance in general varied widely. According to the participants, midwives' attitudes of shouting and talking too much and being rude seems to be a factor why women shun postnatal clinic. This finding is supported by previous research by Mashazi and Roos (2000) in which clients said one reason for underutilization of a midwifery obstetric unit was negative attitudes of nurses.

Technical aspects of negative influence on postnatal care attendance were centered on women being unhappy with the perceived lack of physical examination for themselves and the babies and suppose it to be a waste of time coming to the clinic. To the women, not being examined was interpreted as "nothing was done," as was expressed by some women. However, this has an implication on service provision. Health providers should be seen to be rendering the service comprehensively otherwise compromise on standards will ultimately have a negative effect on the organization's service from the perspective of the clients. Rowett (1994) also found that women were unsatisfied with the physical examination, which was not comprehensive.

Other reasons that were given included, being fearful of being diagnosed with diseases and illnesses. This was an interesting point because one would expect any client to be more expectant to know what their health problem was rather than stay away and remaining ignorant. There is a belief that not knowing an illness prevents depression and quick deterioration in one's general health status. Gunn, Lumley, Chondros and Young (1998) report that, even when women are

troubled by physical or emotional problems, they are unlikely to raise these issues with their doctor. This implies that for some reason, women do not want their difficulties known.

Clients' fears were also advanced as possible reasons for non-attendance of postnatal clinic. The women said that some fear babies being vaccinated, as they believe the vaccines will have a negative effect on the babies, causing other diseases. This finding is supported by study results in New Zealand of uptake of postnatal services for mothers of newborn babies up to 8 weeks of age, in which one reason mothers did not return for a check-up was over concerns regarding vaccine side effects (Turner, Hounsell, Robinson, Tai & Whittle, 1999). The minor effects of vaccinations such as fever and irritability have been mistakenly blamed to cause diseases. This sentiment creates an assumption that there are people who still have misconceptions about vaccinations and there is a need for health providers to re-educate the community on myths surrounding vaccinations.

Fear of sterilization as a permanent method of family planning, and sterilization being imposed on clients was another reason given for possible barriers to postnatal care utilization. Despite the family planning program being in place for sometime now, some sectors of the community believe that sterilization robs a woman of her womanhood. The number of children a woman has gains them a measure of respect and a guarantee of a stable marriage. Clinical observation has revealed that at times health providers do not counsel clients effectively and are seen to instruct clients to stop childbearing if they feel they have too many

children. No supporting literature was found for this finding. The implication is that counseling skills of health providers in family planning needs to improve. The essence of any family planning counseling session is, to assist the client choose a contraceptive method of their choice.

An interesting finding was that women were also reluctant to attend postnatal clinic because they feared being examined if they had diseases. This is supported by findings from Bick and McArthur's (1995) study in which some women did not attend postnatal clinic because they did not want any examination and were scared of doctors. There was no logical explanation for this sentiment. Logic dictates that an individual would seek health care upon recognition of a health problem. It can be supposed that one possible explanation would be that sexually transmitted diseases were held with shame and people would not want others to know of their presence.

Another interesting reason given for women's non-attendance of postnatal care was that some women expressed reluctance and discomfort to be examined by male midwives. One participant narrated that at a last antenatal clinic, some women refused to be attended to by males, and she supposed this to be a possible reason for shunning postnatal care as well. Culturally, it is not acceptable for women to expose themselves to other men other than their husbands or partners. However, the same women willingly allow male obstetricians to examine them. This finding needs to be investigated further to establish the extent to which it has an effect on women's utilization of maternal health services. Other reasons that

were suggested were of women merely being lazy, not realizing importance of postnatal care and ignorance about the service, similar to findings from the study of Benn, Kotze and Nolte (1992).

It was evident from the findings of the present study that women did receive some form of services although there was an apparent lack of satisfaction with the quality of services received. From the responses obtained, some felt the services were inadequate because certain aspects of the service were not rendered. It was also clear that women expected more than what they received as has been found by others (Benn, Kotze & Nolte, 1992; Rowett, 1994; John Hopkins School of Public Health, 2000). Aspects of care that were affirmed were mostly in relation to information, education and communication on vaccinations and baby care.

5.2.4 Participants experience of postnatal care

With regards to previous experience the women had of postnatal care, none of the participants seemed satisfied with their experiences. Some women were partially satisfied with some aspects but felt disappointed with the aspects that were not taken care of during their postnatal care. Similar findings have been reported in previous studies (Benn, Kotze & Nolte, 1992; Rowet, t 1994). Aspects affirmed included being asked on general health, teaching on hygiene, breastfeeding, baby weighing and vaccinations. Women felt that apart from being vaccinated, their babies hardly received any other form of care. The sentiments expressed were similar whether the women had attended the 1week or 6 week postnatal clinic.

5.2.5 Desired improvement of postnatal services

The participants made some suggestions on the kind of improvements they would want to see in postnatal care. The main areas for improvement were in relation to information concerning postnatal care. Information or knowledge empowers individuals to make right decisions concerning health care. The participants felt the midwives needed to improve on teaching regarding postnatal care and care of the baby from early pregnancy till delivery. Similar views were given by women at an Adelaide women's hospital regarding their views of postnatal care received (Fichardt, van Wyk & Weich, 1994; Stamp & Crowther, 1994). This would ensure that women were well informed and motivate them to attend the postnatal clinic based on perceived benefits (Ladfors, 2001).

Another area for improvement was in relation to the conducting of the postnatal clinic. It was felt that women did not receive comprehensive physical examination for themselves and their babies. Women wanted the midwives to improve in this area. It was evident from comments given, that women want midwives to conduct a comprehensive physical examination on themselves and their babies. Findings from the study revealed that although some form of physical examination was carried out on some women, they felt it was insufficient. Benn, Kotze and Nolte (1992) conducted a study to investigate the 6-week postnatal check-up. Results showed that a comprehensive service was not being provided for the mother and child during the 6-week postnatal clinic. Similar findings from a Birmingham study on attendance, content and relevance of the 6-week postnatal examination revealed that participants received varying

degrees of physical examination (Bick & McAurthur, 1995). Consistency and proficiency can be a measure for quality of service. In order to ensure quality it is important for clinical examinations or procedures to be carried out according to set standards.

Availability of supplies and equipment are another measure for service quality. This was expressed by some clients. They felt women might not attend a service if they perceive it not to be well equipped. It was evident that women expressed disappointment after a consultation to be told to go and buy medicines required. Another area of disappointment was with being sent away due to lack of supplies such as analgesic drugs and contraceptives. Making unfruitful trips only to be turned away was not satisfying. It can be assumed that a service not delivering the required goods may suffer under- utilization. This is supported by results from a study done by Mashazi and Roos (2000) in South Africa

Keeping to appointment dates was also an area of concern. Participants felt it was frustrating to keep being sent away each time one showed up at the clinic because of various reasons. The implication is that confidence and trust is instilled if clients see health providers keeping their word. However, many factors affect this, such as non-availability of supplies or staff shortage over which the health providers may not be in control. It is imperative for health managers to note the effect of these on service provision and utilization.

5.3 CONCLUSION.

Postnatal care lasts for 6 weeks after delivery. During this time, the mother and baby are both recuperating from the effect of labor and delivery and hence both mother and baby need constant supervision. Continuing care is essential especially during the early part of the postnatal period (Sellers, 2001; WHO, 2002). With a shorter hospital stay, women are sent home early after delivery and are now cared for by the community. In countries with visiting midwives' facilities this is easily achieved unlike in some developing countries like Zambia, where women spend as little as 6 hours post delivery in a maternity unit and are then discharged and expected to return for follow up at 1 week and at 6 weeks.

The essence of the follow up is to monitor progress of both mother and baby and offer counseling, identify and treat or refer problems. The midwife's interest is in the woman's welfare and how she is coping with the postnatal situation. The baby is referred for continued care to the baby clinic (Sellers 2001; WHO, 2002).

It is evident from the study that some participants recognized and appreciated the importance of postnatal care follow up clinics at 1 and 6 weeks. This was evident as participants were able to give points relating to benefit of postnatal care. The areas offering benefit are in education and information on health, health assessment and treatment of problems as well as family planning counseling. This is supported by Kogan and Leary's (1990) findings.

Interesting and new findings evident from the present study are fear of being forced to undergo sterilization for permanent method of contraception and reluctance to be examined by male midwives. This is interesting because recognition of cultural context of any community is important in health service provision. Hence the need for health providers to be sensitive to these factors that have a bearing on culture. It is important for health providers to explain the advantages of all methods of family planning and increased danger of childbirth with many pregnancies.

This study gives women's views of why there is low attendance at postnatal clinics as well as their sentiments on areas of postnatal care they find unsatisfactory that need improvement. However, it is important to remember that individual's view of reality varies and may in part be dependent upon past experiences and the settings in which the phenomenon is explored.

To conclude, the present study met the objectives of the study though some results where quite unexpected. Listening to women is an essential element in the provision of flexible and responsive postnatal care that meets the felt needs of women and their families (Salmon, 1999).

5.4 IMPLICATIONS

The study results reveal that although some women have a fair amount of knowledge of what postnatal care is, others are still ignorant. There is need within maternal health services to increase education on postnatal care and to give it as

much emphasis and attention as is given to antenatal and delivery care. It is not enough to simply tell clients to attend a service without elaborating on the activities and benefits thereof.

It was evident from the study that one reason for client's negative attitude towards postnatal care was the lack of comprehensive physical examination. There is need for health providers to conduct comprehensive examination to be done for mother and baby as is required. The lack of these examinations tend to discourage the clients from not attending and also causes problems to be missed when a client is not examined at the follow up clinic.

5.5 RECOMMENDATIONS

Postnatal care is an essential component of maternal health and should be accorded equal attention as family planning, antenatal and labor care in research and service provision if the needs of women are to be met fully during their reproductive life. Various issues arose from the research and in light of the results, a number of considerations for future research in postnatal care in Zambia are recommended:

1. A study to determine the conduct of the postnatal check-up in maternity units using observation methods. This would assist in evaluating the type of service being rendered to clients in terms of relevance and content.

2. A study to obtain views of midwives on the relevance of visits to the postnatal clinic.

3. To conduct a study to identify the constraints faced by midwives in delivery of postnatal care and obtain their suggestions for improved postnatal care delivery.

4. A follow up study of this nature as the current study, on a wider scale using Focus Group discussions covering more maternity units within Ndola.

5. A study to determine the community's views, of the existence of male midwives in maternal health and the impact this has on service utilization.

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APPENDICES

APPENDIX A: LETTER OF PERMISSION

November 29, 2001

The District Director of Health
Ndola District Health Management Team
P.O Box
NDOLA
ZAMBIA

Dear Sir / Madam

RE: REQUEST FOR PERMISSION TO DO A RESEARCH

In partial fulfillment of Master's Curationis, at the University of The Western Cape, South Africa, Mrs. Elizabeth K. Kalunga is required to undertake a research study (Mini-thesis) in order for her to graduate. Her intended topic of study is 'Perceptions and Experiences of Women towards Postnatal Care in Ndola.' The research site is Chifubu township, Bwafwano Health Center, Maternity Unit.

Data are to be collected between December 2001 –February 2002 in order to meet time frame deadlines. The proposal has been submitted to the Higher Degrees Committee of the University and should be passed on the 7th December 2001.

Included is a copy of the proposal.

I hope that she will be granted the necessary permission to undertake the research study.

Yours faithfully,

Felicity Daniels (Mrs.)
Research Supervisor.

APPENDIX B: CONSENT FORM.

WOMEN'S PERCEPTIONS TOWARDS POSTNATAL CARE IN NDOLA.
INFORMED CONSENT FORM.

PURPOSE

Permission for your participation in a research study is requested. The research study will require you to describe your understanding, views and experiences of postnatal care. The reason for conducting this study is to understand how women perceive postnatal care and how this influences whether they use the service or not.

PROCEDURE

The study will consist of interviews conducted over a period. Each interview will last approximately 30-45 minutes. You will be asked to respond to questions pertaining to postnatal care. The interviews will be tape-recorded and tape recordings will be erased once the information from the tapes has been obtained. At your request, the tape recorder will be turned off at anytime during the interview.

RISKS

There are no anticipated physical risks involved by participating in this study. If you feel that the content of the interview is causing you feelings of stress or emotional discomfort, please know that you may end the interview.

BENEFITS

There is no direct benefit to you for participating in this study. The results of this study will help health care providers gain understanding and make necessary changes to improve postnatal care services at this clinic.

CONFIDENTIALITY

Anonymity will be ensured in the reporting of any information you provide to the investigator. All information, which refers to or can be identified with you, will remain confidential. The results of this study will be reported as group results.

PARTICIPATION

Your participation in this study is voluntary. If you agree to participate and later decide that you do not wish to continue, you may at any time withdraw, your consent and stop your participation without affecting your status as a client at this clinic.

CONSENT

I have read the information contained in this consent form and give my consent to participate in the study.

Signature of Investigator Date

Signature of Participant Date

Signature of Witness Date

THANK YOU FOR PARTICIPATING IN THIS STUDY.

APPENDIX C: INTERVIEW GUIDE.

WOMEN'S PERCEPTION OF POSTNATAL CARE

INTERVIEW GUIDE FOR PARTICIPANTS.

VENUE: BWAFWANO MATERNITY UNIT.

SERVICE ATTENDED. POSTNATAL; CHILD HEALTH; FAMILY PLANNING

DEMOGRAPHIC DATA

AGE: PARITY: AGE OF LAST BABY:

MARITAL STATUS: RESIDENCE ADDRESS:

OCCUPATION: EDUCATIONAL LEVEL:

POSTNATAL CLINIC ATTENDANCE

Have you attended postnatal clinic for your last delivery? Yes No

Which postnatal clinic have you attended? 1week 6week

If not, why did you not attend?

What services did you receive at the 1-week postnatal checkup?

How beneficial was the 1-week postnatal checkup?

What services did you receive at the 6-week postnatal checkup?

How beneficial was the 6-week postnatal checkup?

KNOWLEDGE ABOUT POSTNATAL CLINIC

What do you understand about postnatal clinic?

What kind of services are offered at postnatal clinic?

How did you obtain this information about postnatal care?

In your view, how beneficial is postnatal care?

What kind of information is lacking concerning postnatal care?

PREVIOUS EXPERIENCE OF POSTNATAL CARE

What has been your experience of postnatal care in the previous delivery?

What were you not satisfied with?

ATTITUDE TOWARDS POSTNATAL CARE

In your view, why do some women not attend postnatal clinic?

SUGGESTIONS FOR IMPROVEMENT

What kind of improvements would you like to see in postnatal care services?

THANK YOU FOR YOUR TIME AND FOR ANSWERING THESE QUESTIONS.