

## **CHAPTER ONE**

### **1.0**

### **Introduction**

#### **1.1 Background information**

Pregnancy and childbirth are major life events in a woman's life. They bring lots of joy in the family as well as many changes in the woman's physical, psychological and emotional status. The needs which are brought about by birth include coping with the baby and physical recovery.

After delivery the woman needs to return to her pre-pregnant state and this occurs within the first six weeks, a period termed the puerperium (Strangways –Dixon and Van Schoor 1999). Checking of the return of the woman to her pre-pregnant state is done at six weeks. Therefore, the six weeks postnatal care is a major landmark between pregnancy and the normal state of the woman. (Rice, Naksook and Wastson 1999).

Postnatal period is crucial for the woman as she recovers from pregnancy and childbirth related effects. Attendance to the six weeks PNC can therefore not be over emphasized for the benefit of the woman in the promotion of her healthy.

The six-week PNC package offers many services which are geared towards promoting the woman's health. The postnatal period is clearly important to all those involve in order to address postpartum problems.

Great support and care is needed for her to return to normal health and adjust within the family in order to attain a good outcome for her future health, subsequent pregnancy, the health of the baby and the rest of the family. The mid –

wife monitors the physical health of the mother and that of the baby to ensure normal progress, recognition and referral for any abnormalities.

The educational role includes advice on self care as regards personal hygiene, breastfeeding, self examination and the importance of screening for cervical cancer (Bennett & Brown, 1999). Complications following childbirth are more common and aggravated in developing countries due to certain practices adopted by some mothers.

The long - term maternal complications in the postnatal period include chronic pain, impaired mobility, damage to the reproductive system and infertility (Safe Motherhood, 2002). Some women suffer genital prolapses after bearing several children. This condition is extremely uncomfortable and can lead to other complication in future pregnancies if not properly addressed in the postnatal period (Ashford 2004).

According to the world programme of action, postnatal care is regarded as one of the most important maternal health care services for the prevention of impairment and disabilities resulting from childbirth (United Nations 2002). According to a report from Safe Motherhood (2002), the majority of women in developing countries receive almost no postpartum care after delivery for example, in very poor countries and regions such as those in the Sub-Saharan Africa, only 5% of women receive postnatal care (Safe Motherhood 2002).

The recent findings by the WHO, UNICEF and UNFPA, show that a woman living in Sub-Saharan Africa has one out of 16 chances of dying in pregnancy, childbirth and after childbirth (WHO, 2004b). Safe Motherhood (1998) reported that the factors which prevent women in developing countries from getting postnatal care include: distance from health services, cost, including direct fees and the cost of transportation, drugs and supplies multiple demands on women's time, women's lack of power in decision-making within the family and poor quality of services including poor handling by health providers.

Postnatal services are also among the strategies aimed at preventing the onset of physical and mental impairment among women who have delivered. The infants too need to be routinely examined for impairment and closely monitored for normal growth and should be immunized against the six child killer diseases that could stop them from growing.

Emotionally, the midwife needs to evaluate how the woman is adjusting to the demands of motherhood and to assist with coping strategies if mother is mal-adjusted. It follows then that mothers need great support and information from health professionals during the postnatal period. The support from the mid-wife is so crucial that in many communities the social support system in the culture of extended families no longer exist to give the mother the needed support at this period. As a result, the woman does not receive traditional monitoring, hence the support from the mid-wife. There is also much realization that the woman's health and involvement in health care are essential vehicles to health for all. Hence, their Knowledge, Attitudes and Practices related to postnatal care leaves much to be desired.

## 1.2 Problem Statement

Every year, four million babies are still born. Another four million newborns die before they reach the first month of life (WHO, 1999). As with antenatal death, 98% of newborn deaths occur in developing countries. While there have been declines in infant and child mortality in the developing world in recent decades, there has been little progress in reducing the death rate for mothers and newborns. Newborn deaths now represent 40% of all deaths among children younger than five years of age (Moss et al., 2002).

The fact that 18 million women in Africa currently do not give birth in health facilities poses challenges for planning and implementing postnatal care (PNC) for women and their newborns. Regardless of the place of birth, mothers and newborns spend most of the postnatal period (the first six weeks after birth) at home (Warren, Dady, Towre et al., 2008). Maternal mortality rate is still high in Ghana standing at 560 per every 100,000 live births. This calls for interventions to reduce it (Duho, 2009). Postnatal care programmes are the weakest in the region (Warren, Dady, Towre et al., 2008).

In view of all these stunning revelations about maternal mortality records in Ghana, it could be concluded that, the Obuasi Municipality does not show 100% coverage for postnatal care.

**Table 1.1 National Coverage for Antenatal and Postnatal Care (Ghana, 2001-2004)**

Year	Antenatal Care	Postnatal Care	% Difference
2001	<u>851416</u> (98.4%) 865261	<u>461467</u> (54.2%) 851416	44.2
2002	<u>674951</u> (93.3%) 723421	<u>512962</u> (76.1%) 674951	56.9
2003	<u>614243</u> (91.2%) 673524	<u>492628</u> (80.2%) 613580	11.0
2004	<u>610477</u> (89.2%) 684392	<u>325384</u> (53.3%) 610477	35.9

(Source: GHS, 2004)

Even though, coverage for antenatal care remains high, coverage for postnatal care could not catch up with antenatal care attendance. In 2001, those who had antenatal care were 98.4% out of which 54.2% attended postnatal care having a total of 44.2% mothers not having postnatal care. In 2002, a total percentage of 133 pregnant women had antenatal care which means that more pregnant women than the targeted number attended antenatal care. Out of this, a percentage of 76.1 attended postnatal care leaving a percentage of 56. The differences in percentage ran through from 2001 to 2004.

**Table 1.2 Coverage for Antenatal and Postnatal Care in Obuasi Municipality (2004 – 2006)**

Year	Antenatal Care	Postnatal Care	Difference %
2004	$\frac{7467}{7543}$ ( 99%)	$\frac{3360}{7467}$ ( 45%)	54
2005	$\frac{8178}{8890}$ ( 92%)	$\frac{4171}{8178}$ (51%)	41
2006	$\frac{5616}{6332}$ (88.6%)	$\frac{3133}{5616}$ (55.8%)	32.8

(Source: GHS, 2006)

In 2004, 99% of pregnant mothers made at least one visit to the health facility for antenatal care while only 45% of the mothers attended postnatal care leaving a difference of 54% of the mothers not attending PNC at all. In 2005, while antenatal registered 92%, postnatal was 51% with a percentage difference of 41. A percentage difference of 32.8 was recorded between antenatal visits and postnatal visits in 2006.

The information provided in the two tables above indicates that the percentage of postnatal coverage in Ghana and for that matter Obuasi fluctuated over the years. For the national coverage, it varied from 44.2% in 2001 to 56.9% in 2002 while 11.0% was recorded in 2003 and 35.9% in 2004. With regards to the Obuasi municipality, the least



difference in percentage between antenatal and postnatal coverage was 32.8% which was in 2006. Postnatal coverage in Obuasi falls below that of the national target of 65%.

It is against this background that this study was conducted in Obuasi to determine the knowledge/awareness and identify some of the attitudes and examine some of the practices of lactating mothers related to postnatal care.

### **1.3 Rationale for the Study**

The six weeks postnatal care is one of the promotive and preventive strategies through which women are empowered to take responsibility for their own health. If women effectively make use of this strategy, a valuable contribution would be made towards the health of the mothers and children, and ultimately to the health of the nation.

Unfortunately data available show that postnatal coverage in Obuasi has not been able to match up with antenatal visits. It is hoped that the study will help to determine the knowledge/awareness, attitudes and practices of lactating mothers in the Obuasi municipality.

The findings of this study will inform the health personnel about the knowledge/awareness of lactating mothers about postnatal care. This will help them whether to modify or intensify their education to the mothers about the strategy. Such information could minimise the mother's physical and possible psychological disorders, and create awareness to mothers about the importance of postnatal services.

The identified attitudes and practices will enable the mid-wives and other health professionals to address the issues which will positively motivate the women to increase attendance to postnatal check up.

### **1.4 Research Questions**

- i. What knowledge / awareness do lactating mothers have concerning postnatal care?
- ii. What are some of the attitudes of lactating mothers concerning postnatal care?
- iii. What are some of the practices of lactating mothers in postnatal period?

- iv. What is the relationship between the practices of the mothers and their educational background?

## 1.5 Objectives of the study

### 1.5.1 Main Objective

To investigate the knowledge /awareness, attitudes and practices of lactating mothers related to postnatal care in the Obuasi Municipality.

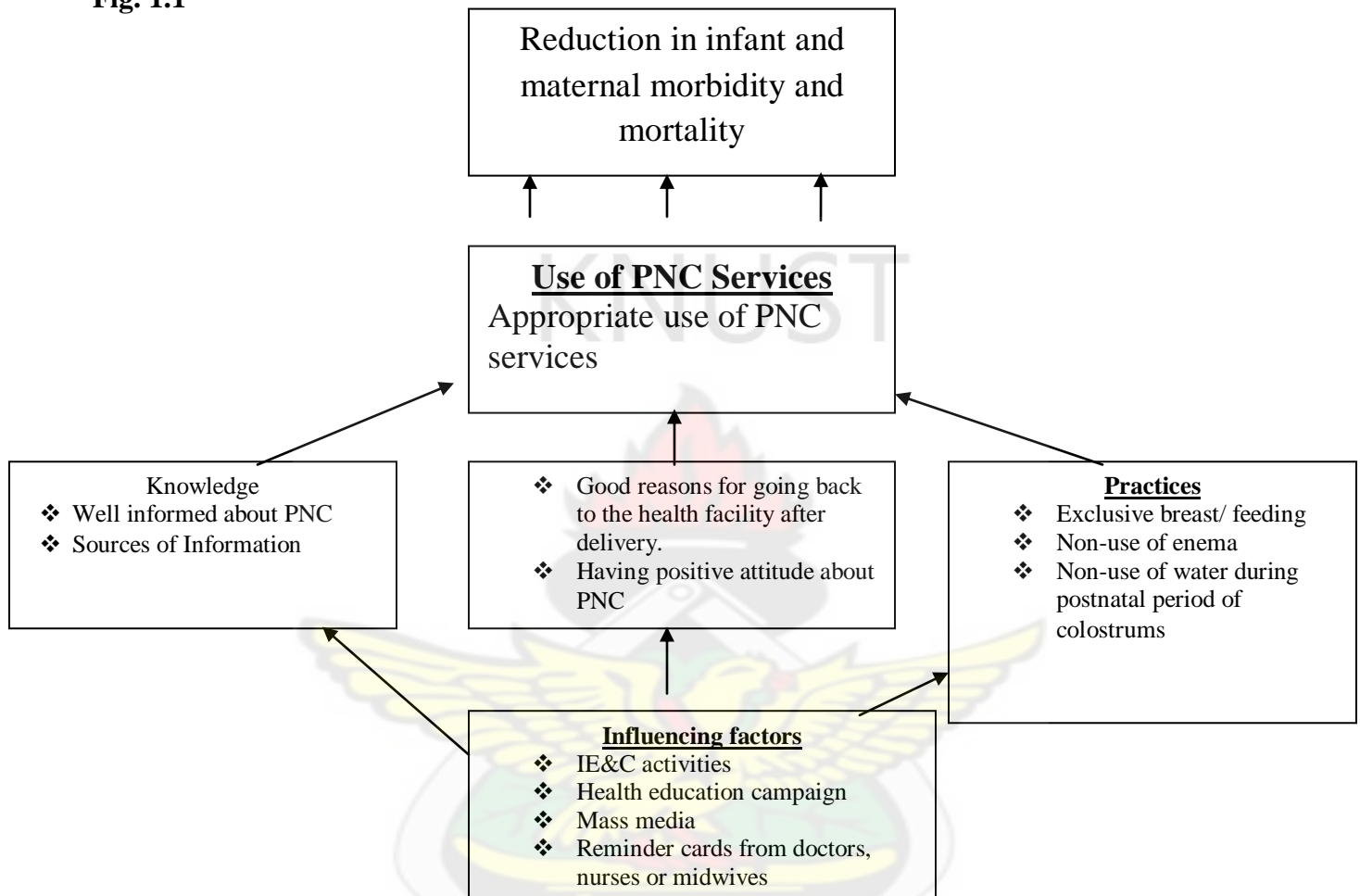
### 1.5.2 Specific Objectives

- i. To investigate knowledge/awareness of lactating mothers about postnatal care.
- ii. To examine some of the attitudes of lactating mothers related to postnatal care.
- iii. To identify some of the practices of lactating mothers related to postnatal care.
- iv. To establish the relationship between educational background and the practices of the women in postnatal period.
- v. To make recommendations as to how best postnatal visits to health facilities by lactating mothers could be enhanced and to help reduce maternal and infant morbidity and mortality.

## 1.6

## Conceptual Framework

**Fig. 1.1**



(Source : Author's own Construct)

The causal pathways by which postnatal intervention improves the health of mothers and infants are outlined. If service providers are well trained to manage IE&C campaigns and the mass media is used properly as well as reminder cards from midwives, doctors and nurses are provided, the women would have adequate knowledge/ awareness about postnatal services. They would have a fair understanding of postnatal issues and that would help them to modify their attitudes and practices for the better with regard to issues concerning postnatal care. With a change in attitude and practices for the better, they would see the need to attend postnatal care.



According to Edelman and Mandle (1994), clients are likely to comply with treatment plans if they perceive it will benefit them. Good practices such as exclusive breastfeeding and proper nutrition and others would be adhered to. Danger signs would also be identified and dealt with appropriately. When the health workers are given adequate capacity building, prospective clients (mothers) would receive quality care, hence, mothers and infants would be healthy and that may subsequently reduce infant and maternal morbidity and mortality.

## **1.7 Profile of the Study Area**

Obuasi municipal was carved out from the erstwhile Adansi West on the strength of executive instrument (EI) 15 of December, 2003 and legislative instrument L.1 1795 of 17<sup>th</sup> March, 2007. The municipality is located between latitude 5.35N and 5.65N and longitude 6.35W and 6.90W. It covers a land area of 162.4 sq. km. There are 53 communities in the municipality with 30 electoral areas. It shares borders with Adansi North and South, Amansie Central in the Ashanti Region and Upper Denkyira and Twifo Heman districts of the Central Region.

### **1.7.1 Relief and Drainage**

Generally, the municipality has an undulating terrain with more than half the total area rising up to hills of 500metres above sea level. The climate is of the semi-equatorial type with a double rainfall regime. Mean annual rainfall ranges between 125mm and 175mm. Mean annual temperature is 25.50°C and relative humidity is 75% to 80% in the wet season.

No area falls below 100metres above sea level. A number of streams traverse the municipality. Notable among them is Jimi with its tributary flowing from the northeast across the municipality and emptying into the Offin River in the South West.

### **1.7.2 Population**

The Population of the municipality is estimated at 20,500 using the year 2000 housing and population census as a base and applying a 4% annual growth rate.

### **1.7.3 Religion**

Christianity, Islamic and Traditional forms of worship are the three main religious groupings found in the area. Christianity is the dominant of the three, with over two-thirds (2/3) of the population claiming affiliation with the Christian faith, followed by Islam and Traditional religions. A significant proportion of the population (15%) is not affiliated to any religion. The Muslim population is significant in the community due to the immigration of settlers from the Muslim strongholds in the northern part of the Country. Traditional religion constitutes the minority group in the municipality.

### **1.7.4 Economic Activities**

Over 70% of the population in Obuasi engage in agriculture (peasant farming) as their main occupation. Major crops cultivated include cocoa, oil palm, citrus, cassava, plantain, vegetables and ginger. Animal husbandry is on the increase in the municipality. Cattle rearing, homebred goats and sheep, poultry and piggery are undertaken in and around Obuasi. Gold mining is the major industry in the district, which is mainly done by Anglo Gold Ashanti Limited formerly Ashanti Goldfields Company (AGC) Ltd. This is the largest goldmine in West Africa and covers about 70% of the land area. Pockets of “galamsey” operators (illegal small scale mining) are found in some communities. Other industries such as metal, quarrying, palm oil extraction and palm kernel oil processing are also in operation in the municipality. Obuasi has a modern digital telephone exchange system. The roads in 21 peri-urban communities in the municipality are untarred. However, roads in Obuasi town are satisfactory. The major road from Kumasi to Obuasi is a first class one.

### **1.7.5 Water Supply**

Borehole is the commonest source of drinking water for the people in the municipality. Pipe-borne water is not very much accessible to the populace as it is concentrated in few communities of Obuasi. The Ghana Water Company Limited (GWL) operates pipe-borne supply system in some communities. A non-governmental organisation like Water and Sanitation Health Team (WASHT) is also actively involved in rural water delivery.

Anglo Gold-Ashanti Limited operates and arranges its own water system for its industrial and domestic needs.

#### **1.7.6 Sanitation**

The process of exploiting resources in the municipality to meet socio-economic needs has brought in its wake environmental problems like land degradation, air and water pollution. The Environmental Health and Sanitation Unit of the Municipal Assembly is charged with environmental and waste management in the municipality. The unit lacks means of transport to undertake effective monitoring of sanitation. This has resulted in a lot of insanitary sites.

#### **1.7.7 Health Care**

The Obuasi Government Hospital (OGH) is the municipal hospital. However, the Anglo-Gold Hospital is the major Health facility and acts as the main referral centre. Dr. Sam Hospital, a privately owned medical facility, is gradually picking up as another institution providing surgical services.

There are other smaller private health facilities providing clinical services. Medical care (clinical and public health) is managed under five sub-municipalities apart from the Obuasi Municipal Hospital otherwise known as Obuasi Government Hospital.

**Table 1.3 Health Facilities**

<b>No</b>	<b>Government Health Facilities</b>	<b>Location</b>
01	Obuasi Municipal Hospital	Rhemia
02	New Nsuta Sub- Municipality	Bedieso
03	Gausu Sub-Municipality	Rhemia
04	Brahabehome Sub-Municipality	Akaporiso
05	Tutuka Sub-Municipality	Boete
06	Kwabrafosu Sub-Municipality	Kwabrafosu

**Table 1.4 Private / Other Health Facilities**

<b>No</b>	<b>Name of Private Health Facility</b>	<b>Location</b>
01	Anglo Gold Ashanti Hospital	Onyinase
02	St Jude Hospital	Obuasi- Boete
03	Bryant mission Hospital	Obuasi- Abompekrom
04	Amansan Clinic	Obuasi - Boete
05	Neighbourhood Clinic	Obuasi- Tutuka
06	All Souls Clinic	Obuasi- Akaporiso
07	Avril Keongghan Community Clinic	Obuasi- Akaporiso
08	CIDA STI Clinic	Rhemia
09	Agyenkwa Clinic	Estate
10	Central Market Clinic	Obuasi-Central
11	Brahabebome	Brahabebome

**Table 1.5 Private Maternity Homes**

<b>No</b>	<b>Name of Maternity Home</b>	<b>Location</b>
01	Asempa Maternity Home	Gauso
02	Jemima Maternity Home	Obuasi- Central
03	Pat Maternity Home	Obuasi- Kunka
04	Watt-250 Maternity Home	Obuasi- Senate
05	Cecilia Maternity Home	Obuasi- Senate
06	Emmanuel Maternity Home	Obuasi- Boete
07	Queens Maternity Home	Obuasi Old Estate
08	Twumwaa Maternity Home	Obuasi – Kunka

**Staffing**

The distribution of health care staff in the government health facilities in the municipality is shown in a table below. They are paid by the government of Ghana or from Internally Generated Funds (IGF).

**Table 1.6**                      **Summary of Staff Record (Private and Public Institutions)**

<b>Institution</b>	<b>Doctors</b>	<b>Trained Nurses</b>	<b>Paramedics</b>	<b>Total</b>
MHD	1	1	10 (2casuals)	12
OGH	2	31	59+Casuals	92
Private/ Mission, etc	8	88	154	250
Sub- Municipalities	0	9 (8 casuals)	7 ( 6 Casuals)	16
Total	11	129	223	374

**Table 1.7**                      **Municipal Health Directorate Staff Distribution**

<b>Title/ Profession</b>	<b>Number</b>
Municipal Director of Health Service	1
Deputy Director of Nursing Service	1
Senior Technical Officer	1
Technical Officer of Community Health	1
Senior Technical Officer Biostatistician	1
Estate Manager	1
Technical Officer( Leprosy)	1
Senior Accountant	1
Account Officer	1
Typist Grade II	1
Heavy Duty Driver	1
Casuals	2
Total	13

(Source:            MHMT annual report for 2005)

**Table 1.8 District Health Administration – Sub-Municipalities**

Title/Profession	Number
<b>New Nsuta</b>	
Community health nurse	01
Total	01
<b>Gauso</b>	
Senior nursing officer	01
Midwife superintendent attached to STI clinic	01
Senior community health nurse	01
Community health nurses one attached to STI clinic	05
Dispensing technician	01
Ward aid	01
Casuals	03
Ward assistant	01
Total	15
<b>Brahabebome</b>	
Community Health Nurse	01
Ward Aid	01
Total	02
<b>Tutuka</b>	
Community health nurse	01
Ward assistant	01
Total	02
<b>Kwabrafoso</b>	
Community health nurse	01
Total	01



<b>Obuasi Government Hospital Staff Distribution</b>	
Principal medical officer	01
Medical officer	01
Principal medical assistant	02 (one on contract)
Deputy director of nursing services	01
Senior pharmacist	01 (study leave)
Health service administrator	01
Senior accountant	01
Nursing officers	07
Midwife superintendents	02
Senior staff nurse midwife	02
Principal enrolled nurses	00
Senior enrolled nurses	03
Enrolled nurse superintendents	06
Staff nurse	06
Orientation midwife	02
Nurses on study leave	03
Orientation nurses	02
Senior ward assistants	02
Ward maids	12
Ward aides	04
Principal dispensing technician	01
Dispensing technicians	05
Senior accounts officer	01
Accounts officer	01
Junior accounts officer	00
Laboratory assistants	02
Biostat assistants	02
Principal store keeper	01
Laboratory technician	01

Typist grade II	01
Security guards	02
Tradesman (Electrician)	01
Blood donor organizer	01
Revenue collectors	02
Orderlies	07
Casual workers	13
Total Hospital Staff	123

## 1.8 Organization of the Report

The first chapter of the dissertation deals with orientation to the study. The problem is stated and the background to the problem outlined. The rationale of the study is discussed. Research questions have been clearly stated and the research objectives formulated. The conceptual framework has been clearly outlined. The profile of the study area has also been written.

Chapter two examines the trends and previous research as far as postnatal care is concerned. Chapter three describes the methodology used in establishing knowledge, attitudes and practices of lactating mothers related to postnatal care. The chapter explains the study design and type, the study population, sampling technique and sample size, study variables, data collection techniques and tools, data handling and analysis, ethical considerations, assumptions and limitations of the study.

Chapter four presents the analysis of the data in the form of tables. Chapter five discusses findings. The discussion compares the findings of the current study with similar previous studies. It also attempts to draw comparisons and differences. Chapter six provides the limitations to the study, the conclusions and suggested recommendations for further study.

## **CHAPTER TWO**

### **2.0**

### **Literature Review**

#### **2.1 Introduction**

In this chapter, the literature on the topic is reviewed.

#### **2.2 Women's Knowledge / Awareness about Postnatal Care**

It is of prime importance that women are given information by the health workers about PNC as regards to what it is, why it is important and the services offered. Full information regarding PNC will enable women to make informed decisions about utilizing the MCH services. The Adelaide conference in Australia on public health policy for the promotion of women's health, recommended that, women should have access to information network and funds to enable them to effectively participate in issues concerning their health. All women have the right to self determination about their health and should be partners in the formulation of public health policy so that it is culturally relevant and acceptable (WHO, 1991).

Kimberly, Tania, Beanra et al. (2004), in a study titled knowledge, attitudes and practices related to maternal health in Bla, Mali, revealed that general knowledge about maternal health care, including the number and timing of antenatal as well as postnatal suggest that their knowledge about postnatal care determined the use of the facility.

In another study in Bangladesh by Islam and Nielson (1993), it was found that women lacked knowledge on the importance of PNC and were not motivated to use the health facilities. Recommendations were made that health workers devote much time to educate women on the importance of MCH services including PNC as a specific component.

Soltani, Sakouhi, Beguith et al. (1999), conducted a study to evaluate mothers' knowledge about preventive care in Tunisia. The results indicated that 95% of the women know the importance of postnatal care.

Work done by Collinson and Cowley (1998), by way of research to identify the reasons why women access health services indicated that clients' knowledge was related to the use of service.

Agrawal, Tandan & Srivastaya et al. (1994), conducted a study to access the delivery patterns of maternal and child health services of Varanasi in Utler Pradesh. The findings indicated that 26% of the beneficiaries who knew about the health service used the facility.

A study done by Barnett et al. (2006) titled, examining the prevalence of maternal and new-born care practices among women reporting a birth in the previous year in three districts in Bangladesh found out that, one-third of the 6755 women who had delivered and were part of the study had knowledge/aware of PNC and that reported for postnatal care within 24 hours.

Sulochana, Chapman, Simkada et al. (2007), in their study titled utilization of postnatal care among rural women in Nepal revealed that, out of the 150 women who had delivered, 66% had no knowledge or were not aware of postnatal services and this did not make use of the services which could have helped improve on their health. Only 34% of the mothers had knowledge or aware and thus made use of the facility.

A study conducted by Nabukara, Witte, Muchunguzi et al. (2006), in Uganda titled, use of postpartum health services in rural Uganda, knowledge, attitudes and barriers revealed that, there was a low level of knowledge about postpartum care and its benefits.

Hove (1997), in a study in Harare urban clinics reported that 34% of mothers did not know the benefits of PNC. Forty-one percent (41%) did not think it was necessary to attend PNC, 20% said they wanted to be examined and not just to be asked how they were feeling. Only 5% felt that PNC services were satisfactory.

### 2.2.1 Sources of Knowledge

There are two philosophical view points that indicate how knowledge or information is acquired. Jordan and Jordan (1996) are of the view of the empiricism and nativism.

Empiricism maintains that knowledge is acquired through experience whiles nativism on the other hand is about knowledge being acquired through characteristics that are inherent in the human mind.

There are various sources through which women can acquire information about PNC. However, these sources need to be credible, clear and acceptable. Previous studies undertaken have identified books other people and mass media as being among frequent sources of information for women with regard to postnatal care. The radio and television are useful sources of information where applicable, as long as the broadcasting is through the local languages. According to a study done in high schools in Zimbabwe on AIDs, newspapers, television, radio, magazine booklets were found to be reliable sources of information (Ndlova & Sihlangu, 1992). These sources could be explored regarding dissemination of information about PNC. Bower (1985) quoted by Robinson & Thomson (1996) in their study discovered that both literate and illiterate community members depend on their past experience of health services as a source of information. For instance, some women may attend PNC because they might have found it useful to attend during their previous deliveries. In such cases, the services offered and attitude of health workers play a major role as positive motivators to attend PNC.

A study undertaken by Chalmers (1996) identified midwives and the women's mothers as being major sources of information. In Zimbabwe culture, the aunt (sister to woman's father) is expected to communicate women's health issues including PNC to the younger women. However, this practice is no longer possible because of the breakdown of the extended family ties. The younger women have therefore had to rely on alternative sources of information mainly the health workers.



### **2.3 Attitudes of Women Related to Postnatal Care**

This refers to the views and behaviour of women concerning postnatal care.

According to Schultz (1995), health promotion facilitates an individual or a community in a process of self determination regarding present health status and ways of improving it. It calls for acceptance by the individual or the community to take full responsibility of their own health through active participation. Women with positive views regarding PNC are more likely to attend than those with negative views.

Hulsey, Laken, Miller et al. (2000) in a study on the relationship between pregnancy and utilization of pre-natal and postnatal services examined a convenient sample of women who had delivered. The findings showed that women who liked the pregnancy used postnatal services while those who did not like the pregnancy did not use the services after delivery.

Kimberly, Tania, Beanra et al. (2004), in a study to investigate level of knowledge, attitudes and practices related to maternal health care among women of reproductive age and corresponding household heads, revealed that 60% out of the 427 women interviewed believed that postnatal care was essential for all women. According to the report, 142 women forming 33% actually sought for care after delivery. An earlier study by Kelley et al. (2000) in Sikasso and Bla Bethesda reported that 25% of women surveyed responded that they did not see the need for PNC and so did not seek for it. Nathini (2002) in a study revealed that 34% of the respondents had a positive attitude of giving breast milk to their children during postnatal period.

### **2.4 Practices of Lactating Mothers**

Practices here refer to what lactating mothers do for their children and themselves during postnatal care. A cross sectional survey conducted by the department of paediatrics and child health, college of health sciences at the university of Nairobi to determine knowledge, attitudes and practices of mothers and the knowledge of health workers regarding care of the newborn's umbilical cord, revealed that 60% of the 307 respondents



had good practice of the newborn's umbilical cord care. A good practice here involved the use of sterile instruments in cutting and tying of umbilical cord of infants.

Earlier work done by Pillsbury (1978) in Unna, said a woman in postpartum custom "doing the month", the Chinese mother has many clearly defined rules of behaviour which include avoidance of washing, not to go to another person's home, not to have sexual intercourse and not to read or cry.

In Jamaica, it is a period of seclusion which is intense for the first nine nights, Kitzinger (1982). He describes this separation as being similar to the seclusion that follows bereavement. It is followed by a less restricted seclusion for a further 31 nights. The mother remains at home with her baby and is looked after by her own mother.

Among the Brongs in Ghana, culturally, delivery is normally done by a traditional birth attendant after which virtually no postnatal care is given. The old form of postnatal care is similar to that of the Igbos of Eastern Nigeria. In Igboland, the infected genital lacerations sustained during delivery are treated by the woman sitting on heated mud block covered with leaves of the "ithekere tree" believed to have antibiotic and antifungal properties. It is said that the care of the mother and child is the sole responsibility of her family, usually the mother of the woman (Kitzinger, 1982).

Subbiah (2003) in a study to assess the knowledge, attitudes, practices and problems of postnatal mothers regarding breastfeeding remarked "Breast milk, the Cinderella substance of the decade, is nature's most precious gift to the newborn and its equivalent of which is yet to be innovated by our scientific community despite tremendous advances in science and technology. Western world having experimented with bottle feeding for over five decades now wants to go back to breastfeeding and hence, the slogan, 'Breast is best for the baby'"

Mesko, Osrin, Tamang et al. (2003) in a study titled care for pre-natal illness in rural Nepal revealed that the socio-cultural practices around childbirth such as maternal

seclusion after delivery and cultural beliefs in a community play a vital role in the use and non-use of postnatal services in Nepal.

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## **CHAPTER THREE**

### **METHODOLOGY**

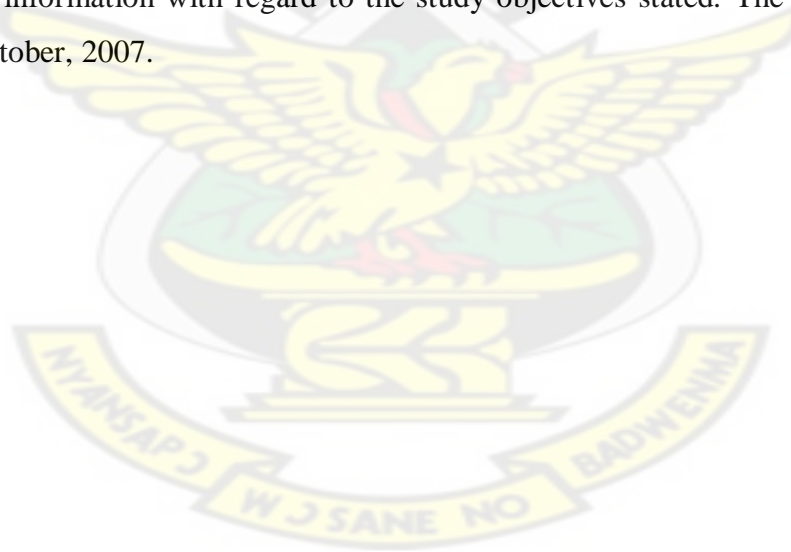
#### **3.1 Introduction**

This chapter describes the methodology used in the investigation.

#### **3.2 Study Design**

A descriptive cross-sectional study design was used. A cross-sectional design offers information about a population at a given point in time (Bless & Higson, 2000).

This design was chosen as it was intended to gain immediate knowledge and information on postnatal care in the municipal. The survey was useful in that it allowed collection of information, attitudes and perception of mothers from a relatively large number of subjects to allow generalization to be made. This study design is also useful for issues that may not require as much dept of analysis as other research methods (Pretorins, 1995). The research design was therefore appropriate for this study as it explored all the necessary information with regard to the study objectives stated. The study period was July to October, 2007.



### 3.3 Study Variables

**Table3.1 Operational Definitions of Variables, Means of Measurement and Scale of Measurement**

Variable	Operational Definition	Means of Measurement	Scale(s) of Measurement
Knowledge /awareness of lactating mothers related to postnatal care	If the respondent has the knowledge or is aware that she is supposed to go back to the hospital or health facility whether she or child is sick or not after delivery.	Awareness of postnatal care	Nominal Yes/No No Answer
	How did the mother get to know of postnatal services or care	Sources of knowledge/awareness	Nominal Nurse/ Midwife friends media community durbar No answer
	The number of times the respondent visited the health facility within 42 days	No of postnatal visits	Ordinal 1, 2, 3
Attitudes	Acting in a particular way due to belief or opinion about postnatal care	Reasons for attending postnatal care	Nominal <ul style="list-style-type: none"> <li>• Child was sick</li> <li>• Mother was sick</li> <li>• Was mandated to go to hospital (PNC)</li> </ul>

	Whether PNC was important at all		Nominal Yes/No No answer
Practices	What lactating mothers do for infants within the period	If water was given to infant within the 42 days	Nominal Yes/No
		If enema has ever been used on infant	Nominal Yes/No
		Whether colostrums was given as the first food.	Nominal Yes/No

(Source: Author's own construct, 2007)

### 3.4 Study Population

The study population considered lactating mothers who were attending welfare clinic with a baby for immunization and growth monitoring and whose last child was between seven weeks and twelve months.

### 3.5 Study Unit

A lactating mother whose last child was not more than one year old was included in the study while a lactating mother whose last child was more than one year old was excluded.

### 3.6 Sampling Technique

A simple random sampling method was used to choose one health facility from each of the five sub-municipalities from where the sample was selected. The names of the health facilities in each sub-municipality were written on sheets of paper, folded and put into a five different boxes and shuffled. One health facility was then selected from each box and recorded. Polit and Hungler (1999) refer to a sample as a sub-set of the population which is selected to participate in the study.

### 3.7 Sample Size

Three hundred and eighty-four (384) mothers were interviewed. An average of 76 in each health facility/ maternity home/ hospital was interviewed, except Anglo-Gold Ashanti where 80 mothers were interviewed. This is because more women go to Anglo-Gold Ashanti Hospital for treatment than the other health facilities.

The researcher derived the sample size through calculation. Data was collected using a structured questionnaire in a face to face interview and so none response rate was not factored into the determination of the sample size. The 95% confidence interval was used. The population variance was assumed to be 50 since the variance was not known. The width was taken to be five units on both size of the estimator.

#### Calculation

$$Z = 1.96$$

$$\sigma^2 = 50$$

$$Width = 5$$

$$N = \frac{Z^2 \sigma^2}{W^2}$$

$$N = \frac{(1.96^2) \times (50)^2}{5^2}$$

$$N = \frac{3.584.2500}{25}$$

$$N = 384$$

### 3.8 Data Collection

Data collection according to Burns and Grove (1997) is a systematic way of gathering information which is relevant to the research purpose or questions. Three (3) research assistants were recruited to assist the researcher in data collection. Data was collected in July/August, 2007. It was collected using a structured questionnaire in a face to face interview.



The prospective subjects attending MCH services were approached and requested to participate in the study. Detailed information about the study was explained to the respondents using the language they understood. Data was collected between 8.00am and 3.00pm on the days mothers attended welfare clinic. The time spent for face to face interview with each client was about 20 minutes. The respondents were thanked for sparing their time to participate in the study after each interview.

### **3.9 Pre- test**

Pre-testing of the data collection tools was undertaken at the Manhyia district hospital in Kumasi. Six respondents with similar characteristics to the sample were interviewed.

### **3.10 Data Handling**

Data Handling involved checking questionnaire for completeness and accuracy. Questionnaires were numbered serially. These were entered into the computer immediately after an interview section.

### **3.11 Data Analysis**

Descriptive and inferential statistics were used to analyze data. The statistical package for social sciences (SPSS) was used to analyze data. Descriptive statistics were used to analyze data by using tables with frequencies and percentages.

### **3.12 Research Instrument**

A structured questionnaire was used as the instrument for collecting data. The questionnaire was used because it enabled the investigator to be consistent in asking questions and data yielded was easy to analyze. Research participants were interviewed directly to avoid misinterpretations and ensure clarity on all issues. Woods and Catanzaro (1988) maintain that the act of interviewing using questionnaire is the best method of collecting data especially if the respondents cannot read and write.

Open and closed ended questions were designed. The instrument was divided into 4 sections. Section A sought to obtain information about the personal details of participants

such as age, religion, marital status, educational background, and so forth. Section B sought to determine the relevant knowledge / awareness mothers had with regard to postnatal care services and whether it is a cause for non-utilization or otherwise. Section C was aimed at eliciting information about the attitudes of mothers relating to postnatal care and finally, section D, sought to investigate the practices of mothers during the postnatal period. A sample of the questionnaire is included in appendix one.

### **3.13 Limitations**

The study was limited to the area of study but could not collect data on all the maternity homes in the municipality due to lack of sufficient funds.

The sampling procedure used (multi-stage random sampling) for the selection of the health facilities, could have excluded some women whose knowledge, attitudes and practices could have contributed to the study.



## CHAPTER FOUR

### 4.0 RESULTS AND ANALYSIS

#### 4.1 Introduction

In this chapter, the result of the study is described and the analysis of the data is presented. The results describe information on the set up, that is, knowledge /awareness of lactating mothers related to postnatal care, attitudes of the mothers related to postnatal care and their practices.

#### 4.2 Population Characteristics

**Table 4.1 Background Characteristics of Respondents**

Variable	Frequency	Percentage
<b><u>Age</u></b>		
15-24	133	34.6
28-44	245	63.8
45+	6	1.6
<b><u>Religion</u></b>		
Christian	286	74.5
Moslem	65	16.9
Traditionalist	29	7.9
None	4	1.0
<b><u>Education</u></b>		
None	54	14.1
Primary	57	14.8
JHS	208	54.2
SSS	57	14.8
Tertiary	8	2.1
<b><u>Marital Status</u></b>		
Single	106	27.6
Married	267	69.5
Divorced	2	0.5
Widowed	9	2.4

Table 4.1 Continued

<b><u>Occupation</u></b>		
Trader	169	44
Nurse	4	1.0
Farmer	2	0.5
Hairdresser	15	3.9
Unemployed	116	30.2
Others	78	20.4

(Source: Author's Field Survey, 2007)

A greater number of the respondents 245 (63.8%) were within the age range of 28-44years while the least was six (1.6%) being 45 years or more. Christians were the majority forming 74.5% (286). Four mothers (1%) said they were not in any of the religions listed.

On educational background, the researcher grouped the first three i.e., none, primary and JHS as having low educational background. Those with senior high school and tertiary education constituted high educational background. As a result, 319 mothers forming (83.1%) had low educational background while 65 (16.9%) were considered to be having high educational background.

A total 267 (69.5%) respondents were married. One hundred and six were single mothers. With regards to occupation, it was found that traders formed the majority being 169 (44%). One hundred and sixteen (30.2%) were unemployed. The least among the group was two mothers i.e., 0.5% being engaged in farming.

#### 4.2.1 Knowledge/Awareness of Lactating Mothers.

**Table 4.2 Knowledge/Awareness of Lactating Mothers Related to Postnatal Care**

Variable	Frequency	Percentage
Yes	339	88.3
No	11	2.9
No answer	34	8.8
Total	384	100.0

(Source- Author's Survey, 2007)

Three hundred and thirty-nine (339) i.e., 88.3% of the mothers responded positively that they had knowledge or were aware that they were to go back to the hospital whether she or the child was sick or not. Eleven (11) mothers, i.e., 2.9%, responded negatively. However, 34 women representing 8.8% did not give any answer. On the whole a greater number of the lactating mothers were aware of the fact that they were supposed to visit the health facility within the period.

#### 4.2.2 Sources

**Table 4.3 Sources of Knowledge/Awareness**

Variable	Frequency	Percentage
Nurse	331	86.2
Media	20	5.2
Friend	25	6.5
Community durbar	1	0.3
No answer	7	1.8
Total	384	100%

(Source: Author's Field Survey, 2007)

A total of 331 representing 86.2% of the mothers responded that they got to know about postnatal care from nurses. One person forming 0.3% reported that she got to know about

postnatal through a community durbar: Seven women (7) representing 1.8% declined to answer the question on their source of knowledge.

#### 4.2.3 Postnatal Visits

**Table 4.4 Number of Postnatal Visits Undertaken by Respondents**

Variable	Frequency	Percentage
One	133	34.6
Two	55	14.3
Three	141	36.7
Don't remember	55	14.3
Total	384	100

(Source: Author's Survey, 2007)

One hundred and forty-one mothers forming 36.7% out of the sampled mothers had three visits. A total number of 133 (34.6%) made one visit while 55 (14.3%) had two visits. Another 55 mothers forming 14.3% could not remember the number of visits they made.

#### 4.3 Attitudes of Respondents

**Table 4.5 Reasons for Attending PNC**

Variable	Frequency	Percentage
Child was sick	60	15.6%
Mother was sick	74	19.3%
Was mandated to go to hospital	250	65.1%
Total	384	100%

(Source: Author's field Survey, 2007)

The table above is about why the mother visited the hospital for PNC. Two hundred and fifty mothers visited the hospital just because they were asked to come back to the hospital. This forms 65% of the total respondents.



**Table 4.6** **Need for Attending PNC**

Variable	Frequency	Percentage
Yes	352	91.7
No	6	1.6
No comment	26	6.7
Total	384	100

(Source: Author's Survey 2007)

Three hundred and fifty-two forming 91.7% of the mothers answered positively to the effect that there was the need for a woman to attend postnatal care with infant to reduce both maternal and infant morbidity and mortality. Six mothers forming 1.6% responded that there was no need for postnatal care, if there was no problem with the mother and child. Twenty-six (6.7%) of the mothers did not comment on the question.

#### 4.4 Practices

**Table 4.7** **Whether Water was Given to Infants within the Postnatal Period**

Whether water was given	Frequency	Percentage
Yes	131	34.1
No	253	65.9
Total	384	100

(Source: Author's Survey, 2007)

One hundred and thirty-one mothers forming 34.1% responded positively, i.e., to have given water to their infants during the postnatal period whiles 253 (65.9%) did not.

**Table 4.8 Use of Enema on Infants**

Was enema used on infants?	Frequency	Percentage
Yes	236	61.5
No	148	38.5
Total	384	100

(Source: Author's Survey, 2007)

Two hundred and thirty-six mothers forming 61.5% responded that they had used enema as a form of treatment for their infants. One hundred and forty-eight declined ever using enema as a form of treatment.

**Table 4.9 Giving of Colostrums as First Food**

Was colostrums given?	Frequency	Percentage
Yes	336	87.5
No	48	12.5
Total	354	100

(Source: Author's Survey, 2007)

#### 4.5 Relationship between Educational Background of Respondents and their Practices

**Table 4.10 Relationship between Giving of Water to Infants within Postnatal Period and Educational Background**

Educational Background	Whether Water was Given		
	Yes	No	Total
Low	117(30.5%)	202(52.6%)	319(83.1%)
High	14 (3.6%)	52(13.3%)	65(16.9%)
Total	131(34.1%)	253(65.9%)	384(100%)

(Source: Author's Survey, 2007)

The above table shows that 131 (34.1%) of the mothers responded that they gave their infants water within the postnatal period. Out of this number, 3.6% had a high educational background. Two hundred and fifty-three mothers (65.9%) had a good practice of not giving water to their infants. A total of 202 (52.6%) had a low educational background out of this figure while 13.3% had a high educational background.

Educational background and giving of water to infants during the postnatal period was found to be significantly related. Pearson  $\chi^2 (1, N = 384) = 5.506$ . The P-value was found to be 0.019, which is less than 0.05. Refer to Appendix III for details.

**Table 4.11 Relationship between the Use of Enema on Infants and Educational Background**

Educational Background	Was Enema used?		
	Yes	No	Total
Low	195 (50.8%)	124 (32.3%)	319 (83.1%)
High	41 (10.7%)	24 (6.2%)	65 (16.9%)
Total	236 (61.5%)	148 (38.5%)	384 (100%)

(Source: Author's Survey, 2007)

A little over 61% (236) of the mothers responded that they had used enema as a form of treatment on their infants during the period. This was not a good practice. Out of this number, 41(10.7%) had a high educational background while 195(50.8%) had a low educational background. Those who did not use enema as a form of treatment were 148 (38.5%). Out of this number only 24(6.2%) had a high educational background.

The test performed produced a chi-square of  $\chi^2 (1, N = 384) = 0.087$  and a P-value = 0.769, which is greater than 0.05.

The relationship between educational background and the use of enema on infants is therefore, not statistically significant. Refer to Appendix IV for details.

**Table 4.12 Relationship between the Giving of Colostrums as First Food to Infants and Educational Background**

Educational Background	Colostrums as First Food		
	Yes	No	Total
Low	277 (72.1%)	42 (10.9%)	319 (83.1%)
High	59 (15.4%)	6 (1.6%)	65 (16.9%)
Total	336 (87.5%)	48 (12.5%)	384 (100%)

(Source: Author's Field Survey, 2007)

The table shows that 336 (87.5%) of the mothers gave colostrums as first food to their infants out of which 59(15.4%) had a high educational background. Forty-eight (12.5%) did not give colostrums as first food to their infants out of which 6(1.6%) had a high educational background.

The relationship between educational background and giving of colostrums as first food to infants during the postnatal period was not found to be statistically significant.  $\chi^2 (1, N = 384) = 0.765$  and  $P = 0.382$ , which is greater than 0.05. Refer to Appendix V for details.

## **CHAPTER FIVE**

### **DISCUSSIONS**

#### **5.0**

#### **5.1 Introduction**

This Chapter discusses the findings of the study that sought to investigate knowledge/awareness, attitudes and practices of lactating mothers related to postnatal care in the Obuasi municipality. The objectives of the study were:

- i. to investigate knowledge/awareness of lactating mothers about postnatal care.
- ii. to examine some of the attitudes of lactating mothers related to postnatal care.
- iii. to identify some of the practices of lactating mothers related to postnatal care.
- iv. to establish the relationship between educational background and the practices of the women in postnatal period.
- v. to make recommendations as to how best postnatal visits to health facilities by lactating mothers could be enhanced and to help reduce maternal and infant morbidity and mortality.

The findings are discussed following the order of the research questions of the study in chapter one.

#### **5.2 Knowledge/Awareness of Lactating Mothers Related to Postnatal Care**

The study revealed that knowledge/awareness of the mothers was high as indicated by a high percentage of 88.3 (Table 4.2). Out of this number who had knowledge of the intervention, 85.6% utilized the service.

The findings of this study agreed with a number of studies undertaken by other researchers. These include Soltani, Sakouhi, Beguith et al. (1999), Kimberly, Tania., Beanra et al (2004) and Hove (1997). Soltani, Sakouhi, Beguith et al. (1999) in a study revealed that 95% of the mothers interviewed knew about PNC and actually made use of the service. Kimberly et al (2004) reported that generally, mothers had a high knowledge of PNC. The finding from that study suggests that knowledge about PNC determines the use of the facility. It could therefore, be said that, this has accounted for the high percentage of 85.6% of lactating mothers utilizing the service in the present study. Hove

(1997) likewise reported that 66% of the mothers interviewed in that study knew about the service and they actually used it.

The results of this study also showed that with the high knowledge of PNC, 188 (48.9%) of the mothers visited the facility once or twice, with 55 (14.3%) not being able to remember the number of times they visited the facility. This could mean that though they knew something about PNC, they did not actually know about its importance.

The high knowledge/awareness of mothers about postnatal services in this study may be due to the various government programmes involved in the dissemination of health information to the women in the fight to reduce the infant mortality rate of 51.43 deaths per 1000 live births (GHS, 1985-2001). These educational programmes are in line with the millennium development goals that were agreed upon by the world leaders from 189 countries at the United Nations millennium summit in September, 2000. The WHO is committed to achieve the Millennium Development Goals (MDG) of reducing by three quarters (3/4), the number of women dying during pregnancy and childbirth between 1990 and 2015 (WHO, 2004). Since the declaration, the WHO had called for intensified action among member countries in addressing the threats to maternal health. In line with meeting this goal, the WHO had assisted countries with “high rates of maternal deaths such as Ghana to strengthen their health systems to built a continuum of care. This is done so that all women could go through pregnancy, childbirth and postnatal period which would result in healthy mothers and infants.

The findings of the study however, contradicts with the findings of the studies conducted by researchers such as Islam and Nielson (1993); Barnett et al. (2006); Sulochana, Chapman, Simkhada et al. (2007) and Nabukera, Witte, Muchunguzi et al. (2006). Barnett et al. (2006) in their study revealed that out of the 6,785 women who were part of the study in Bangladesh, 33.3% (2261) mothers were aware of PNC within 24 hours after birth. This may be due to the fact that they may not have attended pre-natal care for them to be educated by nurses.



Sulochana Chapman, Simkhada et al. (2007), likewise reported that out of the 150 women sampled in Nepal, 66% had no knowledge leaving only 34% with knowledge about PNC. Nabukera, Witte, Muchunguzi et al (2006), in a study titled, “use of postpartum health services in rural Uganda, knowledge, attitudes and barriers”, revealed a low level of knowledge among the respondents. The findings from Agrawal, Tandam, Srivastava et al. (1999) in Pakistan reported that, of the 26.2% of the mothers who knew about PNC services, 25% utilized the services. In the study of Agrawal et al, it is important to note that quite a large number of mothers (42%) who did not attend PNC were not aware.

In a similar study carried out in Europe, Collinson & Cowley (1998) concluded that clients’ knowledge was related to the utilization of services. Ladfors, Erickson, Mattson et al. (2001) further added that for women to use health services they must be knowledgeable about the services. Three hundred and thirty-one mothers (86.2%) from this study responded that, they had their knowledge/awareness about PNC from nurses. Out of the 331(86.2%), 329 (99.4%) women used the service agreeing with other studies mentioned earlier like Ladfors, Erickson, Mattson et al. (2001); Collinson and Cowley (1998), and so on.

Another source of their knowledge was the media. Twenty mothers forming 5.2% responded that they had their knowledge from the media (Table 4.3).

The least was from community durbar. That was only one person (0.3%). These figures attest to the fact that nurses have been doing a good job in terms of educating pregnant mothers in postnatal care in the Obuasi Municipality.

Although 85.6% of the mothers in this study knew and did use PNC services, it is evident from the results that 14.4% of the lactating mothers did not make use of the facility. This cannot be considered insignificant. It definitely calls for more efforts to be put in place regarding education on PNC to get all lactating mothers on board.

### 5.3 Attitudes

The findings of this study support that of Hulsey, Laken, Miller et al. (2000), which reported that, the attitude of a woman towards pregnancy has a great influence on her attitudes towards the use of postnatal services. It could be said that the attitude of respondents of this study towards their pregnancy was positive which motivated them to make use of the postnatal services.

In this study 91.7% (Table 4.6) of respondents had a positive attitude towards PNC. This might have come about due to the education from nurses since 331% (86.2%) had their information from nurses (Table 4.3).

Quite a significant percentage 85.2% (327) mothers responded that they wanted to be in good health. The respondents had knowledge and also knew the importance of the programme (PNC), hence, they made use of the programme. The results showed 339 respondents having knowledge of the programme (Table 4.2). This was from nurses, media, friends and community durbars. The highest in this group was nurses having as many as 331(86.2%) getting their knowledge from nurses.

This may mean that the nurses actually took their time to educate the pregnant women on the importance of the programme, which might have resulted in the positive attitude.

The findings of this study agree with that of Robinson and Thompson (1996), Soltani, Sakouhi, Beguith et al. (1999), and Collinson & Cowley (1998). They agree that in order for someone to use a facility, the person must have knowledge. The knowledge acquired would either help the person to have a positive attitude or otherwise.

This study had 267 (69.50%) mothers being married and the attitude towards their pregnancies was positive. This might have motivated them to have a positive attitude towards the use of postnatal care. This is in line with the findings of Hulsey, Laken, Miller et al (2000). Hulsey et al. posited in their study that, women who liked their pregnancy used postnatal services after delivery. This is further supported by the findings of Kimberly, Tania, Beanra et al. (2004) which investigated levels of KAP related to maternal Health care among women of reproductive age and corresponding household

heads. Sixty percent out of the 427 respondents believed that postnatal care was essential for all women.

#### **5.4 Practices**

Mothers who practiced exclusive breast feeding were 253 (65.9%), Table 4.7. However, 131(34.1%) did give water to their infants (Table 4.7). This is worrying since this is not a good practice.

A total number 336 (87.5%), (Table 4.9) gave colostrums as first food to their infants.

Sreeramareddy, Joshi, Sreekumaram et al. (2006) stated in a study that, 16(6.6%) out of 240 mothers did not feed their infants with colostrums as first food. This is in support of this study which had 336(87.5%) mothers feeding their infants with colostrums (Table 4.9).

A similar study by Rahi, Janeja, Misra et al. (2006) sought to investigate newborn care practices including delivery practices of immediate care given after birth as well as breastfeeding practices in an urban slum in Delhi. In the survey, Rahi, Janeja, Misra et al (2006) found that 32%, i.e., 27 mothers gave colostrums to their infants.

The giving of colostrums in this study was however, not in support of the work of Rahi, et al., who recorded 27 (32%) mothers giving colostrums to their infants. This high percentage of (87.5%) as recorded in this study, this might mean that the women had been educated well on the benefits of colostrums for infants. However, 12.5% (Table 4.9) of the mothers who did not give colostrums to their infants in this study leave much to be desired since colostrums protect the infants from infection. The nurses should rather intensify their educational activities to get such mothers on board next time they give birth.

The study recorded a high percentage of 63.5% (236) mothers (Table 4.8) using enema as a form of treatment for their infants leaving 36.5% (148) mothers not using that treatment. This should be of much concern to nurses and midwives to educate the women since this treatment is inimical to modern science treatment.

This is similar to the work of Mesko, Osrin, Tamang et al (2003) titled, 'care for perinatal illness in rural Nepal'. Mesko et al. states that the socio-cultural practices around childbirth such as maternal seclusion play a vital role in the use of proper newborn care practices.

## **5.5 Conclusion**

In this chapter, research findings have been discussed. The major findings were that lactating mothers had high knowledge regarding postnatal care. At the same time, 134 (34.9%) visited a health facility during the PNC period, because either the child or the mother was sick. This may mean that even though, they were aware of the facility, some other factors made the visits to the health facility within the period possible. This means that some of them still do not know the importance postnatal care.

It was surprising to note that 236 (63.5%) of the mothers still used enema as a traditional form of treatment. However, there was a good practice of exclusive breastfeeding on the part of 253 (65.9%) mothers and 336 (87.5%) mothers giving colostrums to their infants as first food.

There was a relationship between educational background and the giving of water to infants during postnatal period as well as giving of colostrums as first food to infants.

With regard to enema as a form of treatment and educational background, there was no relationship.

## **CHAPTER SIX**

### **6.0 CONCLUSIONS AND RECOMMENDATIONS**

#### **6.1 Introduction**

This chapter deals with the limitations of the study, conclusions drawn from it and recommendations made to improve further, the knowledge of mothers to do away with some of their practices which are inimical to good health and to change their negative attitudes related to postnatal care to positive ones.

Specific objectives of the study were:

- \* To investigate knowledge /awareness of lactating mothers about postnatal care.
- \* To examine some of the attitudes of lactating mothers related to postnatal care.
- \* To identify some of the practices of lactating mothers related to postnatal care.
- \* To establish whether there is a relationship between educational background and the practices of the mothers identified.
- \* To make recommendations as to how postnatal visits to health facilities by lactating mothers could be enhanced to help reduce maternal and infant morbidity and mortality.

#### **6.2 Conclusions**

According to the data collected, respondents have a very good knowledge about postnatal care. A percentage of 88.3 (339) out of the 384 respondents had knowledge about PNC. The nurses at the antenatal wards have been doing a good job in educating the pregnant women about postnatal care. Over 86% (331) mothers got to know about PNC from nurses.

With regard to attitudes, it is surprising to note that some women still do not see the need for postnatal care despite the benefits of the intervention to save mothers and newborns.



The mothers in this group are six forming (1.6%). Even though, they are few, it is not to be disregarded. A total of 134 mothers visited the health facility due to the fact that the child was sick or the mother was sick forming a percentage of 34.9 (i.e., 15.6% and 19.3% respectively).

It was surprising to note that 236 (63.5%) of the mothers still used enema as a traditional form of treatment. However, there was a good practice of exclusive breastfeeding for 253 (65.9%) mothers and 336 (87.5%) mothers giving colostrums to their infants as first food.

There was a relationship between educational background and the giving of water to infants during postnatal period as well as giving of colostrums as first food to infants.

With regard to enema as a form of treatment and educational background, there was no relationship.

### **6.3 Recommendations**

Based on the findings from the study, the following recommendations are made.

#### **6.3.1 Recommendations to the Government**

In order to improve access to postnatal care services further, the government should locate maternal health services as close as possible to the communities where the people live. This could be done by training more midwives to serve as the critical link between communities, and post them to the community level.

The ministry of health has to make a comprehensive plan to overcome information barriers by increasing the women's knowledge/awareness further of the need to go in for postnatal care services. There must be intensive education on the need to stop the use of enema in the treatment of infants.



### **6.3.2 Recommendation to Hospital/Health Management**

The hospital authorities can ensure that services are provided at the needed homes in a comprehensive manner, with privacy, respect, responsiveness to women's need and cultural beliefs. This can be done through strengthening mechanisms to evaluate the quality of services. This will go a long way to increase PNC coverage in the Obuasi Municipality.

### **6.3.3 Recommendations to Service Providers.**

1. The service providers need to be sensitized more on the value of listening to the clients and that, they should create a supportive environment in which clients are sufficiently informed, confident and encouraged to voice out their opinions as well. This will help to strengthen the client-service provider relationship, enhance client's satisfaction and therefore help to improve the use of postnatal services.
2. The service providers need to acquire attitudes that enable them to overcome cultural barriers by recognizing the conflict between the biomedical and traditional explanations for health phenomena, especially those related to maternal care including postnatal care. Likewise, traditional beliefs and practices should be evaluated on individual basis. Beneficial and similar practices could be incorporated into formal health services. In doing so, it will enhance the quality of the service from the user's perspective.
3. Awareness programmes on postnatal care should be implemented to the letter, targeting women, mother-in-laws and husbands.

#### **6.3.4 Recommendation for Further Studies**

It is recommended that further studies should be conducted to investigate where mothers would want to receive PNC, whether at home or at a health facility.

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## REFERENCES

- Agrawal, K., Tandan, J. & Srivastava, P. (1994). An assessment of delivery patterns of maternal and child health services in urban Varanasi. Indian Journal of preventive and social medicine (pp 1-19). Retrieved from [www.cehat.org/publications/rhr4.html](http://www.cehat.org/publications/rhr4.html).
- Ashford L. (2004). Hidden Suffering: disability from pregnancy and childbirth in less developed countries. Population Reference Bureau (pp 1- 6). Retrieved from [www.prb.org](http://www.prb.org).
- Barnett, S., Azad, K., Barua, S., Mridha, M., Abrar, M., Rego, A., Khan, A., Flatman, D. & Costello, A. (2006). Maternal and newborn care practices during pregnancy, childbirth and the postnatal period. A comparison in three rural districts in Bangladesh. UCL centre for international health and development. 24 (4) 394-402.
- Bennet, V. R., & Brown, L. K. (1999). Myles textbook for midwives. (13<sup>th</sup> ed.). (p 250). Livingstone: London.
- Bennet, L. (1978). Sitting in a cave: an analysis of virtual seclusion of menarche among Brahmin and Chhetris in Nepal. Contributions to Nepalese studies. 6: 32- 45.
- Bless, C. & Higson-Smith, C. (2000). Fundamentals of social research methods: An African perspective (p 66). Juta education, (pty) Ltd.

Burns, N. & Grove, S. K (1997). The practice of nursing research. Conduct critique and utilization. (2<sup>nd</sup> edition). (p 383). London, WB Saunders Company.

Chalmers, B. (1996). The Pedi women's experience of childbirth and early parenthood. A summary of major findings. *Curationis*. 11 (1) 10-19.

Collinson, S. & Cowley, S. (1998). An exploratory study of demand for the health visiting service within a marketing framework *journal of advanced nursing*. 28 (3) 499-507.

Eldelman C. L. & Mandle, C.L. (1994). Health promotion throughout the life span (3<sup>rd</sup> edition). (p 248). St. Louis, Missouri Mosby.

Gamble, K., Edweard, K. Cheik, S., Ousman, S., Marty, M. (2001). Reducing barriers to the use of basic health services; findings on demand, supply and quality of care in Sikasso and Bla, Bethesda MD, partnerships for health reform. Abt Associates.

Ghana Health Service (2004). Reproductive and child health unit. Annual report.

Hove, I. (1997) Factors associated with non-utilization of postnatal care services in urban area in Mashona Land East Province in Zimbabwe (p 14). (Unpublished).

Hulsey, M.T., Laken, M., Miller, V. & Ager, J. (2000). The influence of attitude about unintended pregnancy on use of prenatal care and postpartum care. *Journal of perinatology*, 20 (8): 513-519.

Islam, M. A. & Nielson, C.C. (1993) Maternal and child health services. Evaluating mothers' perceptions and participation. *Public Health*, 107 (4) 7-18.

Jordan, W. and Jordan, J. (1996). *Man in context* (3<sup>rd</sup> ed.). (p 260). Johannesburg. Lexicon Publishers.

Kimberly, S., Tania, D., Beanra, M., Ousmane, S. (2004). Knowledge, attitudes and practices related to maternal health. Results of a baseline survey. (Unpublished).

Kitzinger, S. (1982). The social context of birth. Some comparison between childbirth in Jamaica and Britain in Maccormack, CP.

Ladfors, L., Erickson, M., Mattson, L., Kyleback, K., Magnusson, I. & Milsom, I. (2001) A population based study of swedish women's opinions about antenatal, delivery and postpartum care. *Acta Obstetricia Gynaecological Scandinavica*, 80 (2): 130-136.

Mesko, N., Osrin, D., Tamang, S., Shrestha, B. P., & Manadhar, M. (2003). Care for parental illness in rural Nepal: A descriptive study with cross-sectional sectional and qualitative components. *BMC International Health Human Rights*. 3:3.

Moss, W., Gary, L. D. & David, R. (2002). Research priorities for the reduction of prenatal and neonatal morbidity and mortality in developing countries. *John Hopkins Medical Institution: Baltimore, USA*. 22 (6) 484-495.

Nabukera, S.K., Kim W., Muchunguzi, C., Bajunirwe, F., Batwala, V. K., Mulogo, E. M., Favre, C., Barry, S., & Salihu, H. (2006). Use of Postpartum health services in rural Uganda: Knowledge, attitudes and barriers. *Journal of community health*. Springer, Netherlands. 31 (2) 84 – 93.

Ndlovu, R. J & Sihlangu, R.H. (1992). Referred Sources of information on Aids among high school students from selected schools in Zimbabwe. *Journal of Advanced Nursing*. 17(4) 507-513.

Pillsbury, B. (1978). "Doing the month": Confinement and convalescence of Chinese Women after childbirth. *Social Science Med*. 12: 11- 12.



Polit, D. F. & Hungler, B.P. (1999). Nursing research Principles and methods (6<sup>th</sup> edition). (p 279). Philadelphia: J.P. Lippincott Company.

Pretorius B.T. (1995). Inferential statistics: Hypothesis testing and decision making. Percept Publishers: Cape Town.

Rahi, M., Janeja D. K., Misra, A., Mathur, B., Badhans, S. (2006). Newborn care practices in an urban slum of Delhi. Indian Journal of Medical Science. 60 (12) 506-513.

Retrieved from [www.indianjmedsci.org/text.asp](http://www.indianjmedsci.org/text.asp).

Rice, P. L., Naksook, C. & Watson, L. E. (1999). The experience of postpartum hospital stay and returning home among Thai mothers in Australia. Midwifery.15: 47-57.

Robinson, S., & Thompson, A. M. (1996). Midwives research and childbirth (p 232). Vol. 4 Chapman and Hall: London.

Quaicoe, D. R. Committing more resources to maternal health. Daily Graphic. (20/01/09).

Safe Motherhood (2002). Safe Motherhood: a matter of human right and social justice.

Retrieved from [www.safemotherhood.org.htm](http://www.safemotherhood.org.htm).

Schult, A. (1995). What is health promotion? Canadian Nurse. 91(7) 51-55.

Soltani, M.S., Sakouhi, M., Beguith, Z., Salem, B.K., Gacem, H. & Bchir, A. (1999).

Evaluation of mother's knowledge in Pre- and postnatal preventive care in the Tunisian Sahel. Sante Plugue, II(2); 203-210.

Subbiah, N. & Nanthini, A. (2003). A study to assess the knowledge, attitudes, practices and problems of postnatal mothers regarding breastfeeding. Nursing Journal of India. 94 (8) 177- 179.

Sreeamareddy, C., Joshi H.S, Sreekumaram, B.V., Givi,S., & Chuni, N. (2006). Home delivery and newborn care practices among urban women in western Nepal, a questionnaire survey. (Unpublished).

Strangways-Dixon, S. & Van Schoor, J. (1999). Postnatal care: Recovering from childbirth Professional Nursing Today Quarterly 3(1) 22-26.

Sulochana, D. G., N Chapman, N., Radam, P., Simkhada, P. R., Teijhingen, V., Stephens, J. & Amalraj, E. R. (2007). Utilization of postnatal care among rural women in Nepal. Department of Public Health, University of Aberdeen, UK. 7: 19.

United Nations (2002). World programme of action concerning disabled persons.

Retrieved from [www.un.org/esa/socder/enable/diswpao/htm](http://www.un.org/esa/socder/enable/diswpao/htm). accessed on 28/04/08

Warren, C., Dady, P., Towre, L., & Mongi, P. (2008). Strengthening postnatal care services including postpartum family planning in Kenya. The partnership for maternal, newborn and child health. Retrieved from [www.who.int/pmnch/topics/maternal](http://www.who.int/pmnch/topics/maternal). accessed on 20/08/08

World Health Organization estimates based on data collected in (1999).

World Health Organisation. (1991). Maternal health and safe motherhood quarterly. (48) 2-3

World Health Organization. (2004). Country Health Profile. Nepal Regional Office for South East Asia.

WHO (2004b). Making pregnancy safer: why is this issue important? Retrieved from [www.who.millenium/goalsformaternalhealth](http://www.who.millenium/goalsformaternalhealth). accessed on 28/03/08

Woods, M. .F.& Cantanzaro, M. (1988). Nursing research theory and practice (p 130). St. Louis, Mosby.

## **APPENDIX 1**

### **QUESTIONNAIRE**

**S/No**

#### **SECTION A**

**1.01** Where do you live?

**1.02** Age            15- 24 (    )  
                         25- 44 (    )  
                         45+    (    )

**1.03** **Marital Status**

Married            (    )

Single             (    )

Divorced          (    )

Widowed          (    )

**1.04** **Religion**

Christian          (    )

Moslem            (    )

Traditional        (    )

**1.05** **Educational level**

Primary            (    )

JHS                (    )

SSS                (    )

Tertiary ( )

None ( )

**1.06 Occupation**

Trader ( )

Nurse ( )

Farmer ( )

Hairdresser ( )

Unemployed ( )

Others ( )

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**SECTION B**

**Knowledge/Awareness**

2.01 - Are you aware that you are suppose to visit a health facility after delivery before growth monitoring begins.

Yes/No

2.02 How did you get to know about this?

Media

Friend

Nurse

Community durbar

No answer

2.03 No of postnatal visits

one

two

three

don't remember.

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### SECTION C

#### Attitudes

3.01 Is there the need for PNC looking at the timing?

Yes

No

No Comment

3.02 Reasons for attending PNC

- Child was sick
- Mother was sick
- was mandated to go to hospital/health facility



## SECTION D

### Practices of lactating mothers

4.01 Did you give your child water to drink during the first six weeks?

Yes/ No

4.02 Have you used enema on your child as a form of treatment before?

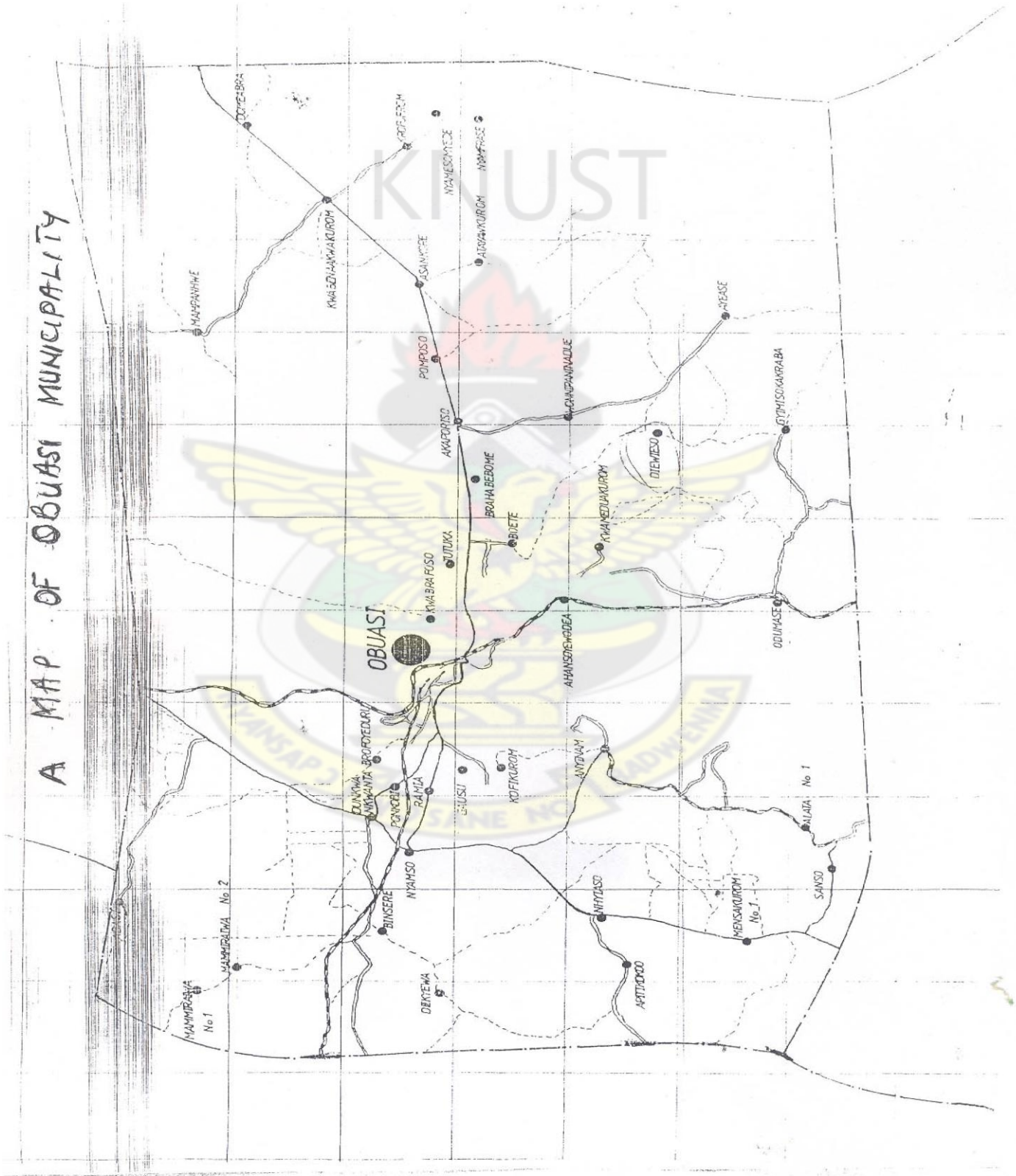
Yes/No

4.03 Was colostrums given to your infant as the first food?

Yes/No



A MAP OF OBUSA MUNICIPALITY



### APPENDIX III

#### Crosstabulations- Relationship Between Educational Background of respondents and whether water was given to infant within postnatal period.

##### Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Educational Background of respondents * Whether water was given	384	100.0%	0	0	384	100.0%

##### Educational Background of respondents\* whether water was given Cross tabulation

			Whether water was Given		Total
			No	Yes	
Educational Background of Respondents	low educational background	Count	202	117	319
		Expected Count	210.2	108.8	319.0
		%within educational Background respondents	63.3%	36.7%	100.0%
	High educational Background	Count	51	14	65
		Expected Count	42.8	22.2	65.0
		%within educational Background respondents	78.5%	21.5%	100.0%
Total		Count	253	131	384
		Expected Count	253.0	131.0	384.0
		%within educational Background respondents	65.9%	34.1%	100.0%

##### Chi-Square Tests

	Value	df	Asymp. Sig.	Exact Sig.	Exact Sig.
Pearson Chi- Square	5.506	1	.019		
Continuity Correction <sup>a</sup>	4.853	1	.028		
Likelihood ratio	5.863	1	.015		
Fisher's Exact Test					
Linear-by- Linear Association	5.491	1	.019	.021	.012
N of Valid Cases	384				

- a. Computed only for a 2x2 table
- b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 22.17

**Symmetric measures**

	Value	Approx. Sig.
Nominal by Phi	<b>-.120</b>	<b>.019</b>
Nominal Cramer's V	<b>.120</b>	<b>.019</b>
N of Valid Cases	<b>384</b>	

- a. Not assuming the null hypothesis.
- b. Using the asymptotic standard error assuming the null hypothesis

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## APPENDIX IV

### Cross tabulations- Relationship between Educational Background of Respondents and whether enema was use on infants

#### Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Educational Background of respondents * Whether enema was used	384	100.0%	0	0%	384	100.0%

#### Educational Background respondents\* whether enema was used Cross tabulation

			Whether water was Given		Total
			No	Yes	
Educational Background Respondents	low educational background	Count	124	195	319
		Expected Count	122.9	196.1	319.0
		%within educational Background respondents	38.9%	61.1%	100.0%
	High educational Background	Count	24	41	65
		Expected Count	25.1	39.9	65.0
		%within educational Background respondents	36.9%	63.1%	100.0%
Total		Count	148	236	384
		Expected Count	148.0	236.0	384.0
		%within educational Background respondents	38.5%	61.5%	100.0%

#### Chi-Square Tests

	Value	df	Asymp. Sig.	Exact Sig.	Exact Sig.
Pearson Chi- Square	.087	1	.769		
Continuity Correction <sup>a</sup>	.024	1	.877		
Likelihood ratio	.087	1	.768		
Fisher's Exact Test					
Linear-by- Linear Association	.086	1	.769	.889	.441
N of Valid Cases	384	1			

c. Computed only for a 2x2 table

d. 0 cells (.0%) have expected count less than 5. The minimum expected count is 25.05

**Symmetric measures**

	Value	Approx. Sig.
Nominal by Phi	.015	.769
Nominal Cramer's V	.015	.769
N of Valid Cases	384	

- c. Not assuming the null hypothesis.
- d. Using the asymptotic standard error assuming the null hypothesis

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## APPENDIX V

### Cross tabulations- Relationship between Educational Background of respondents and whether colostrum was given as first food

#### Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Educational Background of respondents * Whether colostrum was given	384	100.0%	0	0%	384	100.0%

#### Educational Background of respondents\* whether colostrums was given as first food Cross tabulation

			Whether water was Given		Total
			No	Yes	
Educational Background of Respondents	low educational background	Count	42	277	319
		Expected Count	39.9	279.1	319.0
		%within educational Background respondents	13.2%	86.8%	100.0%
High educational Background		Count	6	59	65
		Expected Count	8.1	56.9	65.0
		%within educational Background respondents	9.2%	90.8%	100.0%
Total		Count	48	336	384
		Expected Count	48.0	336.0	384.0
		%within educational Background respondents	12.5%	87.5%	100.0%

#### Chi-Square Tests

	Value	df	Asymp. Sig.	Exact Sig.	Exact Sig.
Pearson Chi- Square	.765	1	.382		
Continuity Correction <sup>a</sup>	.447	1	.504		
Likelihood ratio	.818	1	.336		
Fisher's Exact Test					
Linear-by- Linear Association	.763	1	.383	.536	.258
N of Valid Cases	384	1			

e. Computed only for a 2x2 table

f. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.13

Symmetric measures

	Value	Approx. Sig.
Nominal by Phi	.045	.382
Nominal Cramer's V	.045	.382
N of Valid Cases	384	

- e. Not assuming the null hypothesis.
- f. Using the asymptotic standard error assuming the null hypothesis

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