

Assessment of Knowledge and Factors Affecting Utilization of Postnatal Care in Fiche Town, Oromia Region, Ethiopia

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Abstract: Back ground: Mothers and their newborns are vulnerable to illnesses and deaths during the postnatal period. More than half a million women each year die of causes related to pregnancy and childbirth. The majority of deaths occur in less developed countries. Utilization of postnatal care (PNC) service in Ethiopia is low due to various factors. These problems significantly hold back the goal of decreasing maternal and child mortality a descriptive cross sectional study was carried out in Fiche town from a total of 431 women who had delivered in previous one year was participated in the study. Study populations were selected from different age group from (15-45) using simple random sampling technique. Out of 431 mothers 330(77%) heard about PNC but the rest 101(23%) mothers did not heard about it. From the total mothers who heard about PNC 36% heard from health extension workers during home to home visit while, 6% heard from friends. Among the Total respondent 321 (74.5%) of them went to health institution with in 6 week of delivery. Out of 431 mothers, 229 (53%) of them went to health institution within 6 week after delivery for child immunization. Distance from health facility <5km (AOR=3.01, 95% CI (1.12-5.14)), mother whose age is above 19 yrs (AOR=2.3 95% CI (1.8-4.9)), mothers who attend grade 9-12 (AOR=4 95% CI (2.1-6.9)), and cultural reason (AOR=3.2 95% CI (1.5-4.7)) are significantly associated with postnatal care.

Keywords: Risk Factors, Utilization of Postnatal Care, Lack of Service

1. Background

Postnatal carries care given in time of post term period which cover from beginning of delivery to six week. Delivery stage mother hood program me emphasize the important of follow on visit within 48 hours delivery. The period during which of maternal and maternal death are high [1].

Around 80% of maternal deaths worldwide are brought about by direct causes such as hemorrhage, infection, obstructed labor, unsafe abortion, and high blood pressure [2].

Severe obstetric bleeding is a major cause of death in both, developing and developed countries. Postpartum bleeding can kill even a healthy woman within two hours, if unattended. It is the quickest of maternal killers. Moreover, preterm birth, asphyxia and severe infections contribute to two thirds of all neonatal deaths if not attended by skilled provider. The postnatal period is especially critical for

newborns and mothers, because of the highest risk of death for both new born and mothers during the first hours and days after child birth evidence showed that more than half a million women die each years as a result of Complication from pregnancy and child birth and for a million infant die during their first month of life. Every year worldwide, representing nearly 40% of all death of children under age 5, moreover, most of these death occurring developing countries, with highest rate in sub Saharan Africa [3].

Over half million women encounter complication due to child birth annually and many dies. This states that almost 40% of women experience complication after delivery and an estimated 15% of these women develop potentially life threatening problem In addition, inter pregnancy interval of less than 18 months is significantly associated with increased risk of adverse prenatal out comes [4].

Postnatal Care (PNC) is pre-eminently about the provision of a supportive environment in which a woman, her body and

wider family can begin their new life together. It is only the management of condition or an acute situation [5].

PNC visits by health worker help mother and new born establish and maintain contact with a number of health service needed in the short and long term. Furthermore early postnatal is an opportunity for the mother to receive information and support for healthy behaviors. Such as getting proper nutrition during breast feeding using family planning and practicing exclusive breast feeding. Therefore, the early postnatal time is the death time to delivery intervention to improve the health and survival of both the new born and mothers. Yet policies and programs have largely overlooked this critical time hindering efforts met millenniums development goal (MDGS) for maternal and child survival. Those goals can be advanced, however by integrating post-natal care for new born and mother which is a practical and feasible and women. Nurse can be instrumental in helping the nation to a choice these goals by monitoring close observation in the immediate to detect material PPH encouraging and supporting on breast feeding [6]. During these time the care giver for both mother and baby include breast feeding, family planning, and immunization growth monitoring generating line for mother and baby treatment monitor chi order care [7].

Most death of mothers and new born occur very soon after delivery; over 60% of maternal death occur in the first 48 hours after child birth, $\frac{3}{4}$ of new born death in the first week and those two third occur in the first 24 hour. The most common causes are asphyxia, sepsis and pre maturing highlighting the need for quality basic maternal and new born care. Complications following child birth are more common and aggravated in developing countries. The long term maternal complications in the postnatal period (PP) include chronic pain impaired mobility, damage to the reproductive system and infertility. Evidence indicate that the vast majority of maternal morbidity and mortality can be prevented or reduced of a women had access tp or visited maternal health service during pregnancy, child birth and first after delivery. As postnatal period is neglected throughout Africa many women and their infant are not encouraged to seek care until six week after delivery at which time they are may or may not receive adequate attention. This has a major impact on care seeking for and survival of new born less than one-third of women receive antenatal care 90% are assisted by unskilled attendant TBAs (26%) relative (58%) or alone (6%) almost (3.5%) receive postnatal care. [8]

Tradition recommends mother and their new born to stay at home for 40 days after delivery the principle behind the practice facilitate the period of rest and repair establishes breast feeding and justified on grounds that the mother and new born are vulnerable to malevolent spirit. Perception of the cause of new born mortality and morbidity are consistent with accessible health care that in event of emergencies. Therefore; they have to rely on traditional medicine as it is easily accessed readily acceptable. [9]

A study carried out in urban Nepal, discovered that male involvement in reproductive health decision and practice

especially during ante natal health education and increased postpartum care utilization among women. Place of delivery influences utilization of PNC like private hospital which individualized care to client and inform them on danger sign for their own and the baby before discharge. Several studies have found a strong association between attendance of ante natal care and utilization of PNC. The level of PNC is indicative of levels of PNC women seek for themselves and their children in first year after delivery. [10]

Ethiopia has low coverage of Antenatal care and postnatal care compared to other developing country. The most cited reasons for not obtaining postnatal care services were lack of knowledge on benefits of postnatal care, being busy on other family matters, socio-cultural practice during puerperium, previous experience of obstetric complication, antenatal care visit and place of delivery [11, 12]. Those mothers who were aware of maternal complications that can occur during postpartum period were 2.7 times more likely to use postnatal care services than mothers who were not aware of maternal complications that can occur during postpartum period [13].

The study conduct on Ethiopia, Amhara region Jabitena district of 360 the total respondents, only 120(20.2%) utilized postnatal care service in health facilities (hospitals and health centers) under the supervision of skilled delivery attendant. Among PNC service users, majority 72(60%) commenced to utilize PNC service within four hours of delivery. As to the length of stay respondents spent in health care facilities, 91 (75.8%) of PNC user reported waiting time was a problem for them. Little Or no knowledge 534 (32.8%) and being healthy 446(27.4%) were the major reasons reported for not attending PNC services utilization. Regarding their decision making power, majority 483(81.3%) of the respondents reported that decision regarding PNC service utilization was made by themselves and while 111 (18.7%) by husbands. As to husbands attitude, thirty two (5.4%) of the respondents said their husbands had positive attitude towards postnatal care utilization [14, 15].

The study conducted in Bangladesh show that 73.50% of the respondents utilized PNC services among them 55.10% took PNC for less than 3 times and 28.57% took PNC for more than 3 times during postnatal period. Most of them 86% were house wife; age between 25-30 years. About 35% respondents were educated up to secondary level and 31.5% were from middle economic group. In this study 79.50% respondents received Antenatal care and advice for Post-Natal Care (PNC) Source of information for PNC was 32.5% from health workers [16].

This result was linked to ideas generated by community quality improvement teams for labor and birth notification and cooperation with community- level health workers to promote antenatal care and CMNH family meetings.

2. Method

2.1. Study Area and Period

The study was conduct in, Fiche town it is one of the towns of Oromia regional state found in northern Showa,

Ethiopian which is 112 km away from the capital city Addis Ababa. The 2007 national census reported a total population for Fiche of 39910, of whom 18720 are men and 20287 are women. The majority of the inhabitants (94.42%) reported that they practiced Ethiopian Orthodox Christianity, and 3.61% were Protestant. There are two health center and one zonal hospital.

2.2. Study Design

The study was cross-sectional and community-based, methods of data collection and analysis. The study was conducted from December to May in Fiche town which is located 112 km from Addis Ababa, Ethiopia now, the population of the town is 39,910 of which 21136 are female. There are four kebele, two health centers, and one zonal hospital working to maintain the health status of people in the town.

2.3. Source Population

All women living in Fiche town who are in the reproductive age group.

2.4. Study Population

The study population composed of women in the child bearing age (15-49 years) who had children.

2.5. Sampling Size and Sampling Technique

The sample size was determined by using a formula for estimating a single population proportion with confidence interval of 95%, 5% marginal error, and 10% none response rate and proportion of women who attend PNC of 85%, a total of 431 participant were required for the study. The study population consisted of mothers from 15 to 49 years who gave birth in the last year in the selected kebele and who were residents of the town for at least 6 months. Quota sampling technique was used to select study participants. The town is stratified into kebele in the study area, 1385 women are estimated to be eligible. The total sample size is 431 distributed proportionally to each kebele. Sampled was selected by systematic random sampling technique. When there was more than one mother within the same household, a lottery method used to select the mother to be included.

2.6. Inclusion Criteria and Exclusion Criteria

2.6.1. Inclusion Criteria

Women living in Fiche town in their reproductive age group and who gave birth in the last 1 year.

2.6.2. Exclusion Criteria

All women who gave birth in the last 1 year and refuse to

participate in the study and who have severe medical or mental health problem.

2.7. Data Collection Methods

The interviewing technique method was be a kind of verbal technique for obtaining data. It is a direct method of data collection. Interviewing was face to face interaction between the interviewer and the interviewee by using a structured questionnaire. In this study the researcher interviewed the respondents and filled their responses in the interview schedule. The questioner translated in to local language.

2.8. Data Processing and Analysis

Data was processed using the tally and dummy table. The result was analyze using descriptive and proportions percentages, mean and media. In addition chi-square test is done to check for association of influencing factors with utilization. The result is presented using appropriate table & graphs.

2.9. Data Quality Control

Data collectors are the group members. Questions is conducted by direct interview. Data completeness is checked by data collectors before leaving the house & data was checking its clarity and consistency every day.

2.10. Operational Definition

Mother-A woman aged between 15-49 years of age and has delivered a child.

Post-partum period – this is the period from delivery up to six weeks during which the mother has to receive PNC.

Post-natal care – this is care given to the mother and the infant from delivery up to six weeks.

Knowledge-refers to information needed to and required by mothers in relation to post- natal care.

Attitude – the way mothers feel and think about post- natal care. This could be either positively or negatively.

Morbidity – refers to the occurrence of disease or illness among post- natal mothers and infants.

Mortality – this is the death of women and infants during post- natal period.

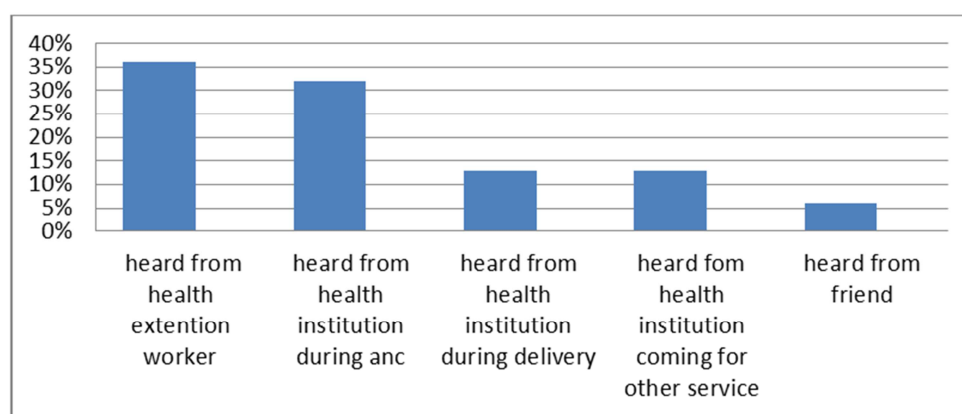
3. Result

Socio demographic characteristics of the study subject.

The majority of respondent were in age group above 19(66%). Three hundred fifty six (83%) of the study subject were married 321(74%) Orthodox and 110 (26%) educated formally either in, secondary or tertiary level (Table 1).

Table 1. Socio demographic characteristics of the study subject fiche town.

Age	Frequency	%
Below 19	147	34
Above 19	284	66
Total	431	100
Religion	Frequency	%
Muslim	9	2
Orthodox	321	74
Protestant	101	24
Total	431	100
Ethnicity	Frequency	%
Oromiya	284	66
Gurage	37	9
Amhara	101	23
Total	431	100
Educational status	Frequency	%
Unable to read & write	101	23
Read & Write	37	9
Grade 1-4	28	6.5
Grade 5-8	64	15
Grade 9-12	110	25.5
Above 12	92	21
Total	431	100

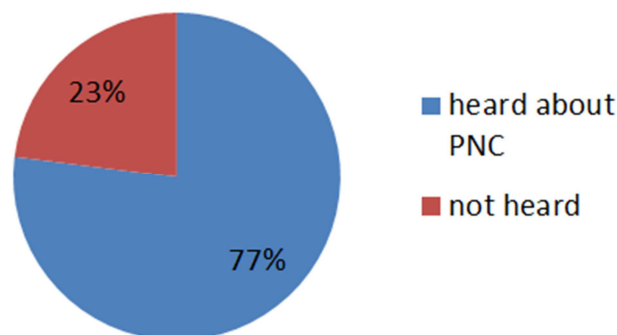
Awareness about PNC.**Figure 2.** Showing from where the mothers get information about PNC in Fiche Town.

Among the Total respondent 321 (74.5%) of them went to health institution within 6 week of delivery. Out of 431 mothers, 229 (53%) of them went to health institution within 6 week after delivery for child immunization. 46(10.6%) went because they were told to come by the health worker, 37 (8.5%) went because they were sick and the rest 37 (8.5%) of them went because of their baby was sick. From 321 mother who went to the health institution within 6 month after delivery 165 (38.2%) got immunization for their baby 101 (23.4%) got FP service 92 (21.3%) of them got physical examination and the rest 37 (8.5%) of them got counseling about breast feeding and child care.

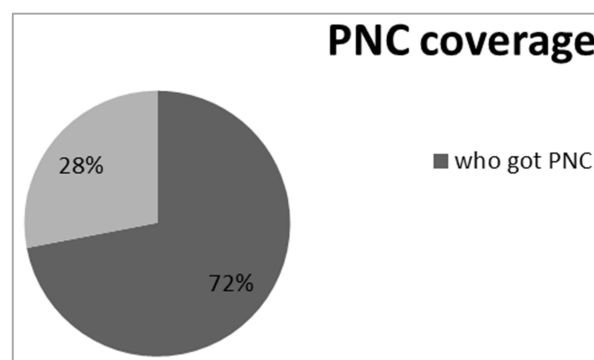
Utilization of PNC.

Out of 431 mothers who gave birth in the last One year's 312 (72%) got PNC.

Out of 431 mothers 330(77%) heard about PNC but the rest 101(23%) mothers did not heard about it.

**Figure 1.** Number of women who heard about PNC in Fiche Town.

From the total mothers who heard about PNC 36% heard from health extension workers during home to home visit while, 6% heard from friends.

**Figure 3.** Utilization of PNC among mother who gave birth in last one year in fiche town.*Barrier for utilization of PNC*

Among those women who didn't receive PNC service their main reason was lack of awareness.

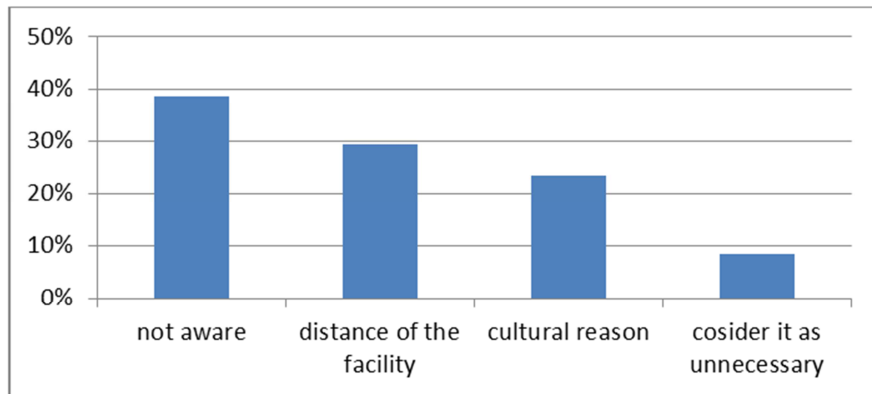


Figure 4. The reason not to use PNC service among mother who gave birth in the last one year in fiche town.

From all respondents 28% of them are far from the health institution and the rest are live in near to it. According to this study, 38% of females are affected by lack of knowledge and 28% of the respondents are affected by cultural reason. Only 9% of them considered PNC services as necessary.

Association between socio demographic factor and utilization of postnatal service

Majority of mothers (72%) the distance from their home to health facility is less than 5 km has three time more likely

attend postnatal care (AOR=3.01, 95% CI (1.12-5.14), mother whose age is above 19 yrs. has two time more likely attend post natal care compared to mothers age less than 19 yrs. (AOR=2.3 95% CI (1.8-4.9), mothers who attend grade 9-12 has four time more likely attend post natal care (AOR=4 95% CI (2.1-6.9), and cultural reason has 3 time less likely to attend post natal care compared to mothers who had not cultural reason (AOR=3.2 95% CI (1.5-4.7).

Table 2. Multiple logistic regressions shows association between level of education and utilization of postnatal service.

PNC service during last delivery	No	Yes	Total	AOR (95% CI)	P value
Distance from health facility <5km	33(28%)	86(72%)	119	3.01(1.12-5.14)	0.003
Age above 19	16(57.2)	12(42.8%)	28	2.3(1.8-4.9)	0.00
Grade 9-12	90(81.8%)	20(18.2%)	110	4(2.1-6.9)	0.001
Cultural reason	33(28%)	86(72%)	119	3.2(1.5-4.7)	0.001

The level of education ranged from those who have had school those who had tertiary.

4. Discussion

In this study 72% utilize postnatal services. (When we compare this figure with a figure in the study conducted in Malawi (2002)., which was 31%, utilization of PNC of this study is much higher. But postnatal service differs in different area. This may be due to attitude towards the use of postnatal care.

According to the 2005 DHS data, 10 percent of mothers received postnatal services in last six weeks which is lower than this study area. This may be due to time variation and improved health service accessibility and availability now a day.

In this study 28% of mothers didn't get postnatal services the main reasons for not utilize postnatal services were lack of awareness about the presence of services thinking that it's not as such important and waiting time in health institutions is very long.

In Nepal and Palestine found that lack of knowledge distance of nearest clinic, and not feeling sick enough to go back to the hospital were clear factors. Other contributes factors included number of children, education and

employment. Women who had fewest children utilized postnatal service more frequently than those with more children which are the same with this study. And also the Malawi multiple indicator cluster survey (MICS) report of 2006 reported that education of mothers plays a major role in determining attendance for PNC. (10)

5. Conclusion

The study highlighted the moderate utilization of postnatal care in the study area. About 72% of the mothers received postnatal care services.

Barriers to access PNC services were found to be a lack of awareness of postnatal services, thinking that it is not as such important, waiting time and lack of some body to look after other children at home. And also the factors which are found to be associated with postnatal care were educational status of the women religion, use of antenatal care, and place of delivery. So it is important to ascertain further why postnatal care rates are low.

Abbreviation

ANC: - Antenatal care, DHS: - Demographic and health survey.

EDHs: - Ethiopian Demographic and health survey, FP: - Family Planning
 PNC: - Post natal Care, WHO: - world health organization.
 MICS: - Malawi multiple indicator closer survey.

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Nil.

Availability of Data and Material

All data generated or analyzed during this study are included in this publishing article

Authors' Contributions

Rebik S Abdusalam W, HUSSEN M, and Sara M carried out the literature review, developed the outline, and wrote the draft and the final version.

Conflict Interests

The authors declare that they have no competing interests.

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