

**UTILIZATION OF POSTNATAL SERVICES AT ST. JOSEPHS  
CLINIC IN CHISHAWASHA (ZIMBABWE)**

by

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## ABSTRACT

The purpose of this study was to investigate the utilization of Postnatal Services at St. Joseph's Clinic. Sixty women of child-bearing age participated in the study. Convenience sampling was utilised. An integration of Qualitative and Quantitative approaches were used for collection and analysis of data.

The results of the study showed that women had high knowledge about the sixth week PNC. Women's attitudes regarding attendance at the sixth week PNC were both positive and negative. The relationship between knowledge and attitude was significant ( $r = .2999$ ,  $p = .044$ )

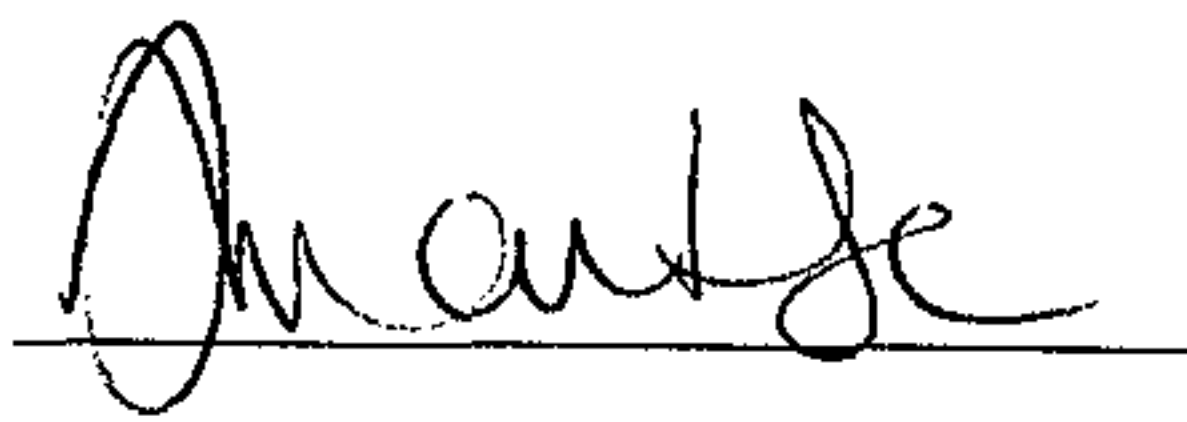
The study concluded that, the attitudes of women towards attendance at the sixth week PNC were mostly negative. Four themes emerged from the study.

Some of the recommendations of the study included a need for review of information given to mothers regarding its relevance and appropriateness; a need to foster more positive attitudes in women towards attendance at the sixth week PNC.

## DECLARATION

I, Sazilinah Makumbe declare that:

The work contained in this Independent Research Project was undertaken by myself. It is original except where due reference is made. All the sources I have used or quoted have been indicated and acknowledged by means of complete references.

A handwritten signature in cursive script, appearing to read 'Sazilinah Makumbe', is written over a horizontal line.

**SAZILINAH MAKUMBE**

## **DEDICATION**

The study is dedicated to my late father, my husband, my mother and my children. These are the most important people in my life who always supported and encourage me.

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**ACRONYMS**

ANC	Antenatal Care
BSE	Breast Self Examination
HBM	Health Belief Model
HE	Health Education
MCH	Maternal Child Health
MOH	Ministry of Health
MOHCW	Ministry of Health and Child Welfare
MOHCW/FP	Ministry of Health and Child Welfare/Family Planning
PAP	Papanicolaou Smear
PIH	Pregnancy Induced Hypertension
PHC	Primary Health care
PNE	Postnatal Examination
PNC	Postnatal Clinic
PNV	Postnatal visit
WHO	World Health Organisation
PMD	Provincial Medical Director
BP	Blood Pressure
PNO	Provincial Nursing Officer



## CHAPTER I

### 1.1 INTRODUCTION

Pregnancy is a major life event in a woman's life. It brings a lot 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 following delivery, a period termed the puerperium (Strangways-Dixon and Van Schoor 1999:22). Checking of the return of the woman to her pre-pregnant state is done at six weeks. Therefore, six weeks postnatal clinic (PNC) is a major landmark between pregnancy and the normal state of the woman (Rice, Naksook and Watson 1999:47). Postnatal period is crucial for the woman as she recovers from pregnancy related effects and childbirth. Attendance to the sixth week PNC can therefore not be over emphasized for the benefit of the woman, in the promotion of her health.

The sixth week PNC package offer many services, which are geared towards promoting the woman's health. According to Glazener (1997:314). The

postnatal period is clearly important to all those involved in order to address postpartum problems.

The services offered at the PNC include health education on care of the women, the baby and the family, blood pressure (BP) checks to diagnose or exclude any residual pregnancy induced hypertension (PIH), papanicolaou (PAP) smear to screen for cancer of the cervix. Also important is integrated physical examination of the mother which includes pelvic examination to check for involution of the uterus (which should not be palpable abdominally by six weeks if fully involuted), breast examination (breast self examination is taught and encouraged), family planning (FP) education is given and urinalysis is performed to exclude such conditions as residual PIH or diabetes mellitus. The baby receives a full physical examination and is also weighed to determine if he/she is growing well. Breastfeeding is checked on and its advantages reinforced. Any problems with the mother or the baby are addressed and referrals are made as necessary (Bennet and Brown 1999:403). During this visit women also get advice on FP and contraception is provided according to the woman's needs and choices. Poorly spaced pregnancies affect the mother's health negatively and as a result the mother is unable to contribute to the social and economic development of the country.

The main purpose of the sixth week PNC is to check if the woman has returned to her pre-pregnant state in an effort to promote the health of women.

## **1.2 BACKGROUND TO THE PROBLEM**

The postnatal period is crucial for the woman as she recovers from pregnancy related effects and childbirth. 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. Postnatal period starts from the birth of the baby up to the time the woman's body returns to the pre-pregnant state. This conversion takes approximately six weeks which is why it is important to examine the woman at six week following delivery. The midwife has three main responsibilities during this period which are physical, educational and psychosocial. The midwife monitor the physical health of the mother and baby to ensure normal progress and recognition and referral for any abnormalities. The educational role includes advice on self care as regard personal hygiene, breast self examination and importance of screening for cervical cancer (Bennett & Brown 1999 : 250)

Information regarding use of family planning, care of the baby and the rest of the family, information regarding initiation and maintenance of lactation and the baby's breast feeding behaviour is sought. Emotionally, the midwife needs to evaluate how the woman is adjusting to the demands of motherhood and to assist with coping strategies if the mother is maladjusted. It follows then that mothers need great support and information from health



professionals during the postnatal period. However, recent changes in postnatal care whereby women are discharged within six hours of delivery, due to overcrowding of maternity services, do not seem to support this norm (Temkin 1999:588). This is worsened by the fact that there are no domiciliary visits to ensure continuity of care once the woman is discharged home. In addition, in many communities, the social support system in the culture of extended families no longer exist, to give the mother support during the postnatal period. As a result the woman does not receive traditional nor professional monitoring until she presents herself at the sixth week postnatal visit. This again emphasizes the importance of attendance at six weeks postnatal clinic.

A maternal and child health (MCH) survey undertaken in Zimbabwe in 1994 revealed that 42% of women in rural areas did not attend the sixth week postnatal visit (Ministry of health 1994:5). Yet another study by Thompson revealed that 30% of women attending the gynaecology clinic were usually referred from the sixth week postnatal clinic (Thompson 1996:218). This serves to emphasize how important the sixth week postnatal clinic is with regard to promoting women's reproductive health.

There is also much realization that women's health and involvement in health care are essential vehicles to health for all. The midwife contributes to women's health by providing high quality care during the sixth week postnatal visit which should be tailor made to meet individual needs of women (Ben, Kotze and Noltte 1992:3).

### 1.3 PROBLEM STATEMENT

Although nationally many women deliver their babies at the hospital and health centers fewer women return for the sixth week PNC despite the fact that services are free of charge. In addition most health centers are accessible within a distance of five to eight kilometers. WHO suggests a geographically accessible distance of 5–10 kilometers (Dennill, King, Lock and Swanepoel 1995:6). According to the MOH&CW survey in 1994, 93% of women in rural areas attended antenatal clinic (ANC), of these 82% delivered in health centers and 42% of these did not attend the sixth week postnatal clinic (MOH&CW 1994:7). In 1994 the annual report of Mashonaland Central also stated that 57% of women who delivered in that province did not attend the sixth week postnatal clinic (Mashonaland Central Annual Report 1994:10). Another supporting evidence is the report from the Mashonaland West Provincial Medical Director (PMD) report of 1997. This report indicated that postnatal coverage rates had fluctuated over the last five years. They varied from 31.1% in 1993, 39.3% in 1994, 35% in 1995, 33.4% in 1996 and 50% in 1997 (PMD Annual Report 1997:18). Recent studies have also revealed widespread postpartum morbidity following child birth (Glazener 1997:315).

The low coverage of sixth week postnatal visit is a national concern since problems of pregnancy and birth can still occur after delivery. Postnatal services, a health promoting activity, serve as a sound basis for the baby as well as for subsequent pregnancies. It is against this background that there is concern that more than 40% of women who deliver throughout the country do not return for the sixth week postnatal check up (MOH&CW Survey 1997:55)

#### **1.4 PURPOSE OF THE STUDY**

The purpose of the study was to identify factors that influence women's decisions to attend or not to attend the sixth week postnatal check up.

#### **1.5 SIGNIFICANCE OF THE STUDY**

The sixth week postnatal check up is one of the promotive and preventive strategies through which women are empowered to take responsibility for their own health. If primary health services were effectively utilized by both women and caregivers, a valuable contribution would be made towards the health of the mother and child and ultimate to the health of the nation. It is hoped that identified factors associated with utilization of postnatal care services would help in formulation of intervention strategies. It is also hoped that the study will assist in identifying factors influencing women to attend or not to attend the sixth week postnatal check-up. The identified factors will enable the midwife and other health professionals to address the issues which will positively motivate women's attendance at the sixth week postnatal check-up. Information obtained from the mother will be used to guide the design and delivery of care during the postnatal check up. The findings may also indicate the need to modify the maternal and child health policy in Zimbabwe, specifically with regard to postnatal monitoring and follow-up.



## **1.6 Research objectives**

The objectives of the study are to:

- (1) Identify information given to mothers about the sixth week postnatal check-up.
- (2) Identify attitudes of women regarding attendance to the sixth week postnatal check-up.
- (3) Identify the relationship of information given and attitude towards attendance at the sixth week postnatal check-up.

## **1.7 Definition of Key Concepts**

### **Postnatal Period**

The postnatal period is a period of recovery from pregnancy related effects and childbirth. During this period the woman's body attains the pre-pregnancy state. The period extend approximately to six weeks post delivery (Sellers 1997:583).

### **Antenatal Care**

Care given to a pregnant women to a time just before delivery (Bennet and Brown 1999:72). In this study ANC refers to care given to a pregnant woman at a health center or hospital.

**Health Promoting Behaviour**

Behaviour that is primary undertaken in order to increase one's health well-being (Edelman and Mandle 1994:246). In this study health promoting behaviour refers to attendance at sixth week postnatal check-up.

**Knowledge**

Knowledge is defined as information and understanding about a specific subject which a person has in his or her mind which is shared by all human beings (Collins English Dictionary 1996:656) In this study knowledge refers to information and understanding of the sixth week postnatal check-up.

**Attitudes**

Attitude refers to the way somebody thinks or feel about something (Collins English Dictionary 1996:44). In the study attitude refers to what women think about the sixth week postnatal visit whether it is beneficial to them or not.



## 1.8 OUTLINE OF THE STUDY

The first chapter of the dissertation deals with orientation to the study. The problem is stated and the background to the problem outlined. The significance of the study is discussed and the research objectives formulated. Key terms are defined and the Conceptual Framework to guide the study is outlined.

*Chapter 2* examines the trends and previous research as far as postnatal services are concerned. Specifically national programmes are scrutinized and compared with those of other countries regionally and internationally.

*In Chapter 3*, a description of the conceptual framework used to guide the study is given

*In Chapter 4*, the methodology used in the research is discussed.

*Chapter 5* deals with analysis and presentation of research findings.

*Chapter 6*, results of the study are discussed.

*Chapter 7* outlines the limitations, conclusions and recommendations of the study.

A list of references used in the dissertations is given at the end. This includes references used in the dissertation and some consulted but not referenced.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 INTRODUCTION

In Chapter One an introduction to the problem being investigated was provided. The background of the problem, its significance, objectives, operational definitions and a brief description of the research setting was given. Several sources were consulted to gather information. The sources consulted included, libraries at the Medical School (University of Zimbabwe) and MOH&CW. In addition, information was gathered through a computer search, at the University of Zimbabwe Medical School and the University of South Africa. Literature review focused on historical perspectives, current situation and international trends. This chapter will examine the relevant literature on factors that influence mothers to attend the six- week PNC.

The purpose of literature review is to orientate the researcher with what is already known about the topic as well as uncertainties, in order to select appropriate research methods previously used by others, avoiding flaws which may compromise the validity and reliability of the study and avoid unnecessary replication (Polit and Hungler 1999:80).

## 2.2 GOALS OF POSTNATAL CARE

The major goal of sixth week postnatal examination is to ascertain the mother's full recovery from the effects of pregnancy, labour and delivery. A well planned and integrated postnatal examination facilitates transition from painful experiences of child birth to the joys of having a child and responsibilities of caring for the child. The postnatal period has been viewed by midwives as an essential component of maternity services. During this period the woman undergoes physiological and emotional changes for which she needs considerable support from the midwife for her to cope with the changes (World Health Organisation 1998:49). Every society recognize the fact that a new mother needs both emotional support and practical assistance following child birth. However, the assistance varies from culture to culture as discovered in a study of Thai mothers in Australia ( Rice, Naksook & Watson 1999:55).

It is important that the woman's recovery from pregnancy, labour and childbirth is confirmed at the sixth week postnatal examination. The physical postnatal care a woman receives can influence her health for the rest of her life. The emotional support she receives can influence the emotional health of her child and family and can be felt into the next generation (Pillitteri 1992: 600).

Six weeks, therefore, marks the transition from pregnancy and child birth to the non-pregnant state. The woman should be given the date and times of the scheduled appointment for a sixth week postnatal examination. The date and time of appointment should be clearly documented on the discharge slip as a reminder.

### **2.3 SERVICES OFFERED AT THE SIXTH WEEK POSTNATAL CLINIC**

The content of the examination involves discussion and assessment of the woman's general physical and emotional health. An assessment that the physiological changes that occurred during pregnancy have reverted to the non-pregnant state is done. Observations such as weight, blood pressure (BP) and urine testing are performed to check the health status of the woman. BP should be checked even if it was normal during pregnancy because in some cases hypertension has been discovered weeks after delivery (Ball 1993:2).

A papanicolaou smear is done to screen women against cancer of the cervix. A vaginal examination is also performed to check if involution is complete and any trauma that was sustained during delivery is fully healed. Assessment of the integrity and muscular function of the pelvic floor is done



and the woman is asked if she experiences any stress incontinence. Other issues discussed include return of normal menstrual cycle and sexual activity. The woman is specifically asked if she experiences any dyspareunia during sexual intercourse. The issue of contraception is discussed in detail to enable the woman to make an informed choice of the contraceptive to use. If any deviations from normal are identified during the examination appropriate referral or treatment is initiated to facilitate optimal physical and emotional health (Bennet and Brown 1999:626).

Referral is important because according to a study done in Zambia postpartum infection of long duration which extend beyond six weeks post delivery are still a common cause of maternal morbidity and mortality (Ransjo-Arvidison, Chinhi, Ng'andu, Erriksson, Susu, Christensson & Diwan 1998:386).

Postnatal mental health also needs to be checked since according to a study by Hardy & Parker (1996:416) postnatal mental health problems especially postnatal depression affect approximately 15 per cent of women in the United Kingdom. Zimbabwean women are not also spared from this problem.

The baby in turn is fully examined. Health education on care of baby and self-care is given. Breast feeding should be discussed at great lengths since according to Strangways-Dixon and Schoor (1999:23) nutrition in infancy is an important determinant of health throughout life. Poor nutrition inhibits growth and psychomotor development and has been linked to the development of adult diseases such as cardiovascular disease and diabetes mellitus (Strangways-Dixon & Schoor 1999:23).

Although other places have been reported to have fragmented post natal services, it is pleasing to note that in Zimbabwe postnatal services are integrated which should be a motivator to the mother for herself and the baby to attend. The fragmented approach is likely to discourage the woman from going to seek those services, thus depriving herself and the baby of essential services. Postnatal services that provide comprehensive and integrated services are essential to meet the diverse needs of women and their children (Thompson 1996:231). The present study seeks to identify the extent to which women are aware of these envisaged benefits of postnatal care as that awareness may influence whether the woman attends or does not attend the sixth week PNC.

## **2.4 WOMEN'S KNOWLEDGE ABOUT SIXTH WEEK POSTNATAL CLINIC**

It is of prime importance that women are given information by the health workers, about the sixth week PNC, as regards to what it is, why it is important and the services offered. Full information regarding the sixth week PNC will enable women to make informed decisions about utilising 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 Series 1991:40). Ben, Kotzes & Nolte (1992:3-6) in their study undertaken in Port Elizabeth found that only 2% of the time was used for health education of the mother compared to 64.9% devoted to physical examination. Thus an important aspect of preventive and promotive health care was neglected. Health care providers tend to be curative oriented, hence they focus more on physical aspects to the exclusion of health education. This notion is shared by Hove (1997:40) in his study on utilization of postnatal services by urban women in Zimbabwe.

In another study in Bangladesh, it was found that women lacked knowledge on the importance of the PNE and were not motivated to use the health facilities. Recommendations were made that the health workers devote most of their time educating women on the importance of MCH services including PNE as a specific component (Islam and Nielsen 1993:16). The present study seeks to determine whether lack of knowledge is a major impediment to women utilizing postnatal services in Mashonaland East, Zimbabwe.

## **2.5 SOURCES OF INFORMATION**

There are two philosophical viewpoints that indicate how knowledge or information is acquired. These viewpoints are empiricism which maintains that knowledge is acquired through experience while nativism on the other hand maintains that much of the knowledge is acquired through characteristics that are inherent in the human mind

(Jordan and Jordan 1996: 260)

There are various sources through which women can acquire information about sixth week 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.



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, magazines and booklets were found to be sources of information (Ndlovu and Sihlangu 1992:508). These sources could be explored regarding dissemination of information about the sixth week PNE.

It has also been discovered that both literate and illiterate community members depend on their past experience of health services as a source of information (Bower 1985 quoted by Robinson and Thomson 1996:232). For instance, some women may attend the sixth week PNC because they might have found it useful to attend during their previous deliveries in such cases the services offered and the attitude of health workers play a major role as positive motivators to attend the sixth week PNC.

A study undertaken by Chalmers (1996:10) identified midwives and the woman's mother as being major sources of information. In the Zimbabwean culture the aunt (sister to woman's father) is expected to communicate women's health issues including PNE to the younger women. However, this practice is no longer possible because of the breakdown of the extended

family ties. The young women, have therefore, to rely in alternative sources of information mainly the health worker. According to a study in Zimbabwe by Hove (1997:26) most women were informed about the PNC by the midwives who had conducted their deliveries.

## **2.6 WOMAN'S VIEWS ABOUT THE SIXTH WEEK POSTNATAL CLINIC**

The Zimbabwean government adopted Primary Health care (PHC) concept as a vehicle to reach the goal of "Health for all by year 2000". Health promotion is one of the components of PHC. According to Schultz (1995:55) 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 for their own health through active participation. Women with positive views regarding the sixth week PNC are more likely to attend than those with negative views.

Stamp and Growther (1994:150) in their study reported that 54% of women considered the midwife most helpful during the sixth week PNE. The women indicated that the midwife provided emotional support, gave information, answered questions and assisted with breast feeding and physical care.

However, in the same study it was also noted that lack of sensitivity, judgmental and exclusion form decisions by the midwife was most unhelpful during the six week PNE. It is these impressions women make following a visit to the health facility which determine to a large extent whether subsequent visits will be made or not especially remembering that previous experience was another motivator for women to attend the six week PNC (Makumbe 1989 own experience).

According to Pender and Pender (1987:25) individuals with high value of health will engage more frequently in health promoting activities than those with low health values. The views about health to which people subscribe may influence the extent to which they engage in health promoting behaviour.

From a study by Bowers women were asked what they valued most at six weeks examination and contraception ranked high (Thompson 1996:230). This study also seeks to determine what women attending the sixth week postnatal examination at St. Joseph's clinic envisage to be carried out during the postnatal examination. The study by Bower also revealed that 88% of women who had attended the sixth week postnatal clinic felt that their health problems were not attended to satisfactorily. This may mean that the

individual's assessment of health may not coincide with the health professional's criteria. The same view is echoed by a study by Greenshields, Hulme and Oliver in 1993 where one woman commented: "There is still tenderness and occasional discomfort after sexual intercourse. It was six months before sex was anything other than painful and yet at my postnatal (examination) I was pronounced healed" (Greenshields, Hulme and Oliver quoted in Thompson 1996:234).

## **2.7 REASONS FOR ATTENDANCE AT SIXTH WEEK POSTNATAL CLINIC**

Various studies have indicated that perceived benefits of health promoting behaviour influence individuals to engage in health promoting behaviour (Pender and Pender 1987:55). Perception of benefits from health promoting behaviour appear to facilitate continued practice and reinforce beliefs about the benefits. Women are more likely to attend the sixth week PNC if they perceive that they are benefits for attending than if their view is that benefits are minimal or non-existent. In a study by Bower some women attend the sixth week postnatal clinic because of advice they will have been given by their doctor, midwife, friends or relatives. Others also attend because of perceived susceptibility to health problems for example following a difficult delivery (Thompson 1996:226). On the other hand some women attend



because they have adequate knowledge about the sixth week postnatal examination regarding its benefits on promotion of health.

## **2.8 REASONS FOR NON ATTENDANCE**

Barriers to health promoting behaviour may be imagined or real. A survey carried out by MOHCW in 1997 on Zimbabwe National Maternal Child health and Family Planning services (MCH/FP) eighty six percent of mothers said they were satisfied with ANC services they received in health institutions. In the same survey only 66.8% mothers reported being satisfied with PNC services. Among the reasons given for dissatisfaction included attitudes of health workers, time of contact with health workers, which was too short, lack of understanding of the health worker and long waiting time (MOHCW 1997:56). Lack of knowledge of Postnatal Care services influence its utilization. A study by Dr. Hove (1997:14) in Harare Urban Clinics reported that 34% of the mothers did not know about postnatal care, while another 34% did not know the benefits of PNC, 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. The study seeks to find out if reasons for non attendance for

PNE at St. Joseph's a peri urban area are similar to those given by women in the urban area or they are different.

In another study by York, Tulman and Brown (2000:34 –40)) it was noted that the level of prenatal care influences the utilization of postnatal care services. In the same study it was noted that women receiving little or no prenatal care underutilise MCH services after delivery. The study also suggested that women who do not attend prenatal care do not get the information and support from their health care providers who serve to motivate appropriate post care related to mother and well child care. This study seeks to find out if the level of prenatal care influence attendance at the sixth week postnatal visit. Demographic factors such as low level of education, religion and place of residence are some of the factors noted to influence women to delay or not to attend the sixth week postnatal visit among low income urban African American women. Other factors such as poverty, lack of emotional support and problems in family functioning have also been cited as deterring women from attending preventive health care such as the sixth week postnatal visit (York et al 2000:35). This study seeks to find out if the factors cited above also influence Zimbabwean women not to attend the sixth week postnatal visit at St. Joseph's Clinic in Chishawasha.

## **2.9 TIMING OF THE SIXTH WEEK POSTNATAL VISIT**

According to Pillitteri (1992:635) every woman should have a check up by the physician or nurse midwife at six weeks following delivery. Six weeks is the end of the postnatal period where by the woman's health is checked and any residual problems from child birth are noted and addressed appropriately. A survey done by MOHCW in 1997, revealed that 65.3% of mothers visited for PNE at six weeks, 11.4% at two weeks and 8.5% at 7 weeks postpartum (MOHCW 1997:59). According to Hove (1997:14) the sixth week timing is not ideal for a number of reasons. A large proportion of birth related health problems start within a week and last for more than six weeks after delivery and screening such as for cervical cancer are best deferred until after twelve weeks. The study wishes to find out the preferred time of the postnatal examinations from women attending postnatal clinic at St. Joseph's Clinic.

## 2.10 SUMMARY

The postnatal period has been viewed by midwives as an important component of MCH services with programmes for the promotion of women's health require their full participation. The sixth week PNE is one such programme. Important services relating to preventive screening and ensuring physical and emotional health are provided at the sixth week postnatal visit. Failure to attend places the woman at increased risk of a variety of health and social problems that may result in long term costs to society (York et al 2000: 350). Unfortunately not all women attend the scheduled sixth week PNC. Various studies have cited possible reasons for not attending such as women's lack of time, long waiting period at the expense of other important domestic chores, lack of information about importance of visit, low level of education, knowledge deficit, poverty, lack of emotional support, problems in family functioning, failure to recognize the benefit of the visit from previous experience and in certain instances services were found to be fragmented. The last reason for failure to attend suggests that an intergrated comprehensive service is not being provided during the sixth week postnatal visit.



Literature has recommended further research on the quality of care given during the sixth week postnatal visit. Although nationally 93% of women attend ANC, more than 40% of the deliveries do not attend their scheduled six weeks postnatal visit, a health promoting activity. It is against this background that the investigator has embarked on this study to identify the factors that influence women to attend or not to attend the sixth week postnatal clinic.

## **CHAPTER 3**

### **CONCEPTUAL FRAMEWORK**

#### **3.1 INTRODUCTION**

According to Merriam and Simpson (1984:9), research should be carried out in conjunction with a theoretical or conceptual framework because that helps to expand the scientific body of knowledge in a discipline. The authors further stated that, not all types of research need to have a conceptual or theoretical framework. If there is nothing or very little known about the phenomenon of interest, the researcher refrains from utilizing a conceptual or theoretical framework so as to gain insight and understanding. A framework may then be utilized later on in further investigations of the same phenomenon, as there will be some facts known this time.

This particular study sort to use the Health Belief Model (HBM) to guide the study. This model will be briefly described.

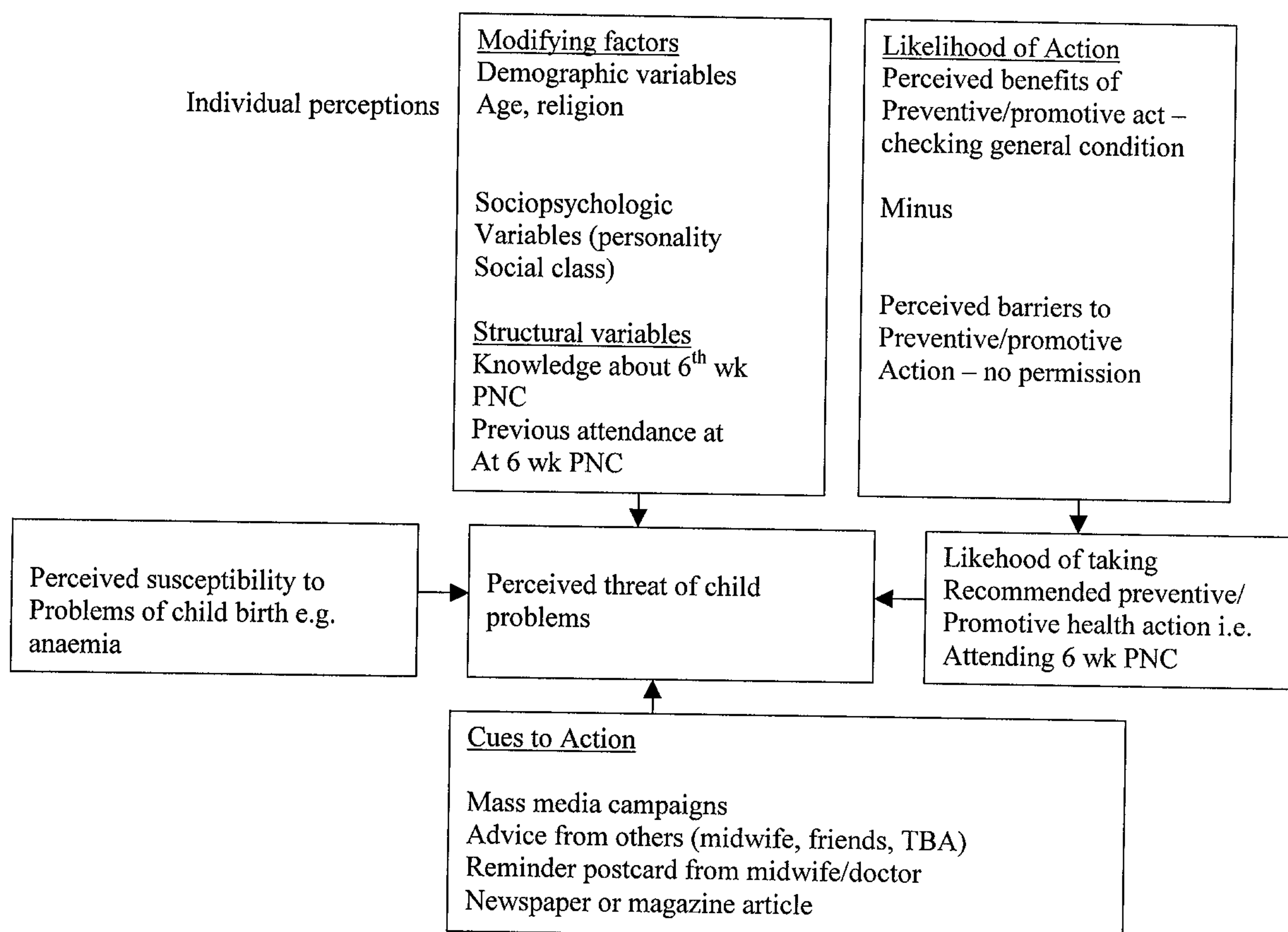
#### **3.2 CONCEPTUAL FRAMEWORK**

The study was conducted using the health belief model (HBM). The model provides a framework to explain why some individuals take specific action to avoid illness, while others fail to protect themselves. According to Stanhope

& Lancaster (1996:252) the model was developed when the public and private health sectors were concerned that people were reluctant to be screened for tuberculosis, to have pap smear to detect cervical cancer or to take other preventive measures that were either free or available at low cost (Sixth week PNC visit is free of charge therefore expect all mothers to attend) MOHCW is concerned that women are not adequately utilizing postnatal services yet, at six weeks, this service is free of charge. The model was designed to predict which people would not use preventive measures that is attend postnatal clinic services. It would also assist to develop interventions that might reduce client reluctance to utilize postnatal clinic services. The model would assist in organizing information about clients' views regarding how six weeks promotes health of women and what factors would influence women to utilize the postnatal clinic services.

### 3.3 COMPONENTS OF THE MODEL

The model has three major components namely, individual perceptions, modifying factors and variables affecting the likelihood of initiating actions as shown hereafter:



Adopted and adapted from Denhill, K King. L, Lock M, Swanepoel T, 1995.

Cues which may motivate a client to take action include mass media campaigns, advice from others for example midwife, a reminder card from health worker such as the small card with summary of delivery and date to attend the six week PNC. For example with the limited use of postnatal clinic services the health belief model could be used to identify the women's knowledge of six weeks PNC in order to determine cues which motivate women to attend and not to attend the sixth week PNC (Edelman & Mandle 1994 : 248).

### **3.3.1 Individual Perceptions**

These refer to problems which the mother thinks she is prone to have as a result of childbirth for example anaemia and how serious these problems may be so that it warrants her to attend the PNC at six weeks. If she does not perceive the problems to be serious she may choose not to attend.

### **3.3.2 Modifying factors**

These include demographic, sociopsychologic and structural variables. Demographic Variables such as age and religion, level of education may influence a woman to attend or not attend the sixth week PNC. Religion may



prevent somebody from going to a health center such as a certain sector of the Apostolic faith (personal communication with Apostolic Faith believers 2001).

### **3.3.3 Sociopsychologic Variables**

This refers to such variables as personality, social class and peer group pressure. A mother with a weak personality can easily be influenced not to attend six weeks PNC by her peers especially if they did not attend or if they attended and did not derive any benefit from the services (Dennill et al 1995 :248).

### **3.3.4 Structural Variables**

These include knowledge about sixth week PNC. Since mothers may not attend because they were not informed about the sixth week PNC or they understood very little about it during group health education. Women are likely to attend sixth week PNC if they know the importance of the visit and believe that they will benefit from the visit. If women perceive that the visit will not benefit then they are unlikely to attend and lack of accurate knowledge about the visit poses as a barrier to attending. According to Edelman and Mandle (1994 : 248) clients are likely to comply with a treatment plan if they perceive it will benefit them.



### **3.3.5 Variables affecting the likelihood of action**

In addition to individual perception and modifying factors cues to action either emanate from the individual or externally. Cues to action include advice from others especially midwife, remembering the date of attending as given by the midwife, reading newspapers and magazines, listening to radio and television broadcasting programmes about the advantages of going for a sixth week postnatal check-up (Edelman and Mandle 1994 : 248)

## CHAPTER 4

### RESEARCH METHODOLOGY

#### 4.1 INTRODUCTION

The purpose of the study was to identify and describe the factors that influence the decision of women to attend or not to attend the sixth week postnatal check-up. The objectives of the study were to:

- To identify the information given to mothers about the sixth week postnatal check-up.
- To establish attitudes of women regarding attendance at the sixth week postnatal check-up.
- To identify the relationship between information given and attitude towards attendance at the six week postnatal check-up.

A combination of quantitative and qualitative analysis was used to analyse the data. According to Polit and Hungler (1999 : 258), the two methods are complimentary and thus diminish the weakness of a single approach. While quantitative approach uses numbers, the qualitative approach deals with words, themes, patterns and narrative statements. This chapter presents the methods and procedures employed to accomplish the purpose of the research.

## **4.2 RESEARCH DESIGN**

A descriptive design was chosen in order to give a detailed description of factors that influence women to attend or not to attend the sixth week postnatal check up. According to Brink and Wood (1998:289) a descriptive survey design may be utilized to study characteristic in a population for the purpose of investigating probable solution of a research problem.

## **4.3 TARGET POPULATION**

The target population consisted of mothers attending the well baby clinic at St. Joseph's Catholic Clinic in Mashonaland East Province, Zimbabwe whose children were between eight weeks and twelve months in order to give the investigator adequate subjects.

The mothers were attending maternal and child welfare clinic for baby immunizations and growth monitoring. Proof for attending the sixth week postnatal check-up was indicated on the child health card. Those without documentation were regarded as not having attended the sixth week postnatal check-up. The assumption was that mothers still remembered the reasons for attending and for not attending the sixth week postnatal check-up.

#### **4.4 INCLUSION CRITERIA**

According to Rees (1997:34) Inclusion Criteria are the characteristics we want those in our sample to possess. The mothers chosen had their children between eight weeks and twelve months and could communicate either in shona, ndebele or english, the languages the investigator is well conversant with. The investigator as a student did not have enough money for hiring translators.

#### **4.5 EXCLUSION CRITERIA**

Talbort (1995) defines exclusion criteria as characteristics which a participant may possess that could adversely affect the accuracy of the results (Talbot 1995 cited by Rees 1997:134). Exclusion Criteria referred to mothers whose children were sick or any other person other than the mother bringing the child to the clinic such as child minders, neighbours and aunts.

#### **4.6 STUDY SETTING**

The study was conducted at St. Joseph's Clinic a Primary Health Care Centre in Mashonaland East serving a population of approximately fourteen thousand people (Zimbabwe Population Census 1992). Of this population 3.1% (343)

are children under one year, 16.1% (1830) are children under five years, 25.1% are women of child bearing age between (15-49 years) . The site was chosen because it provides the first level of care where most mothers attend their scheduled sixth week postnatal check-up. The site also attracts large numbers of mothers from neighbouring communal lands, resettlement sites, commercial farms and mines. A map showing the catchment area of St. Joseph's Clinic is provided in the appendices (Appendice No.5)

#### **4.7 SAMPLING AND SAMPLE SIZE**

Sampling involves a process of selecting a sub-set of population that represents the entire population in order to obtain information regarding the phenomenon of interest. A sample is a sub-set of the population which is selected to participate in the study (Polit and Hungler 1999:279).

The investigator utilized convenience sampling. This method was chosen because it provided easy access to the subjects, it was simple, practical, cheap, quick and did not require an elaborate sampling frame which was not available. The participants were selected from mothers who brought their children for well baby clinic when the researcher was present at the clinic.

The researcher checked the child health card to ascertain the age of the child, identify those who attended or did not attend the sixth week postnatal check-



up. From the identified mothers every third mother was selected after obtaining her consent to participate in the study. The first woman was randomly chosen.

The sample consisted of sixty mothers comprising those who attended as well as those who did not attend the sixth week check-up and who met the inclusion criteria.

#### **4.8 RESEARCH INSTRUMENT**

A structured questionnaire was used as the instrument of collecting data. The questionnaire was selected because it enabled the investigator to be consistent in asking questions and data yielded was easy to analyse since the researcher was inexperienced (Polit and Hungler 1999:345). Research participants were interviewed directly to avoid misinterpretation and to ensure clarity on all issues. Woods and Cantanzaro (1988:130) maintain that an interview is the best method of collecting data, especially if the respondents cannot read and write. A large percentage of the participants were either illiterate or only received basic primary education.



The investigator designed an interview schedule with both open and closed ended questions. The instrument for collecting data was divided into three parts.

Section A comprised of the Demographic Data Instrument which sought to obtain personal details of participants such as age, number of children, religion, marital status, educational status etcetra.

Section B sought to determine the relevant knowledge mothers had regarding the sixth week postnatal check-up.

Section C was aimed at eliciting the attitude of mothers regarding the sixth week postnatal check-up.

The questionnaire is included in the appendices (Appendix 1 Quantitative Data and Appendix 2 Qualitative Data).

#### **4.9 VALIDITY**

According to Polit and Hungler (1999:418) validity refers to the degree to which the instrument measures what it is supposed to measure. The questionnaire mostly focused on content validity which refers to the accuracy

with which an instrument measures the factors under study. Therefore, content validity was concerned with how accurately the questions asked tended to elicit the information sought. The research instrument was tested for content validity by giving the questionnaire to a panel of experts that included midwives at Makumbe Mission Hospital, which is the referral Centre for St. Joseph's Clinic. It was also given to the supervisors for acceptance and a professional statistician to establish whether the instrument was sufficiently comprehensive in seeking the proper range of responses, was appropriate in terms of space and length, flow of questions and was adequate. Also as a validation process triangulation was used. According to Polit and Hungler (1999:258) triangulation is a method used to uncover a unique variance that might not have appeared if a researcher had used only a single method of investigation. In triangulation the qualitative and quantitative techniques complement each other by supplying each other lack.

To ascertain validity, five respondents were asked in-depth questions which were open ended to give their full view regarding their attitudes towards the sixth week postnatal visit, that is, how knowledgeable they were, how the knowledge helped them in promoting health, what factors they wanted improved in order for sixth week PNE to be very beneficial to women.

#### **4.10 RELIABILITY**

Reliability relates to the accuracy and consistency of the measurements generated by the data collecting instrument (Rees 1997:16). Reliability of the tool was ensured by accurate and careful phrasing of each question to avoid ambiguity, and leading respondents to a particular answer. Respondents were informed of the purpose of the interview and of the need to respond truthfully. In addition, a pilot study was conducted to identify any problems with the design.

#### **4.11 ETHICAL CONSIDERATIONS**

Ethics can be defined as a code of behaviour considered correct (Pera and Van Tonder 1996:4). It is crucial that all researchers are aware of research ethics. Ethics relate to two groups of people; those conducting research, who should be aware of their obligations and responsibilities, and the “researched upon”, who have basic human rights that should be protected. Therefore the study has to be conducted with uttermost fairness and justice by eliminating all potential risks. The participants must be aware of their rights. This section examines ethical issues raised in the study which include informed consent, right to anonymity and confidentiality, right to privacy, justice, beneficence, and respect for person (Fry 1994:27-30).

Permission to conduct the study was sought from the Provincial Medical Director (PMD) of Mashonaland East. The permission was communicated to the Medical Officer of Mashonaland East, the Provincial Nursing Officer (PNO) and the Sister-in-charge of St. Joseph Clinic.

#### **4.11.1 Respect for Person as Autonomous Individual**

Respect for person is a basic human right. Participants as autonomous individuals had the right to choose to either participate or not in the research. This decision was made without coercion. Participants were allowed to act independently by giving their informed consent to participate in the study or to freely choose to participate. Choice is defined in Collins English Dictionary (1996:57) as the opportunity or power of choosing. On the other hand real consumer choice means:

- Clients have a range of alternatives
- Adequate information about alternatives
- The ability to make rational choices
- The opportunity to implement choices (Ralston 1994:453).

To ensure that participants gave informed consent to participate in the study, prior to their giving consent the purpose of the study was fully explained to them, in the language they were well conversant with. Criteria to participate



was explained to them. Risks and benefits were highlighted. The subjects were informed that participation was voluntary and that they were free to withdraw from the study at anytime. Respondents were assured that withdrawing or refusal to participate in the study did not affect their entitlement to health services. Explanation was conducted in the language the participants were conversant with to ensure clear understanding of issues involved. Prior to signing the consent there was a period of question time to ensure respondents had fully understood the explanation. At the end of explanation respondents were asked to sign a written consent before participating in the study (See Appendix 4 for the consent Form).

#### **4.11.2 Confidentiality and Anonymity**

Confidentiality is a basic ethical principle while anonymity is one way in which confidentiality is maintained (Rees 1996:71). To ensure anonymity steps are taken to protect the identity of the individual by neither giving their name when presenting research results, nor including identifying details which may reveal their identity such as place of work, personal characteristics and occupation. In this study anonymity was achieved by not putting names on the questionnaires but instead code numbers were used. At the end even the researcher could not link any information to any subject. The interview



was conducted in a private closed office where no third person could tape the conversation. The information was kept locked away from other authorities. The research findings were shared with only those members who contributed to the care of the clients.

#### **4.11.3 Avoiding Harm**

Avoiding harm is another basic human right to be considered when conducting research on human beings. According to Burns and Grove (1997:206) risks that may be encountered in research include physical, psychological, emotional, social and financial ones. In this research only psychological harm was the only probable risk through periods of long waiting and also not maintaining confidentiality and anonymity. Psychological harm was prevented by interviewing the respondents within the period of time agreed upon, as deduced from the pilot study. Psychological harm was also prevented by maintaining privacy, confidentiality and anonymity during interview.

#### **4.11.4 Justice**

Justice, another basic human right, relates to the fair treatment of those in the study (Burns and Grove 1997:705). In the study the subjects were treated fairly by giving their informed consent prior to participation, and by being given the option to withdraw from the study, as they wished, without any negative consequences regarding entitlement to health services. Also selection of the sample following guidelines of the inclusion criteria ensured that all those who met this criteria were chosen to participate in the study.

#### **4.11.5 Informed Consent**

Informed consent is a legal requirement before one can participate in the study. After full explanation of the nature of the study respondents were asked to give both verbal and written consent to show their willingness to participate in the study. (See Appendix 4 for the consent form).

### **4.12 PILOT STUDY**

A pilot study is a trial run of the major study. Its purpose is to check the feasibility of the study in terms of resources, time, availability of subjects for the study and their willingness to participate and the support required from

others to facilitate data collection. It is also used to check the accuracy of the data collection tool (Polit and Hungler 1999:320).

A pilot study was conducted to test the instrument for reliability. Six respondents with similar characteristics to the research sample were interviewed at St. Joseph's Clinic. Following the pilot study some ambiguous questions were rephrased to give greater clarity and some questions were discarded as they proved irrelevant. Time for interviewing each client was approximated. The results of the pilot study were not included in the final study.

#### **4.13 DATA COLLECTION**

Data collection is a systematic way of gathering information which is relevant to the research purpose or questions (Burns and Grove 1997:383).

Data was collected in June and July 2001. Data 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. Every mother who met the criteria for inclusion in the study was selected to participate. Detailed information about the study was given to the

client using their own mother language before a consent to participate was obtained. Both verbal and written consent were obtained before the face to face interviews.

Face to face interviews were carried out in a private room provided by Sister-In-Charge at St. Joseph's Clinic. Data was collected between 0800 and 1600 hours. The time spent for face to face interview with each client was about twenty minutes. After the interview the respondents were thanked for sparing their time to participate in the study.

#### **4.14 DATA CLEANING**

Data cleaning involved checking questionnaires for completeness and accuracy. Decision about missing data was done. Frequencies were also used for data cleaning as well as creation of reliability scales.

#### **4.15 DATA ANALYSIS**

Descriptive and inferential statistics were used to analyze data. The Statistical Package for Social Sciences (SPSS) was used to analyze data with the help of a professional statistician. For quantitative data descriptive statistics were used to analyse data by use of means, frequencies and

percentages. Open-ended questions were grouped according to content and were ranked in order of frequency.



## CHAPTER 5

### DATA ANALYSIS AND PRESENTATION

#### 5.1 INTRODUCTION

This chapter presents the analysis and interpretation of research results. The first section covers quantitative data analysis, while the second section deals with qualitative data analysis. The results embrace demographic data, knowledge about the sixth week PNV, and relationship between the knowledge and attitude of women towards attendance at the sixth week PNV. Analysis will combine quantitative and qualitative methods of analysis. The integration of quantitative and qualitative methods of data analysis enriches the results since the two methods are complementary and supplement each other's lack (Polit and Hungler 1999:278).

The study was conducted at a Primary Health care Centre in Mashonaland East Province during the months of June and July 2001.

The study sought to address the following:

- The information given to mothers about the sixth week postnatal check up.

- The attitudes of women regarding attendance at the sixth week Postnatal check up.
- The relationship between information given and attitude towards attendance at the sixth week Postnatal check up.

## **5.2 QUANTITATIVE DATA ANALAYSIS**

### **5.2.1 Demographic characteristics of the respondents**

Table 5.1 shows the demographical characteristics of women who participated in the study. A total of 60 respondents participated in the study. The highest percentage, 66.7% (40) comprised of young adults between eighteen and twenty-seven years, followed by those between 28 - 40 years who constituted twenty five percent. The remaining 8.3 percent included very young women who were below eighteen years. The youngest woman was fifteen years and the oldest forty years. The mean age of respondents was 24.7 years.

Of the sixty respondents who were interviewed forty five percent (27) were living together, while thirty five percent (21) were married, ten percent (6)

were single, and the remaining three percent were either widowed or divorced.

The respondents' number of children ranged between one and six. A large percentage, 68.3% (41) had between one and two children, while twenty five percent (15) had between three and four children and the remaining 6.7 percent had between five and six children.

The respondents belonged to different religions. A large number of respondents 45% (27) belonged to the Apostolic Faith Church, with twenty percent (12) belonging to the Protestant churches, 13.3% (8) belonged to the Roman Catholic church and the other 13.3% (8) were none believers. The remaining 5% (3) and 3.3% (2) belonged to the Salvation Army and Evangelical churches respectively.

The educational level of respondents ranged from no education at all to tertiary level. Of the sixty respondents interviewed 18.3% (11) did not go to school, 45% (27) had primary education, while 21.7% (13) had reached secondary education, and the remaining 15% (9) had gone up to tertiary level and were professionals. Most of the respondents, eighty percent(48) were

unemployed compared to only twenty percent (12) who were employed. These were either semiskilled (15%), skilled (1.7%), or professionals (3.3%).

More than half of the respondents, 53.3% (32) resided in the farming area while 21.7% (13) lived in the low density and another 21.7% (13) lived in communal areas. The remaining 3.3% (2) lived in resettlement area.

**Table 5.1**

**Age distribution, marital status, number of children, religion, education level, occupation and place of residence of respondents**

**N=60**

<b>VARIABLE</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
<b>AGE</b>		
Below 18	5	8.3
18 – 27	40	66.7
27 - 40	15	25.0
<b>MARITAL STATUS</b>		
Single	6	10
Living together	27	45
Married	21	35
Divorced	3	5
Widowed	3	5
<b>NUMBER OF CHILDREN</b>		
1 - 2	41	68.3
3 - 4	15	25.0
5 - 6	4	6.7
<b>RELIGION</b>		
Catholic	8	13.3
Protestant	12	20
Apostolic	27	45
Salvation Army	3	5
Evangelical	2	3.3
None	8	13.3
<b>EDUCATION</b>		
None	11	18.3
Primary	27	45
Secondary	13	21.7
Tertiary	9	15.0
<b>OCCUPATION</b>		
Unemployed	48	80
Semiskilled	9	15
Skilled	1	1.7
Professional	2	3.3
<b>RESIDENCE</b>		
Low density	13	21.7
Farming	32	53.5
Resettlement	2	3.3
Communal	13	21.7



**Table 5.2**

**Place of delivery, sex of baby, person assisting delivery, attendance at Antenatal Clinic and time taken to walk to the clinic.**

**N = 60**

<b>VARIABLE</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
<b>PLACE OF DELIVERY</b>		
Hospital	18	30
Clinic	29	48.3
Home	13	21.7
<b>SEX OF BABY</b>		
Male	34	56.7
Female	26	43.3
<b>PERSON DELIVERED</b>		
Midwife	38	63.3
Doctor	8	13.3
Traditional	13	21.7
Self	1	1.7
<b>CLINIC ATTENDANCE</b>		
Yes	50	83.3
No	10	16.7
<b>TIME WALKING TO CLINIC</b>		
Less than 10 minutes	1	1.7
10 – 24 minutes	18	30.0
25 – 40 minutes	18	30.0
Over 40 minutes	23	38.3

Table 5.2 is continuation of demographic characteristics of respondents indicating place of confinement, sex of the baby, person conducting the delivery, attendance at prenatal clinic and duration of time taken to reach the

clinic. As reflected in the table, almost half (48.3%) of participants delivered at health clinics, while 20% (18) delivered at the hospital, and another 21.7% (13) delivered at home. Most deliveries, 63.3% (38) were conducted by nurse midwives. Twenty one percent (13) were delivered by Traditional midwives, another 13.3% were delivered by the doctor and one woman delivered herself. Of the women who were interviewed 56.7% (34) had given birth to male babies and 43.3% (26) had female babies. The majority of respondents, 83.3% (50) had attended prenatal care prior to delivery as opposed to only 16.7% (10) who did not attend.

The time taken to reach St. Joseph Clinic ranged between less than ten minutes and more than forty minutes. A large number, 38.3% (23) of respondents took over forty minutes to get to the clinic, 30% (18) taking between 10 – 24 minutes and another 30% (18) taking between 25 – 40 minutes. Only one woman said she took less than ten minutes to get to the clinic.

### **5.3 KNOWLEDGE ABOUT SIX WEEKS POSTNATAL VISIT**

Participants were asked if they had heard about the 6 week PNC, if they had attended the six-week PNC and how the visit promotes the health of women.

The respondents were also asked to relate what services were offered at the six week PNC.

Timing of giving of information about the six week PNC is crucial. The best time to introduce this topic is during ANC rather than during labour when the mother is in pain or after delivery when the mother is trying hard to cope with the demands of motherhood and the baby. Hence women were asked about information given during ANC. The purpose of the inquiry was to find out if women are given information about PNC during prenatal period when asked what information was given at ANC, respondents mentioned importance of ANC, health education on labor, care of baby, breast feeding and importance of six week PNC.

### 5.3.1 Information given during Antenatal Clinic

**Table 5.3**  
**Information given during, Antenatal Clinic**  
**N = 60**

<b>VARIABLE</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
Importance of ANC	43	72.9
Labour	20	32.2
Care of baby	14	23.7
Breast feeding	13	22.0
Importance of six weeks	13	22.0
Postnatal visit		

Table 5.3 shows the distribution of participants' responses concerning information given at ANC. Information on ANC ranked highest with 72.9% (43). This is not amazing since importance of ANC is the core business of prenatal care. Importance of ANC was followed by health education on labour with 32.2% (20), followed by care of the baby, with 23.7% (14). Breast-feeding and importance of six weeks PNC faired the same with 22% (13) each. This low percentage of women who heard about six weeks PNC at ANC clearly shows that those who heard about the six week PNC were only given this information after delivery. Women gave their responses concerning services that are offered at the six-week PNC. The interviewer had an exhaustive list of important services offered at the six week PNC. As the participants gave their responses the interviewer ticked the appropriate response. The respondents were asked to give as many responses as they could. Table 5.4 shows the distribution of perceived services offered at the PNC.



### 5.3.2 Services offered at sixth week Post-natal visit

**Table 5.4**  
**Services offered at sixth week Post-natal visit**  
**N = 60**

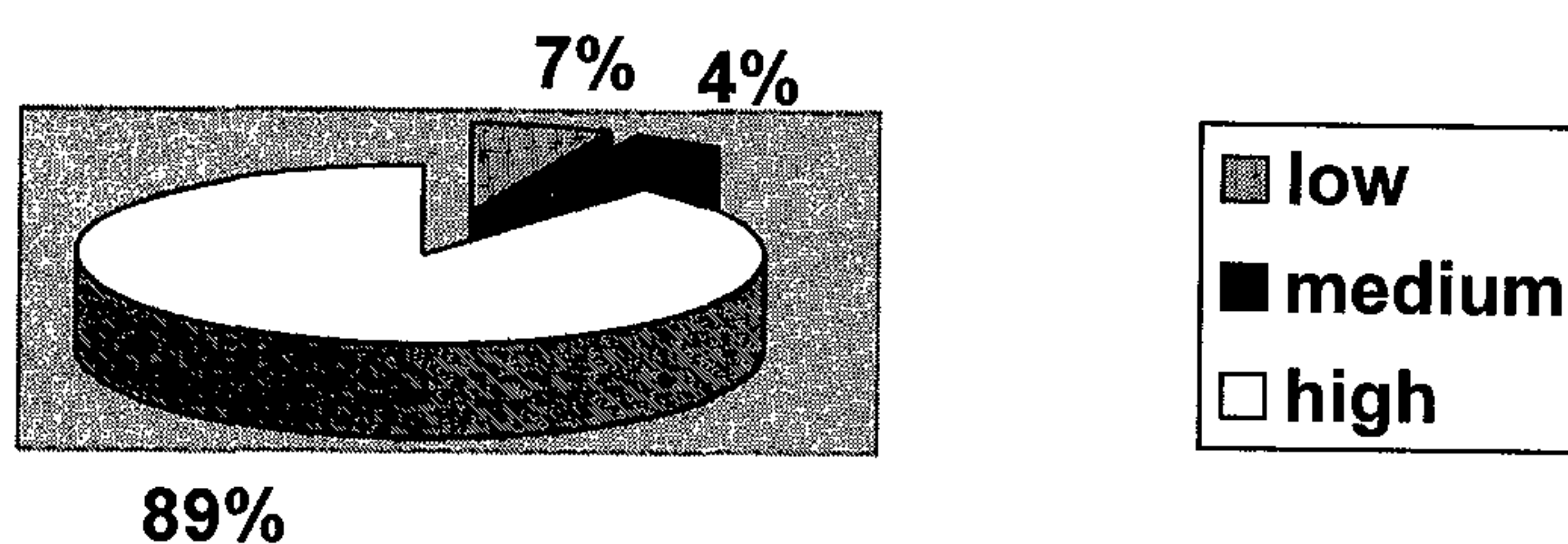
VARIABLE	FREQUENCY	PERCENTAGE
Health education	23	39.7
Family Planning	42	72.4
Physical examination mother	20	35.1
Papanicolaou Smear	7	12.1
Blood Pressure Check	31	51.7
Growth Monitoring (baby)	47	81.0
Urine testing	0	0

A high percentage of respondents knew about baby growth monitoring and family planning which faired 81% (47) and 72.4% (42) respectively. This was followed by BP check with 51.7% (31) health education at 39.7% (23), and physical examination of the mother at 35.1% (20), only seven (12.1%) respondents out of sixty new that papanicolaou smear was one of the services offered at the sixth week postnatal visit and none mentioned urine testing.

A total score of services provided at six weeks PNC was computed. The scores of the respondents ranged between zero and eleven. The total score was then broken down into three categories of low knowledge, average knowledge and good\high knowledge. Most of the respondents 89% had



high knowledge followed by 4.3% with average knowledge and 6.7% had low knowledge about the sixth week PNC.



**Figure 1**

**Showing knowledge of six week postnatal clinic**

#### **5.4 ATTITUDES OF WOMEN REGARDING ATTENDANCE AT THE SIXTH WEEK POSTNATAL VISIT.**

Respondents were asked about their views concerning benefits of sixth week PNC to the mother and to the baby, whether six weeks PNC met their

expectations and whether the visit was useful. Participants were also asked whether the timing of attendance was appropriate. For those women who attended they were asked reasons why they attended and likewise those who did not attend were asked to give reasons for not attending. In addition women who attended were asked how long it took to be attended. The duration of waiting was to determine its bearing to future or even previous attendance at the sixth week PNC.

The responses of participants' views regarding benefit of PNC are shown on Table 5.5. Of the 60 women, 22 (36.7%) thought it benefited the mother, 23 (38.5%) were not sure about its benefit to the mother and 15 (25%) thought it did not benefit the mother at all. As far as benefit to the baby, a large number of participants 42 (70%) thought it benefited the baby and 18 (30%) were not clear on its benefit to the baby only one woman thought it was a waste of time.

The responses of participants on the examination of the baby corresponds to the results shown on Table 5.6 where women indicated that the most useful activity at the sixth week PNC was examination of the baby which faired 27.3% versus 13.3 saying the most useful activity was examination of the

mother. This is a disturbing considering that the main goal of the sixth week PNV is to check if the woman has gone back to her pre-pregnant state. According to the MOHCW in Zimbabwe, ten days following delivery women take their babies for check up ( MOHCW, 1997:10). The six-week postnatal clinic therefore should focus on the mother more than the baby.

#### 5.4.1 Women's views on the benefits of the sixth week postnatal visit

**Table 5.5 Women's views on the benefits of the sixth week postnatal visit**

**N =60**

<b>VARIABLE</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
<b>BENEFIT MOTHER</b>		
Strongly agree	2	3.3
Mostly agree	1	1.7
Agree	20	31.7
Not agree	23	38.8
Disagree	14	23.3
Mostly disagree	1	1.7
Strongly disagree	0	0
<b>BENEFIT BABY</b>		
Strongly agree	10	16.7
Mostly agree	32	53.3
Not sure	18	30
<b>WASTE OF TIME</b>		
Strongly agree		
Mostly agree		
Agree		
Not sure	0	0
Disagree	0	0
Mostly disagree	1	1.7
Strongly disagree	12	18.3
	30	50
	1	1.7
	16	26.7

Participants were asked whether their expectations were met or not and their responses were rated on a Lickert scale. Respondents were then asked to give reasons why they think their expectations were either met or not met and also to relate what they felt was the most useful activity at the sixth week PNE.

Table 5.6 shows the reasons given by participants. Of the sixty respondents 17 (28.3%) agreed that their expectations were met, while 12 (20%) said theirs were not met and half of the respondents 50% were not sure whether expectations were met or not.

The reasons given for meeting expectations included health care provider attending to client's needs (30%), staff were approachable (1.7%). On the other hand reasons for failure to meet expectations included staff being too busy, not having a full physical examination and lack of patients from some other than health care providers.

The fact that a majority of the women (50%), were not sure whether expectations were met or not suggests that women lack the information about what is done at the sixth week PNV. Inadequate knowledge about sixth week

PNV may be due to the fact that the visit is hardly talked about at ANC. From Table 5.3 only thirteen respondents (22.0%) had heard about the sixth week PNV during the prenatal period. Also some women had voiced that health education about the sixth week PNV is given after delivery when they are in pain which disrupts their listening and concentration. Others also mentioned that the timing of health education coincides with high demands of motherhood.



### 5.4.2 Women's views on sixth postnatal clinic regarding usefulness of the visit and meeting of expectations

**Table 5.6 Women's views on sixth week postnatal visit.**

VARIABLE	FREQUENCY	PERCENTAGE
<b>MEET EXPECTATION</b>		
Agree	17	28.3
Disagree	12	20.0
Not sure	30	50.0
<b>REASON FOR MEETING EXPECTATIONS</b>		
Not met	24	40.0
Attended to needs	18	30.0
Staff approachable	1	1.7
Missing	17	28.3
<b>MOST USEFUL ACTIVITY</b>		
Exam of baby	30	50.0
Family Planning	6	10.0
Exam of baby and FP	7	11.7
Exam of mother and baby	9	15.0
Checking of operation site	1	1.7
Examination of reproductive organs	8	13.3
Excluding Pregnancy	4	6.7
Health Education	8	13.3

Participants were asked their views regarding timing of the sixth week PNC.

The responses of participants are shown in Table 5.7. Thirteen respondents (21.7%) indicated that the visit should be before six weeks, 12 (20%) said it should be held after six weeks and eight (13.4%) said at anytime. Just over half of the respondents 35 (58.4%) said it should be held at six weeks.

The results imply that women are not well informed as to why this visit should be carried out at six weeks. It indicates inappropriate knowledge regarding the sixth week PNC, although 89% of respondents scored high knowledge as shown in figure 1. These results correspondent with the women's knowledge about services offered at the six weeks PNC. Only 20 (35.1%) of women knew about the physical examination of the mother as indicated on Table 5.5. The fact that 13 (21.7%) and 8 (13.4%) of respondents felt that six weeks can either be conducted before six weeks or at anytime, respectively, indicates that women are not clear about the physiological changes which take place during the puerperium which makes six weeks the utmost time for examination to determine if the woman has gone back to the pre-pregnant state.

Respondents were also asked if it was right to attend the sixth week PNC if they were feeling well. Fifty four (73.3%) agreed that it was important to attend the sixth week PNC, fifteen (25%) were not sure and only one (1.7%) respondent disagreed. The results indicate that women may be aware of the importance of the sixth week postnatal visit although 20 (33.3%) of the women did not attend for various reasons.

### 5.4.3 Women's views regarding when to attend the postnatal clinic

**Table 5.7**

**Women's views regarding when to attend the six- week postnatal visit**

**N = 60**

<b>VARIABLE</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
<b>TIMING OF ATTENDANCE</b>		
Less than six weeks	13	21.7
At six weeks	35	58.4
After six week	12	20.0
Anytime	8	13.4
<b>ATTEND WHEN WELL</b>		
Agree	44	73.3
Disagree	1	1.7
Not sure	15	25.0

### 5.4.4 Reasons for attending and not attending six weeks postnatal visit

Participants were asked to relate reasons for either attending or not attending sixth week PNC. Responses of participants are shown in table 5.8.

Out of the 60 respondents, forty (66.7%) attended against twenty (33.3%) who did not attend the sixth week PNC. Among those who attended the six-week PNC all 40 (66.7%) attended because the nurse midwife had advised them. Twenty-five (41.7%) attended for growth monitoring, 24 (40%) attended for family planning, 6 (10%) attended because of their previous

experience and, 4 (6,7%) attended because they were not feeling well. Non-attended for the reason that the baby was sick nor advice from friends.

Twenty (33.3%) participants who did not attend the sixth week PNC gave the following reasons for failure to attend. Seven (11.7%) said they were not advised, four (8.3%) forgot the date of appointment, three (5%) said they felt well, one (1.7%) either said they did not see the need to attend or were not feeling well. The remaining four (6.7%) said they had no one to look after their children while they went for the sixth week PNC.

**Table 5.8****Reasons for attending and not attending six weeks postnatal visit**

N – 60

<b>VARIABLE</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
<b>REASON FOR ATTENDING</b>		
Mother sick	4	6.7
Baby sick	0	0
Baby growth monitoring	25	41.7
Family Planning	24	40.0
Advice from midwife	40	66.7
Advice from friends	0	0
Previous experience	6	10.0
<b>REASONS FOR NOT ATTENDING</b>		
Not advised	7	11.7
Forgot the date	4	8.3
Did not see need to attend	1	1.7
No one to look after children	4	6.7
Felt well	3	5.0
Not feeling well	1	1.7

**5.4.5 Women's preferences for health care givers at postnatal examination.**

Since there is a variety of health-care providers who may attend to mothers at the sixth week PNC, women were asked their preferred health care provider and why they preferred the particular health care provider. Responses of participants are shown on Table 5.9. The majority 32 (55%) chose either the female nurse or female doctor, and 8 (13.3%) chose either the male nurse or



male doctor. Eighteen (30%) did not mind either doctor or nurse of any gender. Those who chose the female nurse or doctor gave the reason that these two cadres understood women's reproductive problems better than male health care givers. Those who chose either the male doctor or male nurse said males are more patient than female healthcare providers. Another group of eighteen (30%) did not mind who examined them because according to their perspective all health care professionals have the necessary skills to examine women at the sixth week PNC. The results on preferred gender of midwives and doctors is similar to other studies which indicated that most Asian and European women mostly preferred to see female doctors because they thought the examination was too intimate (Thomson 1996:228).

**Table 5.9**  
**Women's preferences for health care givers at postnatal examination.**  
**N = 60**

VARIABLE	FREQUENCY	PERCENTAGE
<b>CHOICE OF HEALTH CARE GIVER</b>		
Female Nurse/Midwife	15	25.0
Female Doctor	2	3.3
Male Doctor	2	3.3
Female Nurse/Doctor	17	38.3
Either male or female	18	30.0
Male Nurse/Midwife	6	10.0
<b>REASONS FOR PREFERENCE OF GENDER</b>		
All professionals same	19	31.7
Males more patient	11	18.3
Females better understand reproductive problems	30	50.0

### **5.5 RELATIONSHIP BETWEEN INFORMATION GIVEN AND ATTITUDE TOWARDS ATTENDANCE AT THE SIXTH WEEK POSTNATAL VISIT.**

The relationship between knowledge and attitude towards PNC was correlated. The results are shown on table 5.10. Women's attitudes were divided into positive attitudes and negative attitudes. There was no relationship between knowledge and positive attitude. However as shown on table 5.10 there was a negative relationship between knowledge and negative attitudes towards attendance of the sixth week PNC. The less knowledge respondents had, the more negative their attitude towards PNC. The more

knowledge they had the less negative attitudes they had towards attendance at the sixth week PNC.

**Table 5.10**

**Relationship between information given and attitude towards attendance at the sixth week postnatal visit**

**N = 60**

	<b>VARIABLE</b>	
<b>VARIABLE</b>	Knowledge	Negative attitude
1. Knowledge	1.000	-.2999*
2. Negative attitude		1.000

\*p < .05

## 5.6 QUALITATIVE DATA ANALYSIS

Five clients from the sample were randomly chosen and subjected to an in-depth interview. This was done to complement quantitative data. Qualitative data was analysed following suggestions by Miles and Huberman (1994). The procedures followed to analyse data were:

- Data display
- Data reduction
- Data interpretation

As stated by Polit and Hungler (1999:258) triangulation enables the qualitative and quantitative techniques to complement each other by covering for each other's lack.

Responses from the five participants were read and re-read carefully over and over again to identify patterns. Related concepts were grouped into categories. Content analysis was done to identify underlying themes. The themes, which emerged from the in-depth interviews, include helplessness, unmet needs, confusion of purpose, and self-care deficit. These were observed during analysis of narrative statements.

### 5.6.1 Helplessness

Women felt helpless because they were left with many questions unanswered as one woman remarked:

“I wanted to ask but I was not given the chance, many of my issues were not clarified on discharge.”

Another woman said she was both afraid and ashamed to ask because they were other women during the talk about the sixth week PNC.

“It is difficult and embarrassing to ask questions while in a group. I wish I was alone with the nurse may be I would have the courage to ask.”

One implication is that women are told about the sixth week PNC and are not expected to take part themselves. They remain passive throughout, which is why they feel helpless at the end, yet clients are supposed to be active participants in issues pertaining to their own health. It might be important to involve mothers, and ask them what their needs are regarding the sixth week PNC. According to Schott (1994:1) women should be placed at the centre of their care and encouraged to think for themselves, so that they take charge of their lives and their own health.



### 5.6.2 Unmet Needs

Women were left with unmet needs. This is supported by the fact that all the five women who had in-depth interview echoed the same sentiments about not being given time to clarify some of the information. Women also expressed their wish for a full physical examination, which included examination of the reproductive organs. One woman verbalized:

“I wish the nurse could do a full physical examination and vaginal examination instead of asking me how I was feeling. I felt that I had wasted my time by coming to six weeks.”

Other women felt that they could not concentrate during the health education session on the sixth week PNC because other things distracted them. One woman explained:

“I was so much in pain because I had stitches, I could not even sit and the nurse wanted everybody to sit and listen to her.”

This also shows how much nurses prescribe for women without allowing them to take active participation in their own care. Active participation empowers women with ability to take charge of their own health (Schott 1994:1).

### **5.6.3 Confusion of Purpose**

Confusion of purpose of the sixth week PNV was also evident in the responses of the in-depth interviewees. The women thought the sixth week postnatal visit benefited the baby more than them yet the sixth week is meant for both the mother and the baby and mostly the mother since the baby will have been seen prior at ten days after delivery. A number of women thought the purpose of the sixth week PNV was to check for pregnancy. One would have thought these women are put on a family planning method soon after delivery so that pregnancy becomes the least of their worry at the six weeks PNV. The main purpose of the sixth week is to check if the woman has gone back to her pre-pregnant state not even a single woman brought this up during the in-depth interview. The women's knowledge did not correspond to the purposes of the six weeks PNC.

### **5.6.4 Self Care Deficit**

Self-care deficit was one of the themes which emerged from the in-depth interviews of the five respondents. What emerged from the data was that women were more concerned about the baby's health than their own. Expectations regarding assistance, regarding family planning, return to pre-pregnant health and screening for any abnormalities were not of much

concern to them. In order to improve their health, women had to have expectations, which were to be fulfilled at the sixth week PNC, but most did not have any expectations at all.

## CHAPTER 6

### DISCUSSION OF RESULTS

#### 6.1 INTRODUCTION

In this chapter the discussion of findings is done. The study sought to determine the utilization of postnatal services by women at St. Josephs Clinic in Mashonaland East. The objectives of the study sought to:

- identify information given to mothers about the sixth week postnatal check-up.
- establish attitudes of women regarding attendance at the sixth week postnatal check-up.
- identify the relationship between information given and attitude towards attendance at the sixth week postnatal check-up.

The discussion will present knowledge about the sixth week PNC, attitude towards attendance and the relationship between knowledge and attitudes. This will be followed by a discussion on themes that emerged from analysis of qualitative data.

## **6.2 KNOWLEDGE ABOUT THE SIXTH WEEK POSTNATAL CLINIC**

The study revealed that women had a high knowledge about the sixth week PNC as indicated by a high percentage of 89% of respondents who scored high on knowledge. These findings are similar to a study by Hove (1997:34) whereby 92% of the participants had good knowledge about the six-week clinic. However the knowledge did not tally with women's understanding of the purposes of the sixth week PNC. Most women, 62%, (Table 5.6) did not seem to know why the timing of the visit was at six weeks. Only 58.4% thought the timing was good. Sixty-four percent (64%) of women were either illiterate or had primary education (Table 5.1). The low level of education could have affected women's understanding of the sixth week PNC.

According to York et al (2000:35) one's level of education influences utilization of health services. It is also mostly those who were illiterate who did not attend the sixth week PNC, maybe because of lack of understanding of the importance of preventive health of which six weeks PNC is one. In addition lack of understanding about why women have to attend at six weeks may also be an indication that health care providers do not give detailed information about the sixth week PNC. As asserted by Ralston (1994:455) many professionals are reluctant to divulge more than the minimum amount



of information when dealing with clients. Subsequently women may fail to realize the importance of the sixth week PNC and therefore have a negative attitude towards attendance despite a high level of knowledge.

Although women reported high levels of knowledge about the sixth week PNC the timing of giving of information was late. From the findings only 22% (Table 5.3) of respondents received information about the visit during the prenatal period against a background of 92% (Table 5.2) of the respondents who attended pre-natal care. This finding is supported by expressions such as:

“I was only told of the sixth week PNC after delivery when I was in pain and could not concentrate”.

It appears most health education about the sixth week PNC is presumably given after delivery. Yet according to Schott (1994:2) the way parents are cared for during pregnancy and child birth is crucial in laying the foundation of confidence and self-esteem which motivate women to practice health promoting behaviour such as attending at the sixth week PNC. Awareness of the importance of the sixth week PNC should be created during the prenatal period then repeated and reinforced at delivery and after delivery before discharge from the hospital.

From the results of the study, most women who did not attend the sixth week PNC were delivered by non-medical personnel. Out of the sixty respondents, twenty (33%) did not attend the sixth week PNC. Of the non-attenders, 20% said they had not heard about the clinic. This may imply that the community is not well informed about the sixth week PNC since the non-medical people who attended the non attenders probably did not give information about the sixth week PNC. This finding is in line with what Hove (1997:50) discovered in his study among women in the Urban Area in Harare.

The study also revealed that the commonest source of information regarding the sixth week PNC was the midwife. Table 5.8 shows that forty respondents (66.7%) had been advised to attend by the midwife. These findings are similar to a study by Bower in European countries where by the midwife was found to be the major source of information regarding the six-week PNC (Robinson and Thomson 1996:227).

In this study the reasons for not attending the sixth week PNC seems to be more attitudinal. Women with less knowledge about the sixth week PNC were more likely not to attend the clinic because of their negative perceptions. The results are contrary to those of Hove (1997:34) where by cultural beliefs,

influence of relatives, religion and lack of funds were reasons given by women in the urban area for not attending the sixth week PNC.

### **6.3 ATTITUDES TOWARDS ATTENDANCE AT THE SIXTH WEEK POSTNATAL VISIT**

#### **6.3.1 Preferred healthcare provider for examination**

Women were asked about their preferred gender of health personnel to conduct the examination at the sixth week PNC. Quite a significant number 34% (Table 5.9) chose either a female midwife or female doctor. These results on preferred gender of midwife and doctors is similar to other previous studies which indicated that most Asian and European women mostly prefer to see female doctors because they said the examination was too intimate (Thompson 1996:228).

#### **6.3.2 Timing of Sixth Week Postnatal Clinic**

Regarding timing of the sixth week PNC just over half of the respondents (35) agreed that it should be held at six weeks while the other twenty five felt it could be conducted either before six weeks had elapsed, after six weeks or at anytime. These results imply that women are not well informed as to why the visit should be carried out at six weeks. This finding is supported by Ralston

(1994:456) who attested that health professionals only divulge minimum information when dealing with clients.

### **6.3.3. Benefits of the Sixth Week Postnatal Clinic**

Women felt the sixth week PNC benefited the baby more than the mother. From (Table 5.5) 70% of the respondents thought the six-week PNC benefited the baby as opposed to 36.7% who felt it benefited the mother. This shows confusion of purpose since the sixth week PNC is mostly meant for the mother. According to Robinson and Thomson (1996:224), the purpose of the sixth week PNC is the detection and treatment of physical injury following childbirth as well as correction of other disorders. This means that the core business of this visit is to check if the woman has returned to her pre-pregnant state so as to lower morbidity related to child-birth.

### **6.3.4 Meeting of Expectations of Respondents**

Most respondents 68.3% (Table 5.6) felt that their expectations were not met. The few who felt that their expectations were met said either their needs had been attended to or the staff was approachable. Reasons given for failure to meet expectations included, staff being too busy and lack of patients from health workers (Table 5.6). The notion on staff being too busy is also echoed



by Schott (1994:2) cites Steer (1993) who explained that while lack of time is an issue it maybe more productive to invest the limited time in building a positive and respectful relationship with women. Failure to meet women's expectations at the sixth week PNC also suggests that women are not placed at the centre of their own care as a way to address all their health needs. According to Schott (1994:1) women should be placed at the centre of their care so that their needs may be addressed fully.

#### **6.4 RELATIONSHIP BETWEEN INFORMATION GIVEN AND ATTITUDE TOWARDS ATTENDANCE AT THE SIXTH WEEK PNC**

Respondents' knowledge and attitudes were associated. The relationship was negative. The more knowledge participants had about the sixth week PNC the less negative attitudes they had towards attendance at the sixth week PNC. This relationship was significant ( $r = -0.2999$ ,  $p = .044$ )

#### **6.5 DISCUSSION ON THEMES**

Four themes emerged from analysis of qualitative data. These were observed during analysis of narrative statements. The themes include unmet needs, helplessness, self-care deficit and confusion of purpose.



### **6.5.1 Unmet Needs**

From the results of the study only 28.3% of respondents said that their expectations were met as opposed to 70% (Table 5.6) whose expectations were either not met or were not sure if they were met.

Several studies have been done on the effects of unmet needs with regards to attendance at preventive health facilities. Some women actually felt that if midwives only asked how they were feeling, without performing a full physical examination, then it was a total waste of time to attend the sixth week PNC. This finding is similar to a study by Feldman, Ravis, Moran and Fleischer (2001:707) which revealed that, unmet needs in areas of screening test lead patients to bypass primary care providers who specialize in preventive care.

It has also been discovered that people with unmet needs have low expectations and withdraw or resign from utilizing preventive health care services (Walters, Lliffe and Orrell 2001:279). Seventy percent of the respondents were not sure if their expectations were met and this could have led to the negative attitudes towards attendance at the sixth week PNC.

In another study by Chien on “assessment of the patient’s needs in mental health education’, it was discovered that if clients needs are met it encourages health promoting behaviours (Chien, Kam and Lee 2001:309). Negative attitudes, of participants in the study, towards attendance at the sixth week PNC could have been due to unmet needs. This finding is also inline with the HBM which assets that people are motivated to take action to promote health if the suggested intervention is of value to them (Dennill et al 1995:93).

At times needs of clients are not met because needs of health care providers do not correspond to needs of consumers (Krishnasany, Wilkie and Haviland 2001:220). From the results of the study the needs of respondents did not correspond to those of the health care providers. For example response expected to be done a full physical examination at the sixth week PNE yet the health care providers thought it would suffice just to ask how the women were feeling as explained by several women

“..... expected a physical examination to be done, but was just asked how I was feeling”.

### 6.5.2 Helplessness

Respondents experienced feelings of helplessness in relation to health.

Participants felt helpless because most of their questions were not answered as one woman remarked

“I wanted to ask many questions but I was not given the chance, many of my issues were not clarified on discharge”.

According to Reed, Frasquillo, Colkin, Liemann and Colbert (2001:173) helplessness arises when contingency between action and outcome are weakest. There was a big gap between the services supposed to be offered at the sixth week PNC and the actual services which were offered to those who attended and this could have led to feelings of helplessness.

Some women felt helpless because they felt they were not afforded individualized care as are women lamented:

“I could not ask questions because I was shy and afraid to ask in a group”.

According to Powell (1995:165) in order to avoid feelings of helplessness midwives need to understand individual differences, needs and expectations of their clients. The same author further explains that meeting of client expectations, which avoids feelings of helplessness lead to increased utilization of marital services (Powell 1995:167). This may imply that

feelings of helplessness may deter women from utilizing maternal services. Lack of individualized interventions also lead to helplessness as argued by Marx, Hirozawa, Suskolne and Katz (1998:233-242).

In the study respondents expressed their wish to have individualized health education so that they could freely clarify all their issues of concern.

Feelings of helplessness also arose because respondents felt that they were not given chance to take active part in their own care at the sixth week PNC; and this made them too dependent. Lack of active participation in issues concerning self leads to disempowerment as argued by Faulkner (2001:680). Disempowerment is linked to learned helplessness.

### **6.5.3 Self Care Deficit**

In order to understand the meaning of self-care deficit it is necessary to first of all define self-care. Self-care is defined as those activities which individuals initiate and perform on their own behalf in order to maintain life, health and well being (Orem 1995:30). In addition self-care activities complement professional health care, since professional care may be required to enhance individual's capabilities of self-care. When individuals are not



able to take care for themselves, within the limitations of their condition, it gives rise to self-care deficit.

From the results of the study, the fact that most respondents, 70% (Table 5.6) felt that their expectations were not met imply that they might have failed to gain adequate skills to take care of themselves, despite having attended the sixth week PNC. Also, the fact that only 15%(Table 5.6) of respondents indicated that the most useful activity at the sixth week PNC was examination of the mother clearly shows that women are not aware of the needs for self-care. It has been proved that awareness of self-care needs motivate individuals to take action towards promotion of health (Mosher and Morre 1998:116-122).

About 49% (Table 5.6 ) of respondents thought the most useful activity at the sixth week PNC was examination of the baby as well as initiation of family planning.

Most of the respondents, 66.7% (Table 5.7) did not know the purpose of the clinic. They merely attended because they had been advised by the midwife. This shows lack of commitment on the part of the women regarding own



health. In addition lack of commitment on the part of the women is suggested by the fact that 8.3% of the respondents indicated that they did not attend because they forgot the date of the sixth week PNC appointment. Another 2% failed to attend the sixth week PNC because they were not feeling well. One would have thought that illness was a strong motivator for one to go for check up at the sixth week PNC.

Other advocates of self-care believe that women should be empowered to make decisions affecting their own health (Schott 1994:1). But the fact that women remained with many unanswered questions, after visiting the sixth week PNC, means that they were not adequately empowered to take care for themselves. This may have negative impact towards utilization of postnatal services.

Lack of time to clarify clients' issues of concern at the sixth week PNC suggests that health care providers were prescriptive in their manner of interaction with the women. Being too prescriptive robs individuals of their self-care skills. This is echoed by Illich when he wrote that

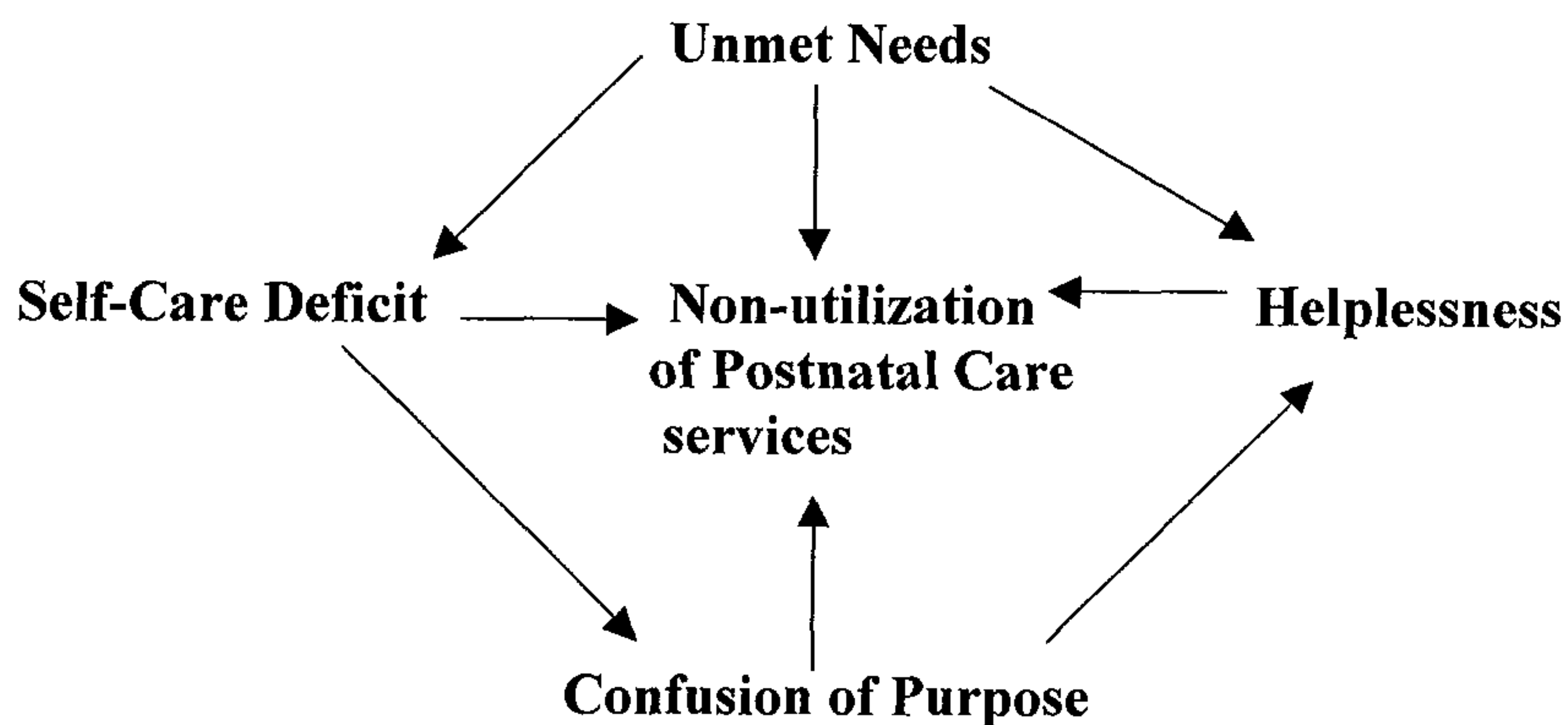
“The medical establishment has become a major threat to health. The disabling impact of professional control over medicine has reached the proportions of an epidemic” (Illich 1976:3).

#### **6.5.4 Confusion of Purpose**

Although most respondents (89%) had a good knowledge about the sixth week PNC, their knowledge did not seem very relevant since they were not clear as to the purpose of the sixth week PNC. Forty nine percent of the respondents thought the main purpose of the sixth week PNC was to examine the baby, to initiate family planning and to exclude pregnancy. While these activities may be important, the main purpose of the sixth week PNC is to check if the woman has gone back to her pre-pregnant state (Bennet and Brown 1999:403). In order to address the issue of confusion of purpose there is need to carryout a study to describe the content and quality of postnatal services as advocated by Cooke and Barclay in their study 'Are we providing adequate postnatal services' (1999:211-12).

Another factor which led to the theme of confusion of purpose emerging from the study is the fact that 66.7% of the respondents attended for the reason that they had been advised by the midwife. With this sort of stance it is unlikely that women attach a lot of importance as to the benefits of attending the sixth week PNC. According to the HBM likelihood to initiate action depends on the person's perceived benefits of action (Stanhope and Lancaster 1996:253).

If women do not perceive attendance at the sixth week PNC as beneficial to them it might influence their utilization of postnatal services negatively.



**Figure 2** Model emerging from the themes to be tested by further research.

### 6.5.5 Summary

In this chapter research findings were discussed. The major findings were that women had high knowledge regarding the sixth week PNC but at the same time they had negative attitudes towards attendance. This may imply that the information given was irrelevant to women's needs. Timing of health education regarding the sixth week PNC seemed inappropriate as most women felt that they were educated after delivery when most of their focus was directed towards care of the baby. In addition soon after delivery most

women were in pain and could not concentrate during health education sessions on the sixth week PNC. There is a need for midwives to give health education at the appropriate time and also to tailor the education based on women's individual needs. This may make the information relevant which may motivate women to have positive attitude towards attending the sixth week PNC.

From qualitative data five themes namely, helplessness, confusion of purpose, self care deficit and unmet needs were discussed. A model of the themes was proposed.

## **CHAPTER 7**

### **CONCLUSIONS, RECOMMENDATIONS, IMPLICATIONS AND LIMITATIONS OF THE STUDY**

#### **7.1 INTRODUCTION**

In this chapter the conclusions, recommendations and finally limitations of the study are presented. The implications will relate to three faculties of nursing, namely practice, education and research.

The specific objectives of the study were:

- To identify information given to women about the sixth week PNC.
- To identify women's attitudes regarding attendance at the sixth week PNC.
- To determine the relationship between the knowledge women have about the sixth week PNC and their attitude towards attendance.

#### **7.2 CONCLUSIONS**

The study revealed the following conclusions:

Women's knowledge regarding the sixth week PNC was high (89% had good knowledge). However, knowledge did not seem relevant to their needs. One theme emerging from the qualitative data showed unmet needs as a core of



the problems. Only 28.3% of the respondents said their expectations were met as opposed to 72% whose were either not met or were not sure if met.

Although women reported high levels of knowledge, the timing was late as only 22% of the respondents had been told about the sixth week PNC during prenatal care and the rest were presumably told after delivery as one woman lamented:

- “... told about the sixth week PNC when I was in pain from episiotomy stitches and could not concentrate”.

Most women who were delivered by non-medical personnel did not attend the sixth week PNC. Thirty three percent did not attend the sixth week PNC. Of the non-attenders, 20% said they had not heard about the clinic.

Four themes emerged from the in-depth interviewee. The themes include unmet needs, self-care deficit, helplessness and confusion of purpose.

Women expressed the need for individualized care as opposed to care in a group. One woman expressed that she was shy and afraid to ask questions to clarify some issues that arose during health education about the sixth week PNC.

The study also revealed that women had a negative attitude towards attendance at the sixth week PNC.

### **7.3 RECOMMENDATIONS**

In order to further reduce the level of non-utilization of PNC services in the study community the following are recommended.

1. Health care workers need to examine information given about sixth week PNC in order to give relevant and appropriate information to women as to empower them.
2. Health education about the sixth week PNC should be given early in pregnancy to those who will be attending prenatal care so that the importance of the six week PNC is reinforced throughout pregnancy and after delivery. Being told only after delivery makes women forget about the date of appointment as explained by some of the women who did not attend.
3. Awareness campaigns of the sixth week PNC should be promoted using media such as pamphlets in local language, the radio and television. These can also be included in the training and upgrading programmes of Traditional Birth Attendance so that even if women do

not attend prenatal care, and fail to deliver at a health care centre or hospital they are still aware of the importance of the sixth week PNC.

4. Health care workers should emphasize that checking that the woman has returned to the pre-pregnant state is crucial at the sixth week postnatal visit in addition to lesser important activities such as examination of the baby. This might encourage women to demand a physical examination if it is not done.
5. It may be necessary to conduct a study on needs assessments of what women require when they visit the sixth week PNC. This may make the visit more relevant and encourage women's attendance.
6. Midwives/Health Care Providers should be encouraged to give health education about six weeks PNC on one to one basis as this will encourage women to clarify all their issues without fear or shame. This can be possible if information about the sixth week PNC is given throughout prenatal care and not only after delivery. Also adequate staffing of maternity services may assist a long way
7. There is need to conduct research to determine the actual package offered at the six weeks PNC.
8. Remind health workers on the importance of a papanicolaou smear to screen for cervical cancer as cancer of the cervix is very prevalent now.

9. There is need to reduce negative attitudes so as to foster positive attitudes towards attendance at the sixth week PNC so that there is more compliance. Improving compliance at the sixth week PNC is important in alleviating morbidity of both the mother and the baby.
10. There might be a need to test the model which evolved from the themes of unmet needs, self-care deficit, helplessness and confusion of purpose.

#### **7.4 IMPLICATION OF THE FINDINGS FOR PRACTICE, RESEARCH AND EDUCATION**

In order to improve the utilization of postnatal services it is important to draw up implications to the three faculties of nursing of Practice, Education and Research. The three will be expected to work collaboratively and in a complementary manner in order to promote utilization of Postnatal Services by Zimbabwean women.

##### **7.4.1 Implications for practice**

The fact that most women who did not attend, fifteen out of twenty non attenders, were delivered by non-medical health personnel mainly TBA, friends and self implies that collaboration between midwives and other people who attend deliveries should be considered. The non-medical people who



attend to deliveries should be health educated on encouraging women to attend the sixth week PNC.

Services offered to women at the sixth week PNC were fragmented with FP and baby growth monitoring ranking highest and other services such as blood pressure check, physical examination, urinalysis, and papanicolaou smear being done to few women in the study. Health care providers, especially midwives, need to be aware of the importance of offering a full package of services at the sixth week PNC. This may encourage women to attend again. Probably this is why no respondent gave a reason for attending as influenced by friends or previous experience.

Individualized care is essential when dealing with reproductive health issues. A conducive environment should prevail at the sixth week PNC whereby women are free to ask questions and clarify some issues of concern regarding sensitive topics such as resumption of sexual intercourse. A number of women expressed the fact that they were shy and afraid to ask questions in a group. (Schott 1994:2)



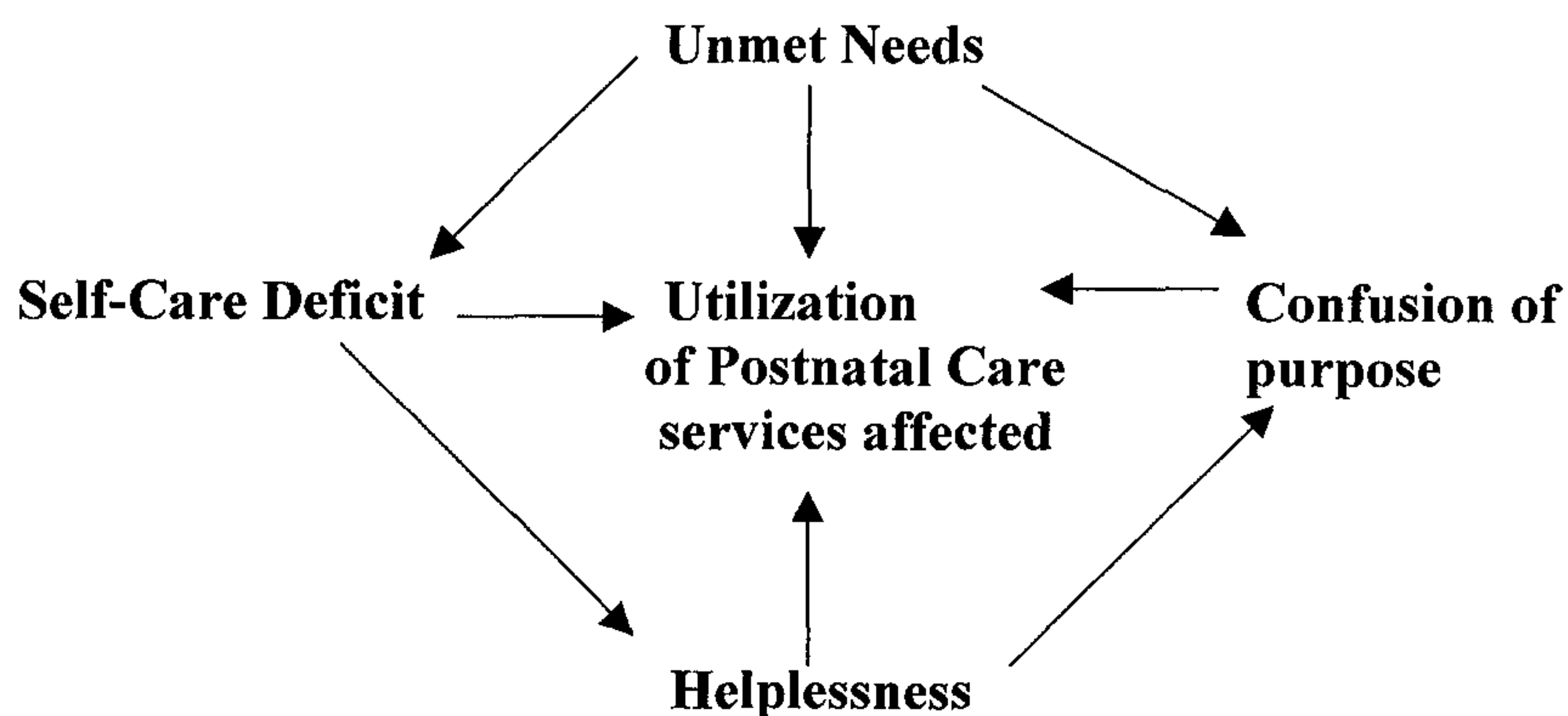
#### **7.4.2 Implications For Research**

The study revealed that some important components of services offered at the sixth week PNC were omitted. Services omitted include Pap Smear (only 2 out of 60 respondents were done), physical examination and urinalysis (no respondent had urinalysis done). This finding could serve as a pilot to base an improvement of the Postnatal Services in Zimbabwe. A study to determine the actual package offered at the sixth week PNC may serve to improve the quality of care given at the six-week PNC. In addition a study to determine reasons why midwives do not offer a complete package of services at the sixth week PNC is also recommended.

Midwives to come up with a strategy that encourage active participation of women in the sixth week PNC in order to find ways of improving attendance at the sixth week PNC. In the study 20 (33.3%) of women did not attend the sixth week PNC.

There is also a need to test the model of themes which emerged from the study. The themes which emerged from the study include helplessness, unmet needs, self-care deficit and confusion of purpose.

### Model From Themes that emerged from Qualitative Data



#### 7.4.3 Implications for Education

In-service programmes such as refresher courses for midwives to keep abreast with current trends of MCH Services.

Collaboration of education and clinical areas to correlate whatever is taught in class to be put into practice in the clinical area.

Induction programmes for newly qualified or appointed midwives should be conducted in order to maintain quality and uniformity of services offered during the sixth week PNC.

## **7.5 LIMITATIONS OF THE STUDY**

In reviewing the study findings, the limitations of the study should always be considered. The sample size was sixty, therefore too small to allow for generalizability of the findings to a larger population. The sampling procedure used (convenient sampling) could have excluded some women with different experiences and lines of thought from those of the study population. There is need to study women across the nation and throughout the year. In addition the sample was derived from one district that again limits generalizability. (There are eight Provinces in Zimbabwe with an average of seven districts in each Province).

From the inclusion criteria some women had delivered as long as a year ago which meant they could have forgotten some facts about the sixth week PNC. More so for a study group whose majority 38 (63.3%) were either illiterate or had only received primary education.

However, despite these limitations the results have elicited important information that could serve as a basis to improve the utilization and quality of Postnatal Services in Zimbabwe.

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# **APPENDIX 1**

# QUESTIONNAIRE

## SECTION A

### Demographic Data Questionnaire

I am going to ask some information about yourself.

1. How old are you?
2. What is your present marital status?
  - a) Married
  - b) Single
  - c) Divorced
  - d) Separated
  - e) Widow
  - f) Living Together
3. How many children do you have?
4. What church do you belong to:
  - a) RC
  - b) Protestant
  - c) Apostolic Faith
  - d) Salvation Army
  - e) Zimbabwe Assembly of God
  - f) None
  - g) Other Specify: .....

5. What highest level of Education you attend?

- a) No education
- b) Primary
- c) Secondary
- d) Tertiary

6. What is your occupation?

- a) Skilled
- b) Semi-Skilled
- c) Professional
- d) Other specify

7. What is your residential area?

- a) High Density
- b) Low Density
- c) Farm
- d) Resettlement
- e) Communal Area
- f) Other Specify: .....

8. Where did you deliver your last baby?

- a) Hospital
- b) Clinic
- c) Home
- d) Other Specify: .....

9. What is the date of your last delivery?

Month

Year

10. What was the sex of the baby

Male

Female

11. Who conducted your delivery?

a) Midwife

b) Doctor

c) Traditional Midwife

d) Other Specify: .....

12. Did you attend Antenatal Care?

a) Yes

b) No

13. How long does it take you to walk to your nearest health facility?

a) Under 10 minutes

b) 10-24 minutes

c) 25-40 minutes

d) Over 40 minutes

e) Other form of estimate specify: .....



**SECTION B**

**Women's knowledge about the 6<sup>th</sup> week Post natal.**

**I am going to ask you the following questions relating to Post Natal. Could you kindly answer them to the best of your knowledge.**

1. What health education were you given during Antenatal period?

- a) Importance of ANC
- b) Labour
- c) Care of baby
- d) Importance of breast feeding
- e) Importance of 6<sup>th</sup> week Postnatal

2. Have you ever heard about Post Natal visit?

- a) Yes
- b) No

3. Did you attend Post Natal visit with your previous babies? (If no go to question 11)

- a) Yes
- b) No

4. Who informed you about the Post Natal visit?

- a) Nurse Midwife
- b) Traditional Midwife
- c) Doctor
- d) Friend
- e) Others Specify: .....

5. What services are offered during the Post Natal visit?

- a) Health Education
- b) Family Planning
- c) Physical Exam
- d) Pap Smear
- e) BP Check

- f) Baby Growth Monitoring
- g) Urine Testing
- h) Other Specify: .....

6. How does the 6<sup>th</sup> week Post Natal visit promote the health of the woman?  
.....  
.....

7. Have you attended the sixth week Post Natal visit?

- a) Yes
- b) No

8. What made you decide to attend the 6<sup>th</sup> week Post Natal visit?

- a) I was sick
- b) Baby was sick
- c) For baby growth monitoring
- d) For Family Planning
- e) Advised by Nurse/Midwife
- f) Friends have been to the Clinic
- g) Previous Experience
- h) Other Specify: .....

9. How long did you wait before being attended to by the Midwife?

- a) Less than 30 minutes
- b) 30 – 1 hour
- c) More than 1 hour

10. What services were you offered at the 6<sup>th</sup> week Post Natal visit?

- a) Health Education

- b) Family Planning
- c) Physical Examination
- d) Pap Smear
- e) BP Checking
- f) Baby's physical examination
- g) Urine Testing
- h) Other Specify: .....

11. What were the reasons for not attending the 6<sup>th</sup> weeks Post Natal visit?

(This item to be answered by non attended)

- a) Was not advised
- b) No time to go
- c) Did not see any need to attend
- d) Felt well
- e) Forgot the date
- f) No one to look after other children
- g) Attending a funeral
- h) Others Specify:.....

12. Did you have to ask for permission to attend the 6<sup>th</sup> week Post Natal visit?

- a) Yes
- b) No

13. If yes, from whom did you ask?

- a) Husband
- b) Mother-in-law
- c) Sister-in-law

d) Employer

e) Others Specify:.....

**SECTION C**

**Women's views about the 6<sup>th</sup> week Post Natal visit Questionnaire**

**I am going to ask you about six weeks Post Natal visit**

1. Whom would you prefer to attend to you during the 6<sup>th</sup> week Post Natal visit?

- a) Female Nurse/Midwife
- b) Male Nurse/Midwife
- c) Female Doctor
- d) Male Doctor
- e) Any Nurse or Doctor

Explain

.....  
.....  
.....

2. What is your view about the six weeks Post Natal visit?

	Strongly Agree	Mostly Agree	Agree	Not Sure	Disagree	Mostly Disagree	Strongly Disagree
a) Beneficial to women							
b) Beneficial to the child							
c) Waste of time							

3. Did the six weeks Post Natal visit meet your expectation?

- a) Agree
- b) Not Sure
- c) Disagree

Explain

.....  
.....  
.....

4. What would you say is the most useful activity or information during the six week Post Natal visit?

.....  
.....  
.....  
.....

5. At what point should a woman attend the 6<sup>th</sup> week Post Natal after delivery?

	<b>Strongly Agree</b>	<b>Mostly Agree</b>	<b>Agree</b>	<b>Not Sure</b>	<b>Disagree</b>	<b>Mostly Disagree</b>	<b>Strongly Disagree</b>
a) At 5 weeks							
b) At 6 weeks							
c) At 8 weeks							
d) Any other time							

6. Should a woman attend the sixth week Post Natal visit if she is feeling well?

- a) Agree
- b) Not sure
- c) Disagree



# **APPENDIX 2**

## **CHECK LIST**

### **Indepth Interview of 5 Respondents**

When you were discharged after delivery:

1. Describe in full the health education given to you.
2. Did you fully understand what was expected of you?
3. Did you have time to clarify issues and to ask questions.
4. By the time you went home were you confident to look after your self and the baby (explain)?
5. Did you attend the 6<sup>th</sup> week Post Natal visit?
6. What were your expectation?
7. Were your expectations fulfilled.
8. After you went to the 6<sup>th</sup> week Post Natal visit were you made more able to look after yourself and baby?
9. Are there any changes you would propose in order for women to get the full benefit of the 6<sup>th</sup> week post natal visit.

# **APPENDIX 3**

Telephone: 24207/8, 24570/1  
Telegraphic Address:

"PROVMED, MARONDERA"




Reference:

MINISTRY OF HEALTH AND  
CHILD WELFARE  
PROVINCIAL MEDICAL DIRECTOR  
(MASHONALAND EAST)  
P.O. Box 10  
Marondera

REF: A/51/3

16 August 2000

  
S. Makumbe  
SARA Headquarters  
67 Fife Avenue  
HARARE

**RE: PERMISSION TO CARRY OUT A STUDY AT ST JOSEPH'S**

Reference is made to your letter dated 18/7/00 concerning the above.

Permission has been granted to you to carry out your study. By copy of this letter the DMO Goromonzi is hereby notified.

Good luck in your study!!!

  
  
Dr E.T. Mabiza  
PROVINCIAL MEDICAL DIRECTOR – MASH EAST

c.c. DMO - Goromonzi

/em

# **APPENDIX 4**



**INFORMED CONSENT BY RESEARCH PARTICIPANT**

I ..... confirm that I was fully informed of the research project, I am aware that my privacy will be safeguarded and that all the information I share with the researcher will be confidential. I am also aware that I can withdraw from participation any time and that this will not influence the health care given to me. I know that I do not have to suffer any injury or harm during the research process. The information that I will give to the researcher should not be used against me in future.

Signature of Respondent.....

Date .....

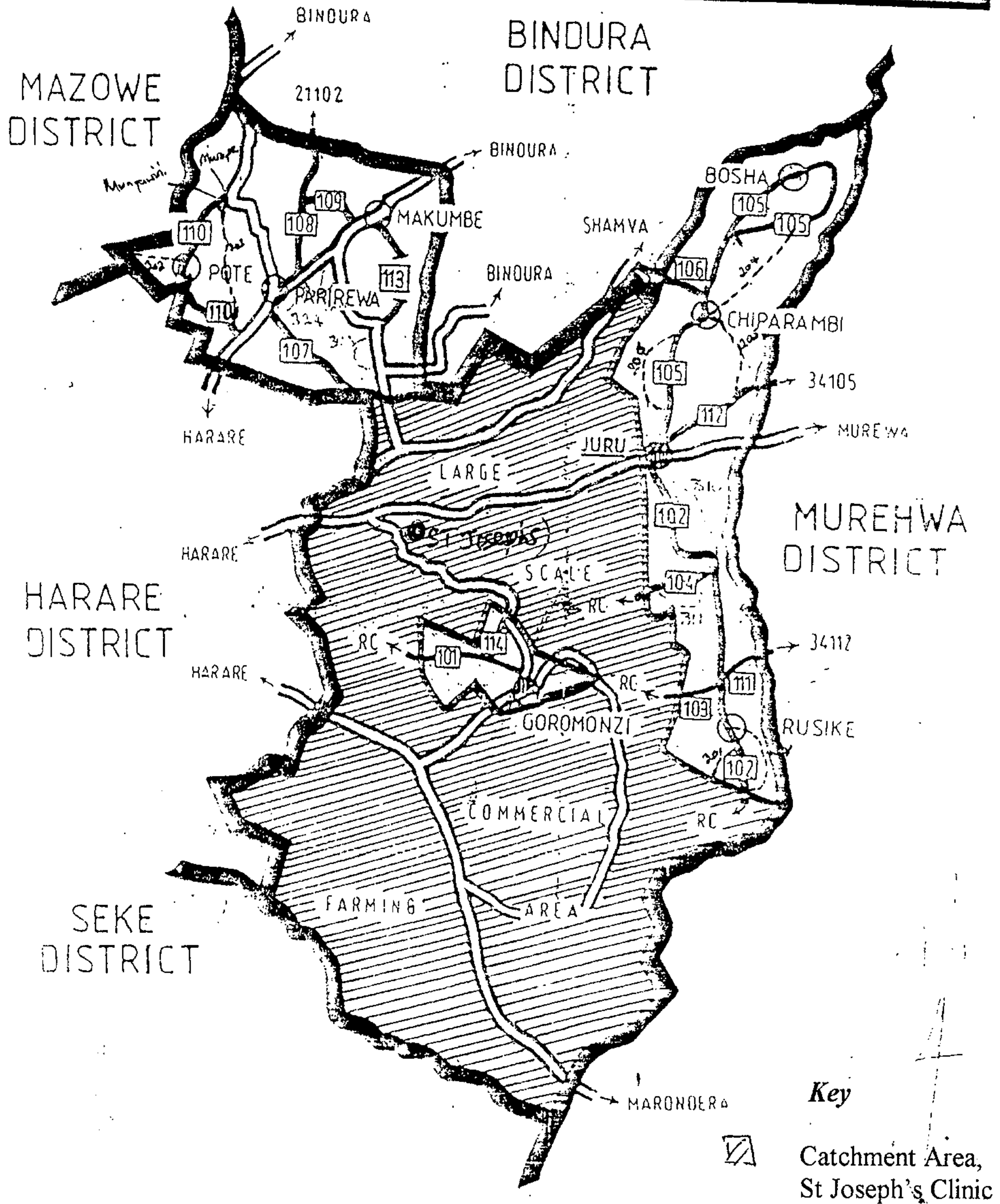
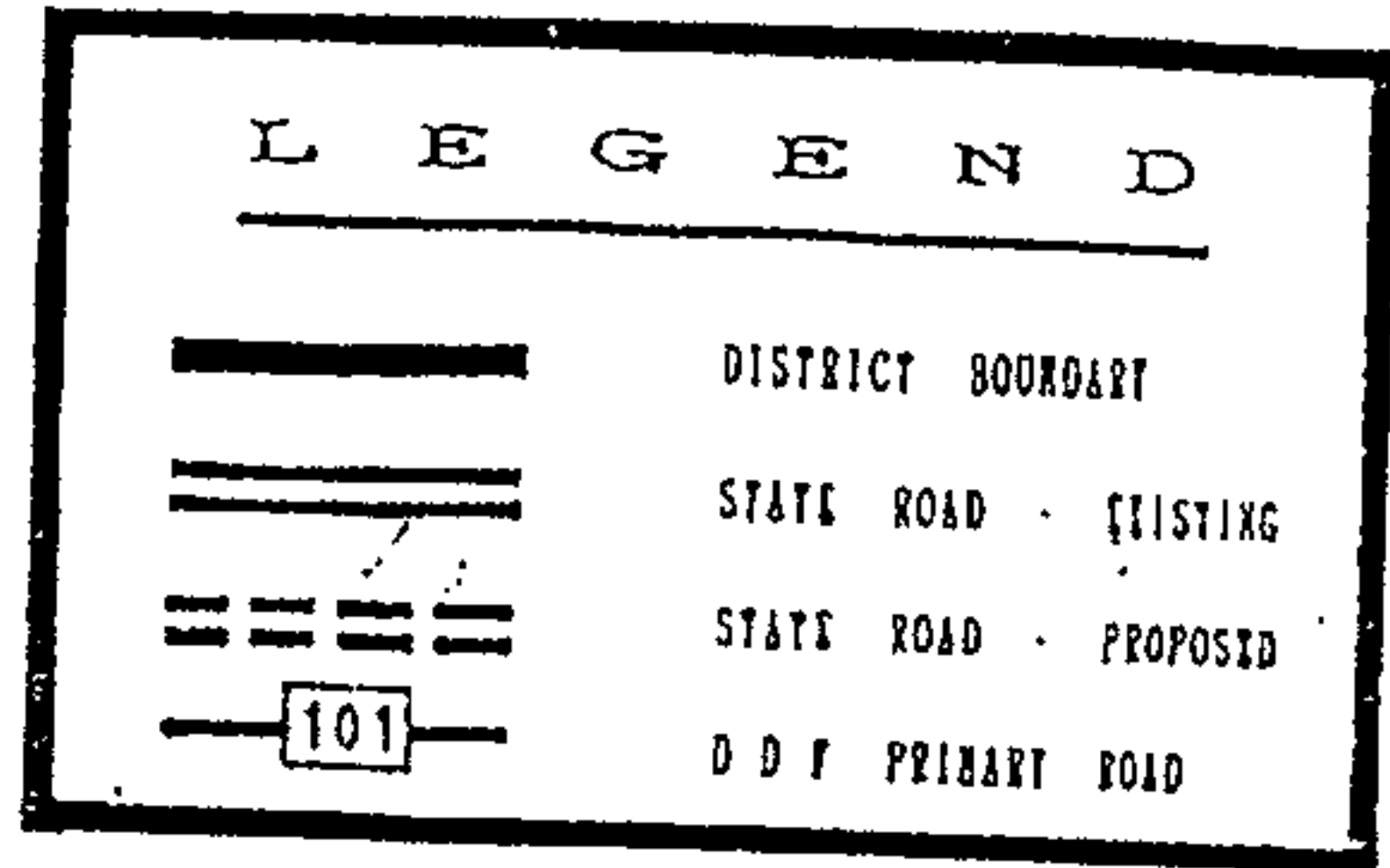
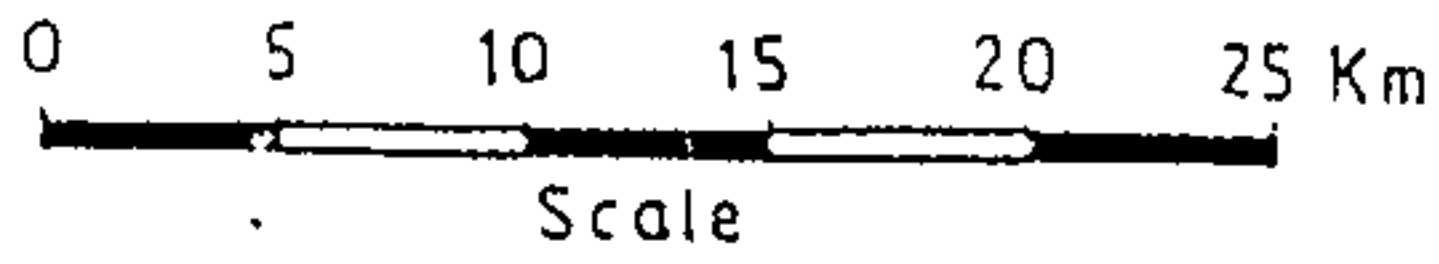
Signature of Interviewer.....

Date.....

Place: .....

# **APPENDIX 5**

# GOROMONZI



AREA MAP SHOWING CATCHMENT AREA FOR ST. JOSEPH'S CLINIC