



Knowledge Levels of Postnatal Health Care Among Postnatal Mothers at Ngungu-Mini Hospital in Kabwe, Zambia

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ABSTRACT:

Postnatal care is recognized as an important factor in improving maternal and child health outcomes. During antenatal period, mothers are educated on the benefits of good nutrition, adequate rest, good hygiene, family planning, exclusive breastfeeding and other disease preventive measures. This study sought to assess the knowledge levels of postnatal healthcare among mothers and the Postnatal Care Service Utilization among Postnatal Mothers at Ngungu Mini Hospital of Kabwe District in order to understand postnatal mothers' disposition as well as serve as a guide in designing target programs. A quantitative and qualitative Research design approach was adopted for this study. The researcher's target group was postnatal mothers between the ages of 18 and 49. Thirty-five (35) respondents comprised the sample size for this study, of which five (5) were staff working at the facility. Results from the structured interview indicated that all the respondents 20 (100%) were aware that both mother and baby are supposed to attend postnatal care. All of the respondents (100%) were aware that postnatal care services are provided at the health facility. 75% of the respondents gave one correct service provided, 25% mentioned all types of services provided at postnatal. Further, the results indicated that 60% of the FGD participants stated that they were taught on how to give care to the baby during PNC services while 40% stated that they were educated on taking care and of both the mother and the baby, including receiving of vaccines and family planning are. The researcher recommends that there is a need to carry out a longitudinal study in order to confirm the variables that determine utilization of PNC services.

Key words: Postnatal, Health, Knowledge, Ngungu, Kabwe, Care.

1. Introduction

During antenatal period, mothers are educated on the benefits of good nutrition, adequate rest, good hygiene, family planning, exclusive breastfeeding and other disease preventive measures. This is to promote health of the women and their babies before and after birth. The process of health education continues especially the first six weeks after delivery that is the most crucial period for the mother and baby.

Postnatal care (PNC), also known as postpartum period refers to the care given to the mother and her new-born baby immediately after the birth and for the first six weeks of life. The postnatal care is the most critical and most neglected period for the provision of quality care, as most maternal and infant deaths occur during this time (WHO, 2013). The postnatal care is especially critical for mother and new-born. It is the time to deliver interventions to improve the health and survival of both mother and new-born.

Worldwide, more than one million babies die on their first day of life each year, making the day of birth the most dangerous day for babies in nearly every country. Almost all new-born deaths occur in developing countries; with the highest in south Asia and the highest mortality rate in Sub-Saharan Africa (Bwalya et al., 2017). The world health organization reports that of the 289,000 maternal deaths that occur each year, worldwide 500 to 70% occur within postnatal period.

AS recently as 2007 Zambia ranked as the 8th worst in the world, and neonatal mortality statistics were also alarming (Damalas & Blain 2015). This saw the birth of Emergency Obstetric and Neonatal Care Training, which was launched in 2013 to help address Zambia's maternal, and child health statistics.

According to Zambia Demographic Health Survey (ZDHS) 2013-2014, Zambia had a maternal mortality rate of 398 maternal deaths per 100,000 live births and infant mortality from 107/1,000 in 1992 to 45/1,000 in between 2001 and 2014. Zambia still fell short of meeting the millennium Development Goal (MGD) targets of maternal mortality ratio of 162/100,000 and infant mortality ratio of 35/1,000 by 2015 (USAID, 2016).

However, studies conducted mostly are to explore levels of knowledge on postnatal and its associated factors as well as knowledge on postnatal care among postnatal mothers in Africa setting and Zambia in particular.

Therefore, the aim of this study is to assess the knowledge, attitude and practice of postnatal health care among postnatal mothers at Ngungu Mini Hospital of Kabwe District. This will help in understanding post mothers' disposition and will serve as a guide in designing target programs.

2. Methodology

A descriptive cross sectional non-experimental quantitative research design will be applied. Focus group discussion will be used to explore views, experiences, beliefs and motivations of individual participants. This will also help generate qualitative data.

The target population for the study will comprise postnatal mothers at Ngungu-Mini Hospital in Kabwe district. Target group It consists of the total group of people or objects meeting the designated set of criteria of interest to the researcher. This researcher's target group will be postnatal mothers between the ages of 18 and 49.

A convenient random sampling method will be used to obtain data.

In this study, thirty-five (35) respondents will make up the sample size for this study. The reasons for selecting this size includes limited time as well as inadequate resources both material and financial. The sample size calculated using the following formula

$$N = \frac{Z^2PQ}{D^2}$$

In the above formula

N= Sample size,

Z = Confidence level at 95% (Standard value of 1.96)

p = Estimated prevalence

Q = 1 – p

D = Confidence interval or margin of error at 5% (Standard value of 0.05)

The calculation therefore is as follows

$$n = \frac{1.96^2 \times 0.37 (1-0.37)}{0.05^2}$$

n=286.1904

S = n / [1 + (n / population)]

S = 286.1904 / [1 + (358.1904 / 50)]

S = 286.1904 / (1 + 7.163808)

S = 286.1904 / 8.163808

S = 35.4

S= 35

Data collected from the questionnaire was analyzed, summarized, and interpreted accordingly with the aid of descriptive statistical techniques such as total score and simple percentage. Qualitative as well as quantitative methods will be used in the analysis of the primary data collected. The quantitative data will be analyzed using Statistical Package for Social Sciences (SPSS) to calculate the averages as well as Microsoft Excel for other tabular analysis. The findings of this study will therefore be presented in the form of tables, and percentage figures.

3. Results and discussion

Characteristics of the Sample and Questionnaire return rate

The sample size for this study was 35 (N=35) and all the responses were secured. This constituted a 100% response rate of the completed questionnaires; therefore, this implied that the study was relevant and could be beneficial to provide insight on the objective of the study.

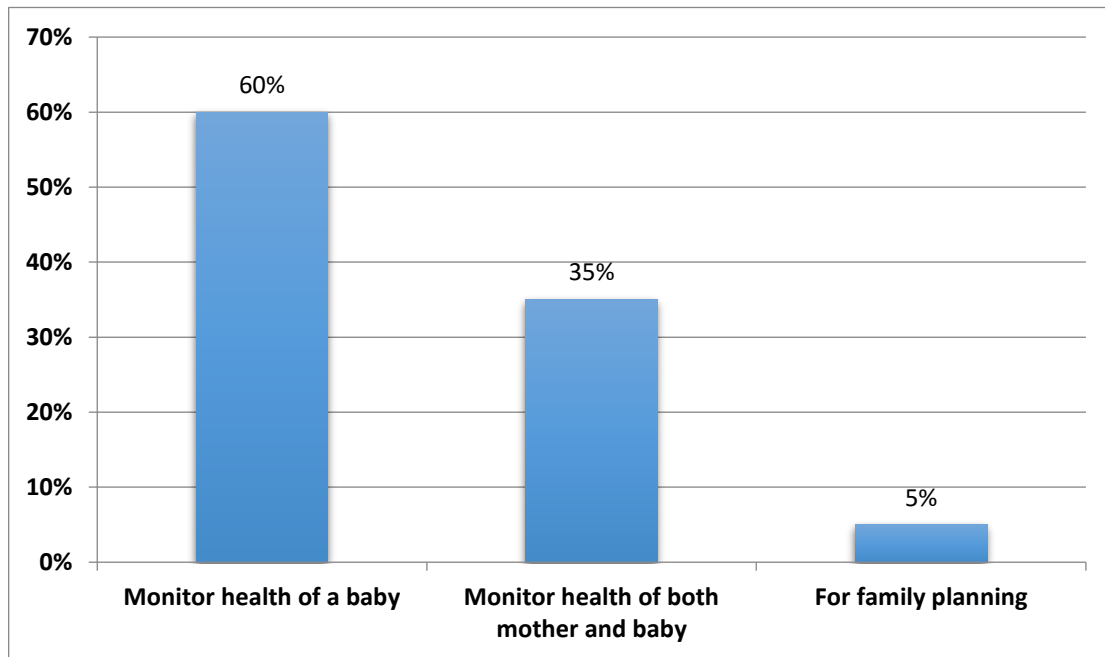
Demographic status of the sample

Table 1: Age group of the sample

Age Group	Frequency N=20	Percentage
18 to 25 years	9	45%
26 and above	11	55%
Total	20	100%

(Source: Field data)

55% were of the respondents were 26 years and above and 45% were between 18 and 25 years.

Figure 1: Importance of postnatal care

(Source: Field data)

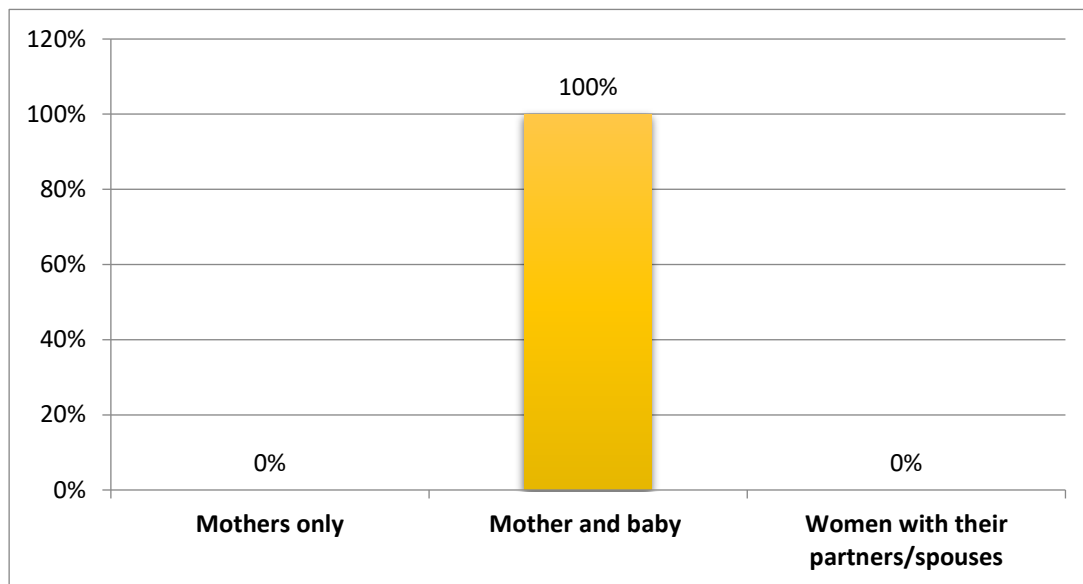
More than half of the respondents 12 (60%) stated that the importance of postnatal care was to monitor the health of a baby, 7 (35%) said that the importance of postnatal care was to monitor both mother and baby while 1 (5%) said the importance of postnatal to receive family planning services.

Table 2: Responses of respondents on who should attend antenatal clinic

Variable	Frequency N=20	Percentage
Mothers only	0	0%
Mother and baby	20	100%
Women with their partners/spouses	0	0%
Total	20	100%

(Source: Field data)

All the respondents(100%) indicated that the mother and the baby are the people who should attend the antenatal clinic and no one(0%) indicated that mothers only or women with their partners or spouses could go the antenatal clinic.

Figure 2: who should attend antenatal clinic

(Source: Field data)

All the respondents 20 (100%) were aware that both mother and baby are supposed to attend postnatal care.

Table 3: Responses of respondents on where postnatal care is provided

Variable	Frequency N=20	Percentage
At the clinic	20	100%
Other places	0	0%
Total	20	100%

(Source: Field data)

All the respondents (100%) said that postnatal care is provided at the clinic and no respondent (0%) indicated other places.

Knowledge

The study revealed that More than half of the respondents 12(60%) ,stated that the importance of postnatal care was to monitor the health of a baby, 7 (35%) said that the importance of postnatal care was to monitor both mother and baby while 1 (5%) said the importance of postnatal to receive family planning services. This is in line with the researchers conducted in the sub-Saharan region and other parts of the world, suggesting that there is generally a low level of knowledge about the PNC as Mrisho et al (2009), in a study conducted on postnatal care from the perspectives and experiences of women and health care providers in rural southern Tanzania stated that much less was known about the quality of PNC provided.

The Knowledge of services was found to predict utilization; with those who rated PNC as poor, being less utilizers. During the FGDs, it was evident that there was confusion about the frequency and components of PNC services among the women in the study population that could undermine prompt care seeking for mother and the baby. Low utilization of PNC services has been related to women's lack of knowledge about its importance and their lack of perceived need especially if they are feeling well (Lullbock et al., 2008).

4. Conclusion

The study highlighted that utilization of postnatal care in the study area is poor as 60% mentioned that they were only supposed to attend PNC twice while 20% mentioned once in the post-natal period. The study recommends that there is need to increase the staffing levels for nurses and midwives in the districts in order to increase and improve service delivery and shorten waiting time.

Disclosure of conflict of interest

No conflict of interest

Statement of informed consent

Informed written consent were obtained through consent forms that were given to the participants along with the questionnaires.

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