

KNOWLEDGE AND UTILIZATION OF POST-NATAL CARE SERVICES. THE CROSS-SECTIONAL STUDY IN BAGHDAD

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ABSTRACT

Objective: to evaluate the level of knowledge and awareness of women about post-natal services. **Methods:** across sectional study was conducted on 298 women who attended AL-Salam PHCC, at AL-Amel district in Baghdad from June to September 2018 using a modified structured questionnaire. **Results:** level of utilization of postnatal care services was (65.7%), most of the participants were housewives, with intermediate income and with intermediate and secondary education. **Conclusion:** the utilization rate was relatively high, with significant association with factors such as, age, occupation, parity, history of abortion and awareness about the presence of the services.

KEYWORDS: post-natal care, postpartum.

INTRODUCTION

The health of society is indicated by the health of mothers. Those mothers need special care and attention before, during and after birth. The care given to the mothers in the post-natal period (the first six weeks after birth)^[1], is very important because most of the maternal and neonatal complications and deaths occur shortly after labor (in developing countries more than half of the maternal deaths occur in this period)^[2], thus the care provided after delivery is of huge help and importance for the mother and the baby as well, to overcome the complications, to increase the knowledge and awareness of the mother.^[3] and to provide helpful information for taking care of the baby regarding feeding and vaccination.^[4]

Systematic examination for both the baby and the mother should be included in the post-natal care (PNC) services in addition to the advice given to the mother.^[5]

There are many recommendations from the world health organization for post-natal care, including.

PNC should be provided in the first 24 hours after birth, because most of the complications occur in this period.^[6]

Mothers and their newborn babies should stay in the health facility for 24 hours, and not to be discharged early.

During the first 6 weeks after birth, mothers and newborns should be checked up four times at least.

Health massages to the families and care providers should be ensured.^[7]

Despite these recommendations, three quarter of women do not have any care provided to them in the postpartum period, this was concluded from Demographic and Health Surveys between 1999 and 2004 done in 30 low income countries.^[8]

Utilization of services given postnatally is influenced by many factors such as the age of the mother, level of education, occupation, type and place of labor, gravidity, knowledge of the mother about the danger signs, the source of the mother's information, knowledge about the presence of services postnatally.^[9, 10]

low utilization could also be due to lack of women's knowledge about its importance, difficulty in reaching health care facilities, lack of encouragement from health care providers to have PNC, and liability of the mothers to give priority to the health needs of the infants rather than their own needs.^[8]

METHODS

A cross sectional study was conducted on 298 women who attended AL-Salam Primary Health Care Center (PHCC), at AL-Amel district at AL-Karkh Health Directorate in Baghdad from June to September 2018. this study was approved by the scientific and ethical research committees at AL-Karkh Health Directorate. The ladies, who agreed to participate in the study, were informed about the aim of the study and then interviewed using a modified

structured questionnaire. Most of the questions were of close – ended type with the simple answer of “yes “or “no”. The form includes questions about the socio-demographic information (age, level of education, occupation, income) and parity. The second part of the questions was about the accessibility of the mothers to the PHCC, their knowledge about the presence and the importance of PNC services and the source of their information, whether being from media, friends and family, or from health personnel. The sample was chosen conveniently from mothers who attended our center, only in two days a week. Days that were crowded, or holidays were excluded.

Statistical analysis was made by excel sheets and chi square test was used to look for any statistical significance.

RESULTS

A total of two hundred ninety-eight women who attended our center were interviewed and participated in the study. Most of them were in age group 20-24 (29.1%), house wives 211(70.8%), with intermediate &secondary education 141(47.3%) and with intermediate income 184(61.7%).

Most of the ladies who participated in the study 198 (66.4%) had 2-4 children, with the history of abortion or still birth 160 (53.6%), and 92(30.8%) of them did not attend antenatal care. (Table -1-).

Most of the ladies (65.7%) had post-natal visits and a significant association was found between age, occupation, parity, history of abortion or still birth and awareness about the presence of PNC services with the utilization of the services. (Table -2-).

Table 1: Socio demographic and obstetric characteristics of the participants.

AGE	NUMBER	%
15-19	29	9.7
20-24	87	29.1
25-29	74	24.8
30-34	33	11.07
35 and more	75	25.1
EDUCATION		
No formal education	7	2.3
Primary	88	29.5
Intermediate &secondary	141	47.3
College	62	20.8
OCCUPATION		

House wife	211	70.8
Employee	52	17.4
Others (student,)	35	11.7
INCOME		
Low	92	30.8
Intermediate	184	61.7
High	22	7.3
PARITY		
1	65	21.8
2-4	198	66.4
5 and more	35	11.7
HISTORY OF ABORTION OR STILL BIRTH		
Yes	160	53.6
No	138	46.3
ANTENATAL CARE VISITS		
Not used	92	30.8
1	84	28.1
2	44	14.7
3 visits	78	26.1
TOTAL	298	100

Table 2: Association between some socio demographic, obstetric and awareness about postnatal care with the utilization of post-natal services.

AGE	UTILIZATION		NO UTILIZATION		P-VALUE
	NUMBER	%	NUMBER	%	
15-19	24	82.8	5	17.2	0.01*
20-24	64	73.5	23	26.5	
25-29	48	64.9	26	35.1	
30-34	18	54.5	15	45.5	
35 and more	42	56	33	44	
EDUCATION					
No formal education	6	85.7	1	14.3	0.15
Primary	54	61.4	34	38.6	
Intermediate & secondary	96	68.1	45	31.9	
College	40	64.5	22	35.5	
OCCUPATION					
House wife	138	65.4	73	34.6	0.025*
Employee	30	57.7	22	42.3	
Others (student,)	28	80	7	20	
INCOME					
Low	63	68.5	29	31.5	0.06
Intermediate	122	66.3	62	33.7	
High	11	50	11	50	
PARITY					

1	50	76.9	15	23.1	0.024*
2-4	123	62.1	75	37.9	
5 and more	23	65.7	12	34.3	
HISTORY OF ABORTION OR STILL BIRTH					
Yes	101	63.1	59	36.9	0.04*
No	95	68.8	43	31.2	
ANTENATAL CARE VISITS					
Not used	63	68.5	29	31.5	0.15
1	50	59.5	34	40.6	
2	30	68.2	14	31.8	
3 visits	47	60.3	31	39.7	
AWARENESS ABOUT THE PRESENCE OF SERVICES					
Yes	153	69.9	66	30.1	0.003*
No	43	54.4	36	45.6	
AWARENESS ABOUT THE IMPORTANCE OF SERVICES					
Yes	82	64.1	46	35.9	0.06
No	114	67.1	56	32.9	
SOURCE OF MOTHERS INFORMATION					
Radio -TV	43	63.2	25	36.8	0.29
Newspapers & books	20	71.4	8	28.6	
Friends & family	102	66.2	52	33.8	
Health personnel	31	64.6	17	35.4	
DIFFICULTY TO ASSESS HEALTH FACILITY					
Difficult	72	64.9	39	35.1	0.07
Not difficult	124	66.3	63	33.7	

DISCUSSION

Maternal and child health should be paid a lot of attention, especially in the postnatal period, as most of the complications and maternal deaths occur in this critical period.

The socio- demographic characteristics of the participants shows that most of them were in age group 20-24 years (29.1%) and (47.3%) with intermediate and secondary education^[11], (66.4%) were with 2-4 children, with intermediate income and housewives, which is similar to study done in Palestine^[12], (53.6%) had obstetric complication which is similar to which was found in Gondar^[13] and Nepal.^[14]

For the majority of the participants, it was not difficult to reach for health facility.^[15]

Regarding utilization of PNC services our findings (65.7%) is close to which was found in Ethiopia (66.83%)^[16] and in Addis Ababa city (65.6%).^[17]

This result is high compared to studies done in Nigeria (41.2%)^[18] and in Nepal (43.2%).^[19] This high utilization rate could be due to the accessible and acceptable role of the health facilities in the community in addition to other reasons such as going for vaccination of the baby or medical checking for him.

Many factors show significant association with utilization of the services such as age, occupation, parity, awareness about the presence of the service and history of abortion.^[15] Age has a strong association with the utilization of the services.^[20]

Utilization is strongly associated with awareness about the presence of the services just like what was found in Saudia Arabia^[21], in Uganda^[22] and in northern Ethiopia.^[23]

On the other hand, many factors did not show statistical significance with utilization such as: education^[12], income, having antenatal care during pregnancy and the source of information.

In countries with the low or middle level of income, the association might not be clear between income and utilization of postnatal care service, because the woman may have no control over her resources or finances.^{[24], [25]} Also, women with higher income may tend to go to private clinics rather than government institute.

The majority of the participants had antenatal care during their last pregnancy but antenatal care has no significant association with post-natal care utilization.^{[9], [26]}

Also, the source of information, whether was from TV, radio or health personnel had no association with the utilization.^[27]

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