MOTHERS' PERCEPTIONS OF ONE-WEEK AND SIX WEEKS POSTNATAL CARE AT MULANJE MISSION HOSPITAL, SOUTHERN MALAWI.

Msc (Midwifery) Dissertation

By

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Submitted to the Department of Midwifery, Faculty of Midwifery, in partial fulfilment of the Requirements for the Master's Degree in Midwifery

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30th January, 2017

DECLARATION

I, Joyce C. Longwe Siska declare that this thesis titled 'Mothers' Perceptions of one-week and six weeks postnatal care at Mulanje Mission Hospital,' is my original work. It has never been submitted for any award at the University of Malawi or any other university. The sources of information utilized in this work have been acknowledged in the reference list.

Joyce Chimwemwe Longwe Siska

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Name

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Certificate of Approval

The undersigned certify that this thesis represents the students' own work and effort and has been submitted with our approval.

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Co-Supervisor

Dedication

This thesis is dedicated to my beloved late parents, my husband and my children.

Acknowledgement

I wish to extend my sincere appreciation to those people who facilitated the progress, and completion of this thesis. My thanks go to different people who in different ways have helped me write up this dissertation to the final end.

I am particularly indebted to my supervisors, Dr. Lily Kumbani, Mrs. Rose Matemba and Dr. Jere for their tireless participation, academic guidance, support and encouragement towards the success of this work.

I am equally grateful to the World Learning (USAID) for the scholarship that enabled me to pursue my studies. My deepest appreciation should also go to Mulanje Mission Hospital management team and staff for the support they rendered during the entire period of data collection.

My heartfelt thanks go to my dear husband and family for the financial, moral and academic support offered to me during my time of study. Wisdom, I feel I owe you more than just a thank you but it is my sincere prayer that the Almighty God richly rewards you.

My special thanks go to the Lord God, then to my beloved late parents, Mr. and Mrs. Longwe (Rest in Peace) and the family members Robby, Kelvin, Wezi, Taonga, Gladys and Dereck, from whom I got a strong foundation from which I have an academic empowerment. I pray that God rewards you all abundantly.

Abstract

This study explored mothers' perceptions of one-week and six weeks postnatal care. This information is important in planning better ways of increasing utilization at one-week and six weeks postnatal care services. Postnatal period is the critical phase in the lives of mothers and neonates. Postnatal care gives an opportunity to mothers to receive care, psychological support, as well as opportunity to promote health behaviors such as access to family planning, education on nutrition and PMTCT services. Lack of care at this time may results in death or disability. Studies have shown that despite free services offered by the Ministry of Health, and CHAM facilities, in Malawi statistics are still low on utilization of postnatal care with no significant improvement.

This was a qualitative study that utilized in-depth interviews with mothers who had a normal delivery at Mulanje Mission Hospital, the southern region of Malawi and had come for reproductive health services including one-week and six weeks postnatal care. The key issues that emerged were, mothers' understanding the need for one week and six weeks postnatal care services, barriers for not attending postnatal care services and mothers' satisfaction on the postnatal care services. Purposive sampling was done to recruit participants. Twenty in-depth interviews were conducted, and data was analysed manually using thematic content analysis.

Findings showed that majority of mothers came for one-week postnatal care but six weeks postnatal services were being underutilized despite mothers' knowledge and positive attitude regarding both services. The main factor that hindered utilization of

postnatal care services in this study was mothers' feeling that they are well because there were no obstetric complications. Other factors were: physical distance, and rudeness of the health workers. Mothers preferred timely postnatal care services, polite health workers and a good reception. There is a need to provide a friendly environment for the mothers to help in promoting compliance. Frequent supportive supervision of the health workers at a health facility is necessary to resolve problems they experience that negatively impact on the provision of care. One week and six weeks postnatal care services should be given priority just like other services provided at the hospital.

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Abbreviations and Acronyms

BEmONC	Basic Emergency Obstetric and Neonatal Care
CHAM	Christian Health Association of Malawi
COMREC	College of Medicine Research and Ethical Committee
CPD	Continuous Professional Development
EmOC	Emergency Obstetric Care
HIV	Human Immunodeficiency Virus
IMCI	Integrated Management of Childhood Illness
KCN	Kamuzu College of Nursing
MCH	Maternal and Child Health
MoH	Ministry of Health
NSO	National Statistical Office
PMTCT	Prevention of Mother to Child Transmission
UN	United Nations
WHO	World Health Organization

Operational Definitions

Postnatal care : Is the care given to mother and her new-born baby immediately after the birth and for the first 6 weeks.

Perceptions : Ability to see, hear, or became aware of something through the senses.

Lochia : The normal discharge from the uterus after childbirth.

Mothers :In this study means women who delivered and were involved during the study

CHAPTER 1

Introduction and Background

Introduction

The postnatal period is a critical phase in the lives of mothers and neonates (Warren, Abuya, Njuki, Obare, Kanga, Termmeman and Bellow, 2015). It is a period following complete expulsion of placenta and membranes up to six weeks (MoH, 2013). Fraser, Cooper, and Nolte (2006) define the postnatal period as the six-week interval between the birth of a new born and the return of the productive organs to their normal state. This is the perfect time to carry out interventions to improve the health outcomes of both the mother and the neonate (Net, Mengseang, Dararith, Verakpheap, 2013; WHO, 2013). Lack of care at this time may result in death or disability as well as missed opportunities to promote health behaviors, affecting mothers and neonates (Berhe, Tilahun, Aregay, Bruh & Gebremedhin, 2013; WHO, 2010).

In Africa, the leading cause of maternal mortality is haemorrhage. It accounts for 34% of all maternal deaths, the majority of which occurs during postnatal period (Kinney, Kerber, Black, Cohen, Nkrumah et al., 2010; Khan, Wojdyla, Say, Golmezoglu & Van look, 2006). While sepsis claims another 10% of maternal deaths throughout the

postnatal period (Dhaher, Mikolajezyle, Maxwell & Kramer, 2008; Khan et al., 2006; Kinney et al., 2010).

In Malawi, postpartum sepsis and postpartum haemorrhage account for 18% and 34% of all maternal deaths respectively (MoH, 2013). However, it is the most neglected area for the provision of quality care in the health care delivery system in the African region (Kerber, deGraft-Johnstone, Bhutta, Okung & Lawn, 2007;Warren et al., 2014; WHO, 2013). The quality of care for those who seek services is often poor. Studies have shown that providers demonstrated poor performance in counselling in maternal and new born complications, and many women and their neonates were not encouraged to hunt for care until six weeks after delivery (Kerber et al., 2007).

Despite the policy of Malawi government that mothers should access free maternal health services in the nearest available health facility, whether run by the Ministry of Health or one run by Christian Health Association of Malawi (CHAM) hospitals, it is not guaranteed that women will adhere and utilize one-week and six-weeks postnatal care services in the health facilities. Perception of quality is important in influencing the utilization of one-week and six weeks postnatal care, although it may not be the most important reason in low utilization of one-week and six weeks postnatal check-up (Kinney, Kerber, Black, Cohen, Nkrumah et al.,2010). Information, on the views of mothers of one-week and six-week postnatal care is limited in Malawi. Therefore, this study proposed to look at mothers' perceptions of one-week and six weeks postnatal care at Mulanje Mission Hospital, southern region of Malawi.

Background

Globally, over 500,000 women die of child birth complications every year with over 90% of the deaths occurring in the developing countries (WHO, 2010). Research done be the United Nations and World Health Organization found that more than half of maternal deaths occur after childbirth (UN, 2011; WHO, 2010). Most of these maternal deaths are avoidable (Rana, 2013). In Africa, about 125, 000 women and 870, 000 new borns die in the first week after birth, because during this time coverage and programs are at their lowest along the continuum of care (Warren et al., 2015; Warren et al., 2007, WHO, 2003). Also in a setting where Sexually Transmitted Infection prevalence is high, the postnatal period is a time of biological susceptibility to pregnancy- related sepsis. In Malawi, according to MoH report on HIV and syphilis serosurvey indicated that Mulanje district, which is in the southern region of Malawi was in position one in syphilis prevalence rate (7.6%) among pregnant women tested at 54 sites in 2010 (MoH, 2011). Consequently, the 2010 Ministry of Health Emergency Obstetric Care services assessment showed that postpartum sepsis accounted for 17.8% of all maternal deaths recorded in all health facilities, in Malawi (MoH, 2010).

Worldwide, about 4 million of neonates die every year, and most neonatal deaths occur in developing countries. The global average neonatal mortality is at 33 deaths per 1000 live births about two-third of infant death occurred in the first month of the neonatal period (Lawn,Wilczynska-Katende & Cousens, 2011; WHO and UNICEF, 2008). The major causes of neonatal deaths are infections (32%), birth asphyxia (19%), complications of premature babies (24%) and others (5%) related to mother's poor health and lack of access to essential care (WHO, 2011; WHO, 2008). It has been

estimated that if 90% of mothers and neonates received routine postnatal care (PNC) curative care in the postnatal period; 10 to 27 percent of neonatal deaths could be averted. In other words high postnatal care coverage could have saved up to 310,000 neonates' lives a year, in Africa (Campbell & Graham, 2006; Darmstadt, Bhutta, Cousens, et al., 2005).

Postnatal care involves routine assessments to identify and manage or refer complications for both mother and neonate. Essential package for postnatal mothers include: assessing and checking for bleeding, checking temperature, supporting breastfeeding, checking breasts to prevent mastitis, managing anemia, completion of tetanus toxoid immunization if required, providing counselling and a range of options for family planning, referral for complications such as bleeding, infections, or postnatal depression, and lastly counselling on danger signs and home care (Warren, Daily, Tour & Mongi, 2006; WHO, 2013). Furthermore, essential PNC for neonates includes: assessing for danger signs, measuring and recording weight, and checking temperature and feeding. It also includes promoting hygiene and good skin care, eye care by applying tetracycline eye ointment as prophylaxis, and identifying skin infections such as pus draining from the umbilicus. It also ensures warmth by delaying neonate's first bath and practicing skin to skin care, and putting a hat on the neonate. There is also extra care for neonates whose mothers are HIV positive by administering nevirapine syrup according to body weight once every day for six weeks as well as referral and counseling for danger signs (Warren, Daly, Toure & Mongi, 2006; WHO, 2013).

Skilled health providers are recommended to provide postnatal care services because research has shown that availability and utilization of skilled birth attendants is a key factor in reducing maternal mortality (MoH, 2007). Skilled birth attendance is considered as one of the most essential interventions in preventing maternal deaths at birth. In Sub–Saharan Africa, a high proportion of mothers attend at least one antenatal care visit, where providers can counsel pregnant women in their last trimester on the importance of having the skilled attendant at birth and early check up for mother and neonate. Evidence suggests that women are more likely to have a skilled attendant at childbirth if they receive a high quality antenatal care, and if they have a skilled attendant at birth, they are more likely to return for postnatal care (Warren et al., 2014). In Malawi, in Chiradzulu district, 78.2% of women in the urban area deliver at the health facility (Kumbani, Bjune, Chirwa, Malata & Odland, 2012). National estimates for Malawi showed that 73% of women deliver at the health facility, and 71% of deliveries were attended by skilled birth attendants (NSO & ICF Macro, 2011). Regardless of a good number of mothers delivering at a health facility few mothers return for the postnatal care.

A study which was done in the Southern region of Malawi, at Zomba Central Hospital on factors influencing the utilization of PNC at one week and six week among mothers found that lack of advice to return for PNC was the main factor that hindered such care. It also found that women who had fewer children utilized PNC more frequently than those with more children. Other factors that promoted services attendances at one-week and six weeks include a mother's education level, growth

monitoring of under five children, and awareness of postnatal care services (Sakala & Kazembe, 2011).

World Health Organization recommended at least four postnatal contacts for all mothers and neonates. The first contact is within 24 hours of delivery then, day two to three (48-72hrs), between 7 days to 14 days and lastly six weeks after delivery (WHO, 2013). Similarly, in Malawi, the first postnatal check-up is done within two hours after delivery if the woman has delivered at the health facility. Women are advised to go for the postnatal check-up at the health facility within 12 hours of giving birth if they have delivered at home or outside a health facility (MoH, 2013). The second contact for postnatal care contact is after 48 hours of delivery and women are discharged if there are no complications such as fevers, hemorrhage, and convulsions to both mothers and neonates. Third and fourth contacts are at one week and six weeks respectively (MoH, 2013).

The early identification of postnatal complications for both mother and neonate can reduce maternal and newborn morbidity and mortality. In Sub- Saharan African countries, mothers are encouraged to come back at one week and six weeks postnatal care (Aminah, 2010). Despite these interventions, there is still low utilization of postnatal care services. In South-East Asia, and Sub- Saharan African countries less than half of the women received postnatal care within 2 days (Lawn et al., 2014). An analysis of Demographic and Health Survey data from 23 Sub-Saharan countries found that only 13% of women who delivered at home received postnatal care within 2 days (Warren et

al., 2006). Evidence suggests that there are some crucial moments when contact with formal health system within 24 hours of delivery, day 3 (48 to 72hours).

Between day 7-14days and at six weeks postpartum period could be useful in identifying and responding to needs and complications (Mwangi, Warren, Koskei & Blachard, 2008; WHO, 2013).

Maternal mortality rate remains high in Malawi despite the implementation of interventions such as life-saving skills by safe motherhood and Emergency Obstetric Care. According to Malawi Demographic Health Survey 2010; maternal mortality rate is at 675/100,000 live births, and the neonatal mortality rate is at 31 per 1000 live births (NSO & ICF Macro, 2011).Traditionally, the strategies to reduce maternal mortality have focused on pregnancy and delivery periods with minimal attention given to postnatal period. Consequently postpartum complications; sepsis and haemorrhage account for 18% and 34% respectively of all maternal deaths (MoH, 2010).

Government health facilities provide health care services that are free. In addition, the Malawi government introduced service level agreement with CHAM hospitals to provide free maternal health services since 2002 to date (Lungu, 2011). However, there is still low utilization of postnatal care services at one week and six weeks. According to Malawi Multiple Indicator Cluster Survey 2006; only 33% of women received the postnatal care within 42 days after delivery (NSO & UNICEF 2008) while the recent data showed that nearly half of mothers (48%) did not receive postnatal care. Among women (43%) who did receive postnatal check-up within two days of delivery, 26% were seen in less than four hours; 6% were seen in four hours to twenty-

three hours, and 11% was seen within two days. Seven percent received their first postnatal check-up between three to forty–one days of delivery (NSO & ICF Macro, 2011). However, the statistics still show the low utilization of postnatal care with no significant improvement.

In Malawi, information about postnatal care is limited. There are three published studies by Chimtembo et al. (2013) Sakala and Kazembe (2011) and Zamawe and Masache (2015). There is also one unpublished dissertation by Jonazi (2008). Furthermore no studies have been conducted in Malawi on mothers' perceptions of one week and six weeks postnatal care. In addition, no study has been done in Mulanje district on postnatal care. It is against this background that the present study was conducted focusing on mothers' perceptions of one week and six weeks postnatal care at Mulanje Mission Hospital in southern region of Malawi.

Problem Statement

Postnatal period is critical to the health and survival of a mother and her neonate. Lack of care during this period may result in death or disability as well as missed opportunities to promote healthy behaviors, affecting mothers and neonates (Berhe et al., 2013; Warren et al., 2014). Postnatal care provides an opportunity for identifying and managing or referring complications, providing psychological support, and access to family planning, education on nutrition and PMTCT services (Warren et al., 2014; WHO, 2013). Unfortunately, statistics indicated that a low number of women attend postnatal care. In Malawi, only 33 percent received postnatal check-up within 42 days

after delivery (NSO and UNICEF, 2008). The recent statistics from National Statistical Office (NSO) and ICF Macro (2011) showed that nearly half of women (48%) did not receive any postnatal check up. Only 43% of the women received the postnatal check-up within two days of delivery, while seven percent received the first postnatal check-up between three to forty-one days of delivery (NSO and ICF Macro, 2011). In Mulanje district about 46 percent of women received no postnatal care after delivery (NSO and ICF Macro, 2011).

At Mulanje Mission Hospital, unpublished report, for Maternal and Child Health for 2013/14 fiscal year, showed that 60 percent of mothers who had normal deliveries and live births received the postnatal check-up within two weeks after delivery, and 40 percent of women did not come for follow up. There was no data for mothers for postnatal care at six weeks, and the reason is not yet known. The study, therefore, explored the perceptions of mothers on one week and six weeks postnatal care with the view of improving postnatal care attendance.

Significance of the Study

The utilization of one week and six weeks postnatal check-up is one of the promotive and preventable strategies through which mothers are empowered to take responsibility for their own health. Providing quality postnatal care services can assist in promoting the utilization of postnatal care check- up at one week and six weeks. It is believed that the identified mothers' perceptions of one week and six weeks postnatal care will help Mulanje Mission hospital management in the formulation of a strategy intervention towards one week and six weeks postnatal care.

The findings of this study will be used to design and improved Reproductive Health policies and guidelines in postnatal care with the emphasis on the one week and six weeks postnatal check-up. The findings will also contribute towards knowledge about "mothers' perceptions of one week and six weeks postnatal care that will be incorporated in the existing curriculum for student midwives and in-service education. In midwifery practices, the findings will empower midwives to improve their knowledge, skills, and attitude about maternal and newborns services at one week and six weeks postnatal check-up.

Although the findings of this study cannot be generalized it will be limited to the Mulanje Mission Hospital catchment area. The subsequent strategies that will be developed might be extended to all health facilities not only in the Mulanje district but to other districts in the country. This may assist mothers and neonates through improved maternal and neonatal health as a result of utilizing one-week and six weeks postnatal care services. Finally, the gaps that will be identified in this study may provide a basis for future research.

Study Objectives

Main objective.

To explore mothers' perceptions of one week and six weeks postnatal care at Mulanje Mission Hospital.

Specific objectives.

- To assess mothers' understanding of one-week and six weeks postnatal care.

- To describe mothers perceived barriers that lead to low attendance of postnatal care services.
- To assess mothers' satisfaction on the postnatal care services.

CHAPTER 2

Literature Review

Introduction

This chapter will present a comprehensive literature review of studies relating to mothers' perceptions of one week and six weeks postnatal care. The aim of this study was to explore mothers' perceptions of one week and six weeks postnatal care at Mulanje Mission Hospital, in southern region of Malawi. The literature review was embarked on in an attempt to find out what is already known on the topic and to identify any gaps as regards the context as well as methodologies which were used in previous studies. To be specific, the first section will focus on the search strategy that was used to conduct the search. This will be followed by the different dimensions of the topic including: perception of mothers about the importance of postnatal care, barriers of postnatal care services, and satisfaction of mothers towards postnatal care services. Finally, there will be a presentation on the gaps identified in the previous studies as well as the proposed ways in which the present study may address the gaps.

Literature Search Strategy

Literature review was done through various academic bases (EBSCOHOST, CINAHL, PUBMED and MEDLINE). The search was done by running search words on the academic databases and the criteria for academic searches were based on the

academic midwifery scientific journals. The literature review focused on studies that were done in 2005 to 2015, however relevant studies before 2005 were incorporated. This was done to offer a good overview of the research that has been done so that relevance of present study can be determined. The search words used included barrier AND postnatal care, importance OR postnatal care, satisfaction AND postnatal care, postnatal care AND preferences, postnatal care AND satisfaction.

Barriers that lead to Low Attendance of Postnatal Care services

There are several factors that promote or hinder the utilization of postnatal care services which include: geographical, standard of living, education, health worker factor and cultural factors. Based on the study which was done in Cambodia in South East Asia by Net et al. (2013) found that utilisation of postnatal care can independently be affected by perception of the distance to the health facility. A higher physical accessibility has been found to increase maternal health services utilisation in Nepal (Neupan & Doku, 2013).

In Africa, a study which was done by Ugoboaja, Berthrand, Igwegbe and OBI-Nwosu (2013) in Nigeria found that distant location to the hospitals was one of the three main barriers to postnatal care. Out of 400 women who were interviewed, 36.4 % reported distant location to the hospitals as one of the barriers to postnatal care. This is supported by other studies done in Tanzania and Uganda which found that geographical access may be measured by distance, travelling time, means of transport and any other physical feature that could keep the client away from receiving postnatal care services. Also, studies indicated nearly 80% of rural women live more than 5km from the nearest

hospital and money was needed to pay for transportation especially in the places where the health facility was a lengthy walk from a woman's village. Other concerns included poor roads, lack of bridges and fear of encountering wild animals on trips to the health facility where postnatal care services were provided (Aminah, 2010 & Mrisho et al, 2009). Furthermore, a cross-sectional study which was done in Ethiopia on utilization and associated factors of postnatal care in Adwa Town which was done by Berhe et al., (2013), found that the higher utilization of health services increased when the distance is not perceived as a big problem or that the health service is within a reasonable distance. Similarly Rahman, Haque, and Zahan (2011) found that postnatal care was commonly used by women living in urban than by their rural counterparts because of shortest distance to the nearest health facility.

In Malawi, long distance to the nearest health facility is one of the leading barriers for women to access reproductive health care services (NSO and IFC Macro, 2011). The study also found that fifty six percent of women reported distance to a health facility as a concern and forty two percent of women said having to take transport to a health facility was also a problem. Additionally, qualitative study which was done in Ntchisi, on the role of the parents' perception of the postpartum period and knowledge of maternal mortality in uptake of postnatal care by Zamawe and Masache (2015), found that the majority of the respondents walked for at least one hour to get to the nearest health facility and the major mode of transport was a bicycle.

Standard of living is another factor that contributes to maternal health services utilisation. Studies around the world suggested that being poor is positively correlated

with poorer health status and negative health outcomes. This is because of poor uptake of preventive, promotion and curative aspects of health care services by these groups of people belonging to the lower economic status (Madmud, 2009; Population Reference Bureau, 2007; Rahman, Haque, Mustafa, Tarivonda & Shualb, 2011). Similarly, the studies which were conducted in fifty-six countries in Africa, Asia and Latin America, showed that the poorest were less likely than the wealthiest to use basic health services such as immunisation and Reproductive health care services. On average, in the richest quintile, women were nearly five times more likely to be attended by a trained professional such as a doctor, nurse, or midwife (Rahman et al., 2011; Simkhada, van Teijlingen, Porter, Simkhada, 2008). Additionally, in the systematic review on the use of postnatal care services in low and middle income countries, the results on socio-economic status indicated that the higher the socio-economic status of the mother, the more likely she accesses postnatal care (Langlois, Miszkururka, Zunzunegui, Ghaffar, Ziergler & Karp, 2014). Furthermore, in Indonesia, the impact research found that village midwifery services reached mostly the rich, who could afford to pay, but left out the poor who were still unable to access skilled care (Ashford, David & Yazbeck, 2005; Rahman et al., 2011).

Mothers from higher socio-economic households are also more likely to be aware of the benefits of obtaining postnatal care through different media such as television and newspaper than their counterparts from low socio-economic group (Dhakal et al., 2007; Rahman, Haque & Zahan, 2011; Singh, Rai & Singh, 2012). On the other hand mothers, who reported agricultural occupation in Nepal, and also whose partners performed

agricultural occupation, were less likely to have attended at least one postnatal care visit (Khanal et al., 2014). A possible explanation for the low attendance to postnatal care in Nepal could be cultural practice which prevents recently delivered mothers and newborns to be touched by any one or leave the house until the 12th day after delivery (Karkee, 2012). Such cultural practices have been reported in Bangladesh and India previously Winch et al., 2005; Bandyopadhyay, 2009) and have been associated with non-utilisation of postnatal care (Bandyopadhyay, 2009.)

Women who are working have better financial status and ability to access postnatal services since they are empowered to make decisions on when to go for PNC (Aminah, 2010; Dhaka, Chapman, Simkhada, van Teijlingen, Stephen & Raja, 2007). A study which was conducted in Ethiopia in Adwa town, on utilization and associated factors of postnatal care by Berhe et al. (2013) found that occupation was a significant factor in the utilization of postnatal care services. In this study, self employed women were 9.1 times more likely to have had postnatal care than women who hadn't any job. Similarly, women married to men with professional, technical or managerial occupation, were more likely to use postnatal care than women married to manual labour men (Rahman et al., 2011). In Malawi, fifty-two percent of mothers were not able to access health care services because they had no money (NSO & ICF Macro, 2011).

The client's level of education could also influence postnatal women's utilization of the health facilities as well as the understanding of the importance of seeking health care promptly. Low educational status has been identified as a major barrier to the utilization of health care services especially after birth (Aminah, 2010). Lack of

education can also affect mothers' comprehension of important information and the ability to make informed decisions including awareness of their own rights (Aminah, 2010).

In a systematic review which was done in low and middle income countries on inequities in postnatal care by Langlois et al., (2014) found that women who had attended primary school education were more likely to use postnatal care (Agha, 2011; Babalola & Fatusi, 2009; Sharma, Mullany, Sawangdec & Sirirassamee, 2007) while women who had completed secondary education were most likely to access postnatal care (Dhakal et al., 2007; Harder, Saha & Kabir, 2007; Jat, Ng, & SanSebatian, 2011; Kabakian-Khasholian & Campbell, 2005; Rahman et al., 2011 ; Singh, Padmadas, Mishra, Pallikadavath, Johnson & Mathews, 2012). It was also found that mother's duration of schooling was positively correlated with postnatal care use (Anson, 2004; Mistry, Galal & Lu, 2009). Similarly women married to husbands who had completed secondary school education were more likely to use postnatal care (Jat et al., 2011; Dhakal et al., 2007; Rai, Singh, & Sing, 2008). However, a cross-sectional study on utilisation and associated factors of postnatal care which was done in Adwa town in Ethiopia by Berhe eta al.(2013) indicated that level of education was not significantly associated with utilisation of postnatal care services.

In Malawi, according to National Statistical Office and UNICEF (2008), the level of education of mothers played a major role in utilisation of PNC, whereby 51% of women with a high education level were more likely to be seen by skilled health personnel than 25% of those without education. While the recent document of National

Statistical Office and ICF Macro (2011) indicated that 61.8 % of mothers with higher educational level were seen in the first two days of delivery, while 38.4% of mothers were seen within two days after delivery had no education. Similarly the study which was done by Sakala and Kazembe at Zomba Central Hospital on factors influencing the utilisation of PNC (2011) revealed that a higher percentage of participants attained formal education: 63% had primary school education, 29.9% had secondary education, while 6.5% had no education. In addition, other studies found that highly educated women have increased awareness of health problems, know more about availability of health care services and use this information more effectively to maintain or achieve good health (Sakala & Kazembe, 2011; Titaley et al., 2009).

Health worker factor can also contribute to maternal health services utilization. A study by Khanal et al. (2014) on factors associated with utilisation of postnatal care among the mothers of Nepal; found that of 4,079 mothers, 43.2% reported attending postnatal care within the first six weeks of birth. In addition mothers who delivered in a health facility, who had attended four or more visits and whose delivery was attended by a skilled attendant were more likely to report attending at least one postnatal care visit. This is supported by Rana (2013) found that attendance of antenatal care; health facility delivery and presence of skilled birth attendant motivated women to attend postnatal care.

Furthermore, a study which was done by Titaley, Hunter, Heywood and Dibley (2010) in their research conducted in Indonesia; found that availability of health services was a problem, in remote areas, especially where the village midwife travels to the village. Therefore, the services of Traditional Birth Attendants (TBA) for antenatal,

delivery and postnatal care were widely used, and their roles in maternal and child care were considered vital by some community members (Arthur-Arko, 2013).

Additionally, the study which was done in Northern Nigeria by Suleman, Muhamad, Sambo, and Ibrahim (2013) on barriers to utilisation of maternal health services, found that, out 150 mothers who were interviewed 23.7% reported negative attitude provided by the health workers and 5.4% reported lack of knowledge on where to get the service as the barriers of not attending postnatal care (Mrisho et al., 2009; Sakala & Kazembe, 2011).

A descriptive cross-sectional study in Dedza district by Chimtembo et al. (2013) observed that midwives who were conducting health education and counselling on child birth did not fully cover all topics including importance of one week and six weeks postnatal care (Sakala and Kazembe, 2011). Consequently the individual information needs were not considered and women were denied of their right to knowledge .This was in contrast with Ministry of health strategy which emphasizes on improving the utilisation of quality maternal and neonatal health care services (MoH, 2007).

Culture is another factor that contributes to low utilisation of postnatal care services. A possible explanation for the low attendance to postnatal care in Nepal was cultural practice which prevented postnatal mothers and newborns to be touched by any one or leave the house until the 12th day after delivery (Karkee, 2012). Similarly, such cultural practices have been reported in Bangladesh and India (Bandyopadhyay, 2009; Winch, Alam, Akther, Afroz, Ellis, Baqui, Darmstadt, Arifeen, Rahman, 2005) and have been associated with non-utilisation of postnatal care (Bandyopadhyay 2009).

Furthermore, In-depth interviews conducted in Tanzania by Mrisho et al (2009) found that reasons for delay to one week postnatal care for mothers with babies as old as two to three weeks were due to waiting for the baby's cord stump to fall off, and to allow the mother to regain energy lost during childbirth. The period before the cord falls off is understood to be a period when the baby is particularly vulnerable to harm by jealous people and spirits, and the baby is usually secluded. The study which was done in South Korea that neonatal is vulnerable to infections by Yoon, S.Y., Shin, J.Y., and Moran K. (2008). The results showed that out of 512 full- terms born babies who were followed at 4wks after birth. Of these babies, 53 had infections at 4-28 days. The incidence of neonatal infection in full-term was 10.5%. The most common infections were upper respiratory infections (5.32%) and the second most frequent infections were gastroenteritis (2.56%), conjunctivitis (0.99%), neonatal sepsis (0.79%), pneumonia (0.39%), and omphalitis and skin infection (0.39%). Hence there is a need for babies to receive postnatal care at one-week and six weeks for early identification of any problems. Some of the services provided at one-week and six weeks postnatal check is health education on hygiene and cord care hence infections can be prevented.

Perception about the Importance of Postnatal Care

A study which was done by Islam, Islam and Banowary (2009) found that the majority of Garo women in Bangladesh were aware of the antenatal and postnatal care services and about (92%) of the respondents mentioned at least one ANC and PNC services at health centres in their local communities. Similarly, a study which was done in Ethiopia by Berhe et al., (2013) reported that out of 337 of women who were recruited in

the study 303 (89.9%) of mothers had heard about postnatal care services. From those who have heard about postnatal care, 121 (35.9%) of the mothers knew kinds of services such as family planning, immunization of baby, counselling services and physical examination. Furthermore, Titaley et al. (2010) found that the main reason for women attending antenatal care and postnatal care services was to ensure the health safety of both the mother and the baby. However, lack of community awareness about the importance of these services was also found in this study as some of the community members perceived postnatal services to be necessary only if obstetric complications occurred.

In Nepal, Dhaher et al. (2008) found that although the majority of women considered postnatal care necessary, a number of women did not obtain postnatal care. The most frequent reasons for not obtaining postnatal care was that women did not feel sick and therefore did not need postnatal care, followed by not having been told by their health service providers to come back for postnatal care. Similar results were reported by (Dhaher et al., 2008; Sakala & Kazembe, 2011). Additionally, a study which was done in North Nigeria by Suleman (2013) reported that 60.8% of women did not have any previous postnatal complication. This was one of the reasons given in this study for not utilising postnatal care.

Mrisho et al. (2009) through focused group and in-depth interviews in Tanzania found that postnatal services were perceived to be important and routinely provided. However the services were targeted on neonates and little attention to the mothers. In addition, participants were not able to mention the availability of services for themselves

apart from mentioning the services that targeted only neonates for example: weight monitoring and immunization. Likewise a study which was done in Ethiopia by Matijasevish et al. (2009) showed that majority (74%) of women showed positive perception towards postnatal care. However mothers in rural area in this study possessed negative perception because they noted that postnatal services had more focus on immunisation for the neonates, leaving them out. This is also supported by Regassa (2011) where providers and the mothers perceived that postnatal care was more important for neonates because they were seen by health providers during six weeks to six months while mothers were only examined once after two weeks delivery. Similarly, a cross-section study which was done by Tesfahun, Worku, Mazengiya and Kifle (2014) on knowledge, perception and utilization of postnatal care of the mothers in Ethiopia found that the majority of the women (84.39%) were aware and considered postnatal care necessary (74.27%). However, only (66.83%) of women obtained postnatal care. The most frequent reasons for not obtaining PNC were lack of time, lack of guardians for children care and lack of services.

In Malawi, according to a study which was done in Ntchisi by Zamawe and Masache in (2015) indicated that postnatal care allowed the women to access the health care, such as family planning, counselling on hygiene, and immunisation. In this study they gave example of a woman who had delivered through caesarean section that postnatal care provides opportunity to the health workers to examine the woman if she needs further treatment. Also, participants further expressed that postnatal care is especially crucial to the "first- time- mothers" because health workers provide some

tailor-made parenting to them. On the other hand, some participants in this study reported that it was very hard to appreciate the importance of postnatal care. They argued that care was not a priority in many health facilities because mothers were made to wait for many hours to get treated as health workers gave priority to pregnant women and others. It was further reported that health workers usually start with the provision of antenatal care and under-five services before postnatal care. In this study many respondents complained that they received less attention from health workers during the last time they went for postnatal care and most of them also pointed out that they spent almost the whole day at the facility (Zamawe & Masache, 2015).

Additionally, in the course of the group discussions in this study (Zamawe & Masache, 2015) some participants admitted that they accessed neonatal care, but not postnatal care after birth of their last child. One of the main factors for noncompliance was that the parents were given two different appointment dates for neonatal and postnatal care. Due to distance and financial constraints, mothers stated that they just honour one of the appointments. The other reasons that the participants gave for the lack of engagement with postnatal care included lack of knowledge (health workers did not inform them after child birth) and long waiting time for treatment (Zamawe & Masache, 2015; Sakala & Kazembe, 2011).

According to Sakala and Kazembe (2011) in their study which was conducted at Zomba Central Hospital, found that 67% of mothers were knowledgeable on perceived benefit of the one and six weeks postnatal care to the health of the mother and the baby. Also, 33% of participants were able to identify the importance and services that are

provided at six weeks postnatal care, which included: to check if their bodies have returned to normal, vaccination, cord care and weight check. On the other hand, some of the participants were not sure on how six weeks promotes the health of mothers. Similarly the study which was done at Urban Health Centre in Blantyre by Jonazi (2008) found that mothers did not attend six weeks PNC because they felt that it was not as important as one week postnatal care.

Mothers' Satisfaction regarding provision of Postnatal Care

Satisfaction is defined as the patient's level of acceptance of health care, taking into account, his or her needs and expectations (Kowalewska et al., 2014). Patient satisfaction is an important component of health care quality assessment (Heszen et al., 2008) The quality of medical care may be evaluated from the point of view of the service provider- a doctor, nurse and other staff- or the service recipient- patient or client (Lenatowicz et al., 2005). The quality of care, as viewed by the patient, may be assessed by studying his or her satisfaction. Satisfaction and dissatisfaction indicate clients' judgment about the strengths and weaknesses of the service, respectively (Chow, Mayer & Athanasius, 2009). A study which was done in Poland in Europe by Kowalewska, Rolka, Ortman, Krajewska-Kulak (2014) on patient satisfaction with care they received after giving birth indicated that a total of 55% of patients had evaluated it positively: 25% thought the postnatal care was very good, 30% decided it was good. Furthermore, 39 % viewed the care as satisfactory. However, 6% had a negative impression about the care (4% of them assessed it as poor and 2% as bad). With respect to the satisfaction care provided to

newborns, 5% of mothers' thought its level was low. 30% felt it was satisfactory, 50% reported it was good and 15% thought it was very good.

Correspondingly with the study which was done in central Shanghai in China by Lomoro, Ehiri and Tang (2002) on mothers' opinions on quality of postnatal care services indicated that 25 mothers (50%) considered the services not to be of high quality because mothers were not fully satisfied with the care provided. The clients defined a high quality as "full satisfaction of care given to both mother and neonate". In this study, clients reported that the providers were usually in hurry when providing services and were difficult to be found or contacted; they were giving brief health education and they were not providing health education materials. Likewise Glazer et al (2007) in the study done in India found that; highest satisfaction as expressed by mothers were comfort, safety (89%) and treatment (88%). These were ranked as first and second, followed by psychological support (78%) and diet (70%) which was ranked as third and fourth. While various procedures (69%) and reception in the ward, (68%) were ranked as fifth and sixth. Postnatal care areas of least satisfaction were hygiene (58), care of newborn (51%), health teaching (47%) which were ranked as seventh, eighth and ninth respectively. Overall, the study found that only 10% of mothers were satisfied with the postnatal care services received.

Furthermore, a study which was done in Uganda by Ogwang (2005) indicated that 96.1% of the participants were satisfied with the overall quality of postnatal care services. However before being discharged from the hospital, 48.7% of babies and 40.6 % of mothers were not being examined, most of the examinations were done in labour ward. In

addition, health workers tended to concentrate on the baby's sex and examination of mothers who had caesarean birth. 49.2% of the babies and 43.9% of mothers who were examined were not given information. In this study, mothers' perception of quality of postnatal care was more geared towards the care for the baby, danger signs that can occur to the baby and the mother in the postnatal period and accessing family planning services. Other factors that raised concern for the delivering of high quality postnatal health service, from health providers were identified as inadequate in-service training, weak skills and knowledge of staff, lack of equipment in township hospitals and poor supervision and monitoring.(Tao, Huang, Long, Tolhurst, & Raven, 2009).

Similarly, a descriptive cross-sectional study on assessment of quality of postnatal care services offered to mothers in Dedza district by Chitembo et al. (2013) indicated that structure for providing postnatal counselling services was inappropriate and inadequate. Furthermore, the services were below the Reproductive Health Standards because the clients were neither monitored nor examined physically on discharge. On average, all the seven facilities which were assessed scored 48% on postnatal care which was far below the recommended 80% according to the Reproductive Health Standards (MoH, 2008). There are no studies done in Malawi on mothers' perceptions of one-week and six weeks postnatal care. It is against this background that this study was conducted.

Conclusion

Having presented the above literature, it can be noted that most of the studies on postnatal care were conducted in other countries. However, the literature search revealed that there are three published studies on postnatal care: Sakala and Kazembe (2011)

which was done in Zomba, Chimtembo et al (2013) done in Dedza and Zamawe, Masache and Dube (2015) which was conducted in Ntchisi. There is one unpublished study by Jonazi (2009) and it was done in Blantyre. Furthermore, the two published studies are both quantitative and no study has been conducted in Mulanje district. There is a need to conduct a qualitative study on postnatal care in order to explore mothers' perception of one week and six weeks postnatal care as well as their preferences on services. This approach will also help to uncover the information on the perception of mothers of one-week and six weeks postnatal care. It is in this regard that this study intends to fill that gap.

CHAPTER 3

Methodology

Introduction

This chapter describes the process which was used in conducting the study to explore mothers' perception of one-week and six weeks postnatal care at Mulanje Mission Hospital in Mulanje district. It includes the study design, study population, study setting, sample size, sampling methods, and criteria for selection of sample, data collection procedure, and analysis. Data management, trustworthiness, issues of pre-test and ethical considerations were also considered.

Study Design

Descriptive design in the qualitative paradigm was used to explore mothers' perception of one week and six weeks postnatal care. Descriptive research design is defined as attempts to explore and explain phenomena while providing additional information about the topic (Kowalczyk, 2015).The design assisted the researcher to understand mothers' perceptions of one week and six weeks postnatal care. According to Denzin and Lincoln (2005), qualitative research is an interpretive and naturalistic description of the world. The purpose of the study was to gain insight on mothers' perception of one week and six weeks postnatal care. Since the aim of the study was to gain an in-depth understanding of mothers' perception of one week and six weeks

postnatal care, the qualitative approach was appropriate (Polit & Beck, 2010). For that reason, information was collected as it was expressed naturally by mothers within the context of receiving their care at one-week and six weeks postnatal check-up.

Study Site

The study was conducted in the southern region of Malawi at Mulanje Mission Hospital, and participants were mothers from the same catchment area. Mulanje Mission Hospital catchment area has 72 villages under three Traditional Authorities. It is one of the hospitals under Christian Health Association of Malawi (CHAM). It serves a population of about 80,000 people, and estimated deliveries per year are 4000. There were a total of 60 nurse midwives serving the hospital. The hospital bed capacity is 220. Services offered at Mulanje Mission Hospital is: Maternal Child Health services which include: antenatal care, family planning, under-five, PMTCT, postnatal care, labour, and delivery. Other services are: Out Patients Department services which include: general consultation, ART, palliative and dental. There are also in patient services for general patients which are admitted in male, female and pediatric ward. The postnatal care at Mulanje Mission Hospital is provided according to Standards of Ministry of Health of Malawi, where four contacts for all mothers is recommended within 24 hours, 48 to 72hours, 7 days and lastly six weeks.

Study Population

The study population refers to entire aggregation of case in which a researcher is interested (Polit and Beck, 2010). Furthermore, Burns and Grooves (2009) highlights that

the population includes all elements that have met the criteria in the study. It is from the population where the sample was drawn (Gerrish & Lacey, 2010). In this study, the target population were multiparous mothers from Mulanje Mission Hospital catchment area.

Sample Size

The researcher selected 20 mothers who came for Reproductive health service or under five services. Twenty was considered as adequate sample because as it is proposed that in interview studies little that is new come out of transcript after interviewing 20 (Manson, 2010). However, Polit and Beck (2010) stated that; the number of the participants may be increased or reduced as it will depend upon reaching data saturation. Furthermore, Whitehead and Annells (2007) suggested that the usual range of participants in qualitative research is usually between eight and 20, but this can vary depending on data saturation. The small sample size was suitable because of the potentially detailed data that emerged from data collection that helped to compare themes across the participants and gain an in-depth holistic understanding of phenomenon of the study (Polit & Beck, 2010).

Sampling Method

Purposive sampling was used to select participants who met the inclusion criteria. Purposive sampling was chosen because there was a need to have participants who were able to provide rich information pertaining to experience in postnatal care. Purposive sampling is a non-probability sampling that facilitated mothers to be recruited based on the defined criteria (Speziale and Carpenter, 2007). Parahoo (2006) explains that

purposive sampling is a method used in qualitative research and involves the researcher intentionally selecting who to include in the study on the basis that those selected can present the requisite data. The researcher selected intentionally multiparous mothers with their last baby alive. These mothers contributed relevant data regarding appropriateness and depth.

Inclusion criteria.

The inclusion criterion was willingness to take part in the study (signed the consent form). Those who had given birth twice or more times, had normal delivery and their children's age was between one-week to six months and had come for Reproductive Health services and/or under five services and were from within the catchment area of Mulanje Mission Hospital. The researcher recruited them after they had received the services at the hospital.

Exclusion criteria.

Mothers who were coming from outside the catchment area of Mulanje Mission Hospital, those that had assisted delivery such as caesarean section, vacuum extraction and those who had delivered outside Mulanje Mission Hospital were not included. Mothers who had complicated delivery sometimes stay in the hospital for one week hence the researcher was interested with mothers who were discharged from the hospital and had come to one-week and six weeks postnatal check-up.

A pre-test

The researcher visited the Maternal and Child Health (MCH) clinic after being granted permission by the hospital director at Mulanje Mission Hospital. Mothers were

interviewed individually after meeting the inclusion criteria. The purpose of the study and the process to be followed was explained to them. The researcher conducted a pre-test study on 6th to 10th April 2016 on five mothers who met the inclusion criteria. The interview was conducted in the special room at MCH. The results from the pretesting necessitated that Section B of the semi structured interview guide be refined following the interview in order to learn more from mothers and the researcher's experience of interviewing skills was increased as well.

Data Collection Instrument

In this study, a semi-structured interview guide (Appendix III) was used for data collection. In order to develop the tool, the researcher under took literature review which helped in understanding the problem under study. The content from the literature reviewed as well as the study objectives guided the development of questions for the tool. The tool was divided into two sections, demographic data and thematic areas. The main thematic areas were knowledge of one week and six weeks postnatal care, mothers' perceived barriers for both services, mothers satisfaction of one week and six weeks postnatal care, mothers preferred services at one week and six weeks postnatal care services and mothers preferred site for the services. In this study, the use of semi-structured interview guide with open-ended questions stimulated mothers to give rich information about their perceptions of postnatal care. Polit and Beck (2010) indicated that semi- structured interviews allow the researcher to have a framework in which open-ended questions are posed to encourage the participants to talk about their perceptions.

Follow up questions using probes were asked to acquire deeper understanding when an explanation was unclear.

Data Collection Process

After obtaining ethical approval, data collection started from 19th to 29th April 2016. The recruitment of participants was done at postnatal ward and Maternal Child Health (MCH) department at Mulanje Mission Hospital with the assistance of the Maternal and Child Health coordinator and nurse/ midwives working at the MCH. Two places ware used because at MCH department the researcher wanted to capture mothers who had come for family planning and under-five services while at postnatal ward the researcher wanted to capture mothers who had come for one week and six weeks postnatal check-up. The participants were given detailed written information about the study (Appendix: I section A). After those participants who were willing to participate after understanding about the study gave consent (Appendix I: section B). A thumb print was used as a signature for those participants who were not able to write after they accepted to participate. The interviews were conducted in Chichewa (local language). It was chosen since it is the language that mothers in this catchment area are able to understand and share their perceptions freely. This ensure that quality data was retrieved by allowing enough time for mothers to give adequate information and adjustment were made accordingly based from the mothers experience in order to obtain quality data.

The interviews took place at Maternal and Child Health, where an empty room was identified within the hospital premises to ensure privacy and comfort of mothers. The

interviewer followed the interview script in a standard fashion, by reading the questions exactly as they appeared in the instrument (Pannucci & Wilkins, 2011) to reduce bias. The following steps were used:

Step 1: The researcher visited the MCH clinic and postnatal ward; she explained to each of mothers individually the purpose of the research. Each participant was told that she had been chosen to participate in the study because she had given birth twice or more, had normal delivery, had baby aged one-week to six months and came to one these services: family planning, postnatal follow-up, or under five services and were coming from Mulanje Mission Hospital catchment area. Her participation in the study was voluntary and that she was free to withdraw at any time. The recruitment was done after obtaining an informed consent from the mother.

Step 2: The interviews were recorded in on a digital audio recorder and down loaded into a computer. The researcher used a semi structured interview guide. Throughout the interviews, follow up questions using probes were asked to acquire deeper understanding when the explanation was unclear. Participants were engaged in a conversational style of questioning. This style was adopted to encourage the participants to articulate the experiences they were talking about in their own words. The questioning included descriptive, structure, opinion, and probing type questions. Each interview took approximately thirty-five to forty-five minutes.

Data Management

The interview guide was reviewed and refined during and at the end of each interview in order to learn more from mothers on their perceptions of one-week and six weeks postnatal care. This was done by probing and rephrasing the question. The audio-digital recorded in-depth interviews were transcribed and transferred to the computer at the end of each data collection. The computer had a pin code which was known by the researcher only. The data files and recorder were locked in the drawer of the researcher's study table and were only accessible by the researcher and two research assistants.

Data analysis.

In qualitative studies, the significance of data analysis is to discover patterns (themes) and links among the themes (Polit & Beck, 2010) within the data. In this study, data was analyzed manually using thematic content analysis. Thematic content analysis according to Anderson (2007) portrays the thematic content of interview transcripts or other texts by identifying common themes in the texts provided for analysis. The following process was done according to Anderson (2007):

- The interviews were transcribed verbatim. The interview scripts were then translated into English by the principal investigator herself to ensure that the transcripts reflect the responses from mothers to allow the researcher to be immersed in the data in preparation for data analysis (Gerrish & Lacey, 2010). Furthermore, to ensure the credibility of the results an independent person was used to verify the responses by translating the transcripts back to English. An independent translator reviewed the scripts and had similar findings from the

researcher leading to conclusion that the transcripts were a true reflection of the mothers' responses.

- The next step was making copies of interview transcripts thereafter, all description that were relevant to phenomena were highlighted.
- The highlighted areas were marked with distinct unit of meaning. As recommended by Polit and Beck (2010). The marked unit (codes) were then given to sentences, phrases, paragraphs or lines according to similar units.
- Codes were compared across the whole data set to identify variations, similarities, patterns and relationships.
- The grouping and re- grouping of similarities and dissimilar units by the researcher gave rise to categories (Munhall, 2012). The categories enabled the researcher to identify the meaning underlined in these categories to come up with themes and sub-themes which were presented as the results of the study.

Trustworthiness of the Study

Munhall (2007) defined trustworthiness as the degree to which the participants have been fully included in the research process and have had the opportunity to reflect and comment on their story and retold by the pair researcher. The researcher used a framework by Lincoln and Guba (1985) to increase the trustworthiness of this study (Polit & Beck, 2010). The trustworthiness of the data or scientific rigor was achieved by credibility, dependability, confirmability and transferability (Polit & Beck, 2010;

Speziale and Carpenter 2007). A second person also listened to the interview and checked the translations.

Credibility.

Credibility refers to the confidence in the truth of the data and interpretations of them (Polit & Beck, 2010). Credibility was achieved through the thick description of the phenomena, building the good rapport with clients, taking field notes and concurrent data collection and analysis to have an in-depth understanding of the mothers' perception. In addition to this, mothers were probed for more information and clarification if their answers were not clear.

Dependability.

Dependability refers to the stability of the data over the time and conditions (Polit & Beck, 2010). Dependability was achieved in this study by having an interview guide for data collection. Data was analyzed manually using thematic content analysis.

Confirmability.

Confirmability refers to objectivity that is potential for congruence between two more independent people about data's accuracy, relevance, or meaning (Polit & Beck, 2010). It ensures that the data is reflected as accurately as possible the perspectives and experience of the participants and that the researcher can distinguish personal values from those of the participants (Polit and Beck, 2006).

Confirmability of the results of this study was achieved during the data collection, through the tape recording of the participants' responses and at the same time replaying the tape recorder for the participants to confirm what they have said during the

interviews. The field notes were reviewed together with the participants to make sure that the information is what the participant said to distinguish the data. An interview guide was also used to direct the interviews to make sure that the researcher was not influenced by what was said by the participants. The role of the interviewer during the interview was that of an active listener and facilitator to allow participants to give detailed information of their perception.

Transferability.

Transferability refers to the extent to which qualitative findings can be transferred or have applicability to other settings or groups (Polit & Beck, 2010). According to Speziale and Carpenter (2007) transferability describes how the results will be applicable and meaningful to individuals not involved in the research (Speziale & Carpenter, 2007).

In this study, transferability was achieved by the provision of rich and thorough description of the research setting and transaction processes observed during the study. Sufficient data in the report of findings has been provided so that interested individuals can transfer and evaluate the applicability of the data to other contexts.

Ethical Considerations

Ethical procedures were followed to ensure that mothers were protected from exploitation. Ethics is a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to the study participants (Polit & Beck, 2010). In order to ensure that ethical issues had been considered, the first thing was to have the research proposal reviewed by the College of Medicine Research and Ethics Committee (COMREC) which approved it before data

collection was initiated. Secondly, permission to conduct the study at Mulanje Mission was sought from the Medical Director of Mulanje Mission Hospital.

Additionally, the study respected human rights for the mothers who participated in the study with much emphasis on the rights to self-determination, privacy, anonymity, confidentiality, fair treatment and protection from any harm. This was done by giving them detailed information on the aim of the study, duration of interviews, data collection methods and procedures and relevance of the research study to health care consumers in Malawi and worldwide. They were also assured that the data would be treated with strict confidentiality and that their identity would not be disclosed in the final report or publications. Following this, they were informed that their participation in the study had no direct benefits but that it would help in informing the midwifery practice. They were also informed that they were free to withdraw from the study at any stage or stop an interview or choose not to answer a question whenever they felt like doing so. Further, they were informed that their refusal to participate in the study would not affect their access to health care services at the study facilities. Moreover, they were informed that there were no risks involved if they participated in the study and that if they felt that their right had been violated in any way, they were free to contact the chairperson of COMREC for assistance. Finally, mothers signed a consent form to show their willingness and acceptance to participate in the study.

CHAPTER 4

Presentation of the Study Findings

Introduction

This chapter describes the findings of a study conducted at Mulanje Mission Hospital, at Maternal and Child Health (MCH) department and the postnatal ward. The main objective of the study was to explore mother's perceptions of one-week and six weeks postnatal care at Mulanje Mission Hospital.

A summary of the themes which emerged from emersion in the data is presented in this chapter. Citations from the interviews have been used to represent mothers' perceptions of one- week and six weeks postnatal care. Five themes emerged from the analysis of the data which include: Understanding the need for on one-week and six weeks postnatal care services, barriers for both one week and six weeks postnatal care, mothers' satisfaction with services for both one-week and six weeks postnatal care, mothers' preferred services for one-week and six weeks postnatal care and mothers' preferred site for both services.

Demographic Data

Mothers' age ranged from 17 to 39 years old. More than half of the mothers were aged between 20 and 34. A few were aged 35 and 39 years and only one adolescent aged 17 years. Most (19 out 20) of the mothers were married. Only one was on separation. All

mothers attended Antenatal care before delivery at Mulanje Mission Hospital. Nearly all mothers' (18 out 20) parity ranged from 2 to 4, and two mothers were grand multipara of 5 and 6, respectively. More than half of the mother (15 out 20) took thirty minutes to an hour to reach the hospital while a few (5 out 20) took two hours and thirty minutes.

Table 1: Summary of the Demographic Data

Characteristics	Frequency (N=20)
Education Status	
No formal	3
Primary	7
Secondary	10
Denomination	
CCAP	11
RC	5
SDA	2
Others	2
Source of knowledge	
Nurse/Midwife	19
HSA	1
Antenatal visits	
3 visits	12
4 visits	7
5 visits	1
Means of transport	
Walking	10
Bicycle hiring	7
Motor bike	2
Personal car	1

Timing and Number of Postnatal Contacts

Before discussing the mothers' perception of one-week and six weeks postnatal care the researcher wanted to find out the timing and number of postnatal contacts they had. The findings showed that all mothers (20) received postnatal care within 24 hours before they got discharged from the hospital and within 7 – 14 days after delivery. Just above half (11 out of 20) of the mothers received postnatal care at six weeks, while the rest did not come despite being told by the nurse midwife. One of the mothers stated that:

> *"I can say I have received postnatal care three times; the first contact was soon after my delivery here at the hospital until the discharge day because I stayed in the hospital for a day. I was told to come after one week for check up which I did and lastly today after six weeks I have come for another check up."* ***(#01)***

Table 2: Summary of Themes and Sub-themes

Number	Themes	Sub-themes
1	Understanding the need for one-week and six weeks postnatal care	• Understanding the definition of one-week and six weeks postnatal care. • Perceive benefit of one-week and six weeks postnatal care. • Services provided at one-week and six weeks postnatal care.
2	Barriers for not attending one-week and six weeks postnatal care.	• Feeling well, • Lack of knowledge • Cultural factor • Need for spousal approval • Need to comply with religious beliefs • Rudeness of health worker, Sickness/walking long distance.
3	Mothers' satisfaction with one-week and six weeks PNC	
4	Mothers' preferred services for one-week and six weeks PNC	
5	Mothers' preferred site for one-week and six weeks PNC	

Understanding the needs for one-week postnatal care

The researcher wanted to find out from mothers the way they understood one-week postnatal care. Three sub-themes were formed: understanding the definition of one-week postnatal care, services that were provided at one-week postnatal check-up and, perceive benefit of one-week postnatal care. This information was important to the researcher to know mothers perception of one-week postnatal check up.

Understanding the definition of one-week postnatal care.

The researcher found that nearly all (18 out of 20) mothers were able to define one- week postnatal care according to their own understanding. Mothers defined one-week postnatal care in this way:

> "*It means they want to see how well we had cared for ourselves when we went home, as well as to check on how we have cared for the baby, how is our body functioning after giving birth. In other words, it is about safe motherhood whereby at one-week postnatal check-up they ensure mothers received necessary care as well as addressing problems those mothers may have.*" ***(#7)***

Additionally, a few perceived one-week postnatal check-up as one way of promoting health for both mothers and babies through advice and counselling. As cited by one of the mothers:

> *"It assists in educating mothers to understand the importance of hygiene because this period one has to be clean to stay with people. Others are lazy to*

take a bath so at one-week postnatal check-up we are taught the importance of taking a bath and changing our pads frequently when we are wet." ***(# 2)***

And another mothers stated that:

"It is one way of assisting or promoting health to both mother, and baby, by detecting problems during the check-up. You can be at home thinking that you are well while they are some problems in your body, so it is the work of the health workers to recommend on the health of both mother and the baby." ***(#18)***

Furthermore, few perceived one-week postnatal check-up as a growth monitoring time whereby babies are weighed and also during this time babies are vaccinated to prevent them from some diseases like tuberculosis. Similarly, some of the mothers perceived one-week postnatal check-up as one way of detecting problems through vital signs whereby the mothers have their blood pressure checked and babies their temperatures. Also mothers are assessed for returned products of conception by checking lochia.

Knowledge of one-week postnatal care services.

Another interesting sub-theme was to assess mothers' knowledge on services that were provided at one-week postnatal check-up. Majority of mothers (18 out 20) had knowledge on some of the services that were given at one-week postnatal care and they were able to mention services such as weighing of both babies and mothers, checking their temperature, pulse rate and blood pressure to rule out if there are normal. They also mentioned a full physical examination of both baby and the mother to rule out any

problem, receiving vaccine especially BCG if not received before discharge from the hospital after delivery and receiving advice on the health issues for both baby and the mothers. One of the mothers reported that:

> *"I was told to go and receive the vaccine for my baby who was supposed to receive on discharge. Without delay, the baby was given the vaccine. Upon return, I was told to sit down so that I should be seen together with the baby. The nurse/midwife started to check in my eyes and tongue if I had enough blood, checked my breast for any sores and milk production, she also touched my abdomen. Lastly, I was checked on perineum because I had a tear which was sutured. The baby was also checked in the eyes, tongue and also checked on the umbilicus for any signs of infections and they asked if the baby was passing urine and stool well. I also received advice on the importance of exclusive breastfeeding and danger signs for baby and the mother."**(#8)***

However, a few of the mothers mentioned the services which were given to babies only and were not able to mention services that were given to mothers at one-week postnatal care.

Perceived benefits of one-week postnatal care.

The study examined the perceived benefits of mothers toward one-week postnatal care. The study found that all mothers found it important to come for the one-week postnatal check-up because of the benefits of the care given to them as well as to their babies which promote a healthy life. Mothers responded as follows:

"One-week postnatal check-up is important because many things happen in the body. You could be sick or maybe they performed an incision on the perineum and, the wound might have a problem with healing, the baby's umbilical stump might not be doing well, or the baby might be crying. So I see that the one-week postnatal check-up is important to me because you have that opportunity of meeting medical personnel for you to be assisted." ***(# 6)***

"*The other benefit of coming for one-week postnatal check-up is that you get encouraged with the advice for example: they encouraged me to continue exclusively breast-feeding my baby.* ***(# 12)***

Similarly, a few of the mothers expressed the benefit of coming to one-week postnatal check up as identification of problems during the provision of care to both babies and mothers. This is how they reported:

"Had it been I did not come to receive this care, I would not have known that my baby has developed a rash because they discovered it while examining him, I would have just been stayed at home." ***(# 15)***

And another mother added that:

"It is necessary because there may be other problems which one on her own may not know. For example myself I have been checked today, and I have been told that my blood pressure is high, but when I was being discharged it was very fine, as such I will receive proper care, I would not have known if I had not

come. They have also seen the baby, and weighed him, checked his temperature as well as the umbilicus, and they have said everything is fine. The other benefit is that they have reminded me on how to position the baby when breastfeeding him and if the baby is just sleeping I have been told to wake him and feed him when I see it is necessary." ***(# 7)***

Mothers reported that they needed to come for one-week postnatal check-up, since they had to be assessed on anaemia, vital signs, for example blood Pressure, bleeding, and healing of perineal tears. Mothers also mentioned that their babies were checked on umbilicus for the healing, checked on disabilities, to receive vaccines and to receive advice on how to take care of both themselves and babies. Furthermore, some of the mothers reported that they were psychologically free after receiving feedback of their health status from the nurse/midwife, had a peace of mind because they were encouraged.

Barriers for not attending One-week Postnatal Care

Mothers reported factors that hinder some postnatal mothers for not attending one-week postnatal care. These are under the following sub-themes: feeling well, lack of knowledge, cultural beliefs, the need to compile with religious beliefs, the need for spousal approval, health workers' rudeness, and sickness/ walking with the long distance.

Feeling well

Most of the mothers mentioned that they felt that they were well as the main barrier for not attending one-week postnatal check up. As reported by one mother that:

*"Others after delivery they say, what else am I going to do there? Am fine, and my baby is fine too, but it is important to come for one-week postnatal check-up."**(#2)***

One of the mothers added that:

"I feel there are no challenges in the homes that hinder us from coming to receive care because when labor starts we rush to the hospital to receive care. So I feel it is because we do not want to come, and we don't see any need to come to the hospital to receive care at one-week postnatal check-up." ***(#15)***

Lack of knowledge.

Some of the mothers reported that lack of knowledge on the importance receiving one-week postnatal care was also a contributing factor for not attending one-week postnatal care. One of the mothers reported that:

"Some people do not understand the use of check-up they think that once they have given birth normally then everything is well, so no need to come for check up, my baby is fine." ***(#7)***

Cultural factor.

Similarly, others reported some of the cultural factors and traditional beliefs are the some of the contributing factors hindering the utilization of one-week postnatal care. One of the mothers stated that:

"There are some people when they are given advice from the hospital they understand while there at the hospital, but when they go home, they meet relatives

who tell them not to follow that but to follow traditional beliefs. So sometimes they resolve not to follow that advice from the hospital thinking that it is better to follow traditional things where they are given herbs as protection for the baby from diseases and these traditional medicines applied on baby's fontanel, baby's waist and baby's neck. Because of this mothers put aside advice from the hospital." ***(#6)***

And another participant added that:

*"Sometimes it is because of cultural beliefs whereby a child is kept indoors for a week or more until the cord has come off for fear of witchcraft, as such the mother cannot bring the child for check-up. "****(#7)***

The need for spousal approval

Some of the mothers reported how some cultures respect marriage by obeying absolutely what the husband has said for fear of being divorced. This is how one the mother reported:

"Sometimes it could be men's difficulty in understanding the importance of one-week postnatal care, fearing that mothers will go there and start family planning. Men sometimes are cruel they tell women not to go the hospital. So women are weak minded and listen to that, thinking of saving their marriages, but yet doing harm to themselves." ***(#6)***

And another mother stated that:

" Husbands are not allowing them to take children to the hospital, when a child receives a vaccine the child becomes irritable at home because of effects of vaccines and they say "Never take him again to the hospital!" and women fail to go to the hospital because of this just to obey what her husband has said." ***(#1)***

Need to comply with religious beliefs

Some of the mothers reported religion as a factor for not attending the services. Members of some churches were not allowed to go to hospitals for any services; they were told to believe in God only for them to be protected or healed from any diseases. One of the mothers said that:

"Because of religious beliefs, we are told by our churches not receive services at the hospital. It also depends on how someone feels about the importance of these services." (#17)

Rudeness of health workers

Mothers reported that lack of politeness by some health workers hinder some of the mothers to come for one week postnatal check-up. This how one of the mothers reported:

"Some people are afraid of the bad treatment they get at the hospital because some of them have experienced that they were shouted at during delivery instead of been talked in a polite manner. So mothers are afraid to come again at one-week postnatal check-up." ***(# 11)***

And another participant added that:

*"Other clients are not satisfied when they come here. Sometimes you meet the nurse/midwife who doesn't know her work or I can say who is not proud of her work; doesn't know how to welcome or to receive clients well like greeting them and talking to them in a polite way. Because of these we choose not to come again or go to another hospital for better care.**"(#5)***

Sickness/ walking long distance

During the study, some of the mothers reported some of the challenges encountered to walk to the hospital with long distance as one the barrier to come for one week postnatal follow-up. One of the mothers reported that:

"*Most of the time is because of difficulties in travelling to hospital, such as problems to walk for a long distance if a mother has just delivered due to loss of energy and perineal tears.*" **(#16)**

Mothers' Satisfaction with One-week Postnatal Care services

During the study, the researcher was also interested to know the mothers' feelings and satisfaction towards one-week postnatal care services at Mulanje Mission Hospital. The majority of the mothers (17 out of 20) reported that the care was so helpful and mothers were satisfied with the services. Mothers were able to mention the areas where they were satisfied with ranging from an attitude of some health workers, care provided, counseling and advice. This is how one of the mothers expressed her satisfaction:

"I felt good and happy with the care because the Nurse/Midwife examined everything on my body, I saw her doing it very well, unlike when you are told to come for follow-up, and they just ask you questions about how you are

feeling, and they do not do examination but they communicate that there is no problem, no." (Laughed) ***(#4)***

And another mother added that:

*"I'm satisfied because of a good reception and reassurance about the concern which I had on poor healing of the baby's umbilicus, I was encouraged to continue taking care of my baby and now my baby is fine****." (#18)***

Mothers' Preferred services for One-week Postnatal Care

Another interesting theme whereby the researcher was looking at mothers' preferred services for one week postnatal care at Mulanje Mission Hospital. Majority of the mothers (16 out of 20) recommended Nurse/Midwives to continue offering good services at one-week postnatal check-up. They further reported that a good reception done by some of the health workers, provision of care as well as giving advice, and counseling should continue.

On the other hand, some of them reported of other the areas which need to be improved when providing the care. This is how some of the mothers reported:

"To my side, what makes me happy is: the first thing the doctor/nurse should be doing is greeting us and from there, we should be explaining our problems and then they should start assisting us that is to my side I feel good." (Smiled) ***(# 20)***

And another mother added that:

"They must be receiving us while they are happy or smiling. They should be assisting us accordingly, for example; if you have come for this services (after one-week), the nurse/midwife sends us to labour ward/ postnatal ward to be assisted there because she is busy with other clients here at family planning. When the labour ward or postnatal ward is full with patients, the nurse also becomes busy and sends us back home for us to come the next day for the services and in so doing you are not assisted accordingly, and there is a need for us to be assisted in time." ***(# 16)***

Mothers' Preferred site for One-week Postnatal Care

The researcher wanted to find out from mothers' preferred site or place where one-week postnatal check-up should be taking place. Majority of the mothers (15 out of 20) reported that one-week postnatal care should be provided at the hospital. These were some of their arguments for the care to be offered at the hospital:

"To my side the services should be provided here at the hospital because if provided at home or outreach clinic, nurses might come across clients who have got problems for example vaginal bleeding, which might need the assistance at the hospital and the problem might worsen the condition if client arrived at the hospital late, while if it were at the hospital the same problem could have been assisted in time.." ***(#14)***

"The right place is here at the hospital because the door to door is going to be difficult for a nurse/midwife to trace the house of a postnatal mother who is due for the on- week postnatal check-up." ***(# 8)***

"*I prefer at health facility because even if nurse/midwives go to the door to door if a person is not willing she can hide at her house. For one to receive postnatal care one should have that willingness."* ***(#15)***

However, some of the mothers supported the idea of providing the services at the health facility or outreach clinic rather than the door to door, considering financial cost whereby the hospital cannot afford since those going door to door may need to be given allowances. On the other hand, others preferred one-week postnatal check-up to be offered at outreach clinic or door to door looking at the long distance whereby some of the clients may have the problem with walking because they do not have enough energy, and this is going to promote the utilization of the services.

Six weeks Postnatal Care

Understanding the need for six weeks postnatal care.

During the interview, the researcher was also interested to find out the knowledge of mothers towards six weeks postnatal care. Three sub-themes which emerged from this theme were similar to those that emerged in the one-week postnatal care.

Understanding the definition of six weeks postnatal care.

Some of mothers were able to express what they knew about six weeks postnatal check-up. They reported that six weeks postnatal check-up is growth monitoring,

whereby a baby starts under five clinic and continues with the remaining vaccines while mothers start family planning whereby they choose contraceptive methods of their choice and women are encouraged to resume sex.

Some of the mothers described six weeks postnatal check up as a way of assessing women for health through physical examination whereby they look for anaemia, healing of the perineal tears to those who had tears during the deliveries, as for the baby specifically, they are interested in the healing of the umbilicus. Additionally, mothers also reported that this is the time whereby women are given advice on health issues, and they are encouraged to continue Tetanus Toxoid Vaccine to promote their health.

However, others reported contrary from the views of their fellow mothers. This is how they reported:

> *"My understanding is that six weeks postnatal check-up deals with the care of the babies whereby they are given vaccines and start under five services, and I do not know the what services are given the mother, because when I came at six weeks nothing was done to me, I mean no service was given to me apart from my baby."* ***(#16)***

Mothers' understanding the need for six postnatal care services

The researcher interviewed mothers on their knowledge of services provided at six weeks postnatal care. Majority of mothers reported that babies are weighed and given vaccines and for the mothers, they start family planning clinic. A few reported that they do not know the services offered to mothers but only babies which are weighed and given

vaccines. One mother who had no knowledge on the services given to mothers stated that:

> *"Honestly, I do not know what is all about six weeks postnatal check-up or what it means, I just follow the rule for the hospital for us to come, the nurses and doctors know what is involved in this care, we are not told.**(#10**)"*

Perceived benefits for attending the six weeks postnatal care.

During the study, the researcher also asked mothers on the importance of six weeks postnatal care. Majority of mothers saw that it was useful to attend six-week postnatal check-up. Additionally, mothers reported the perceived benefits of attending six weeks postnatal care is for both the babies and themselves. Furthermore, they reported that both babies and mother are assessed through physical examination to rule out any abnormalities. Babies are also given vaccines which protect them from diseases and are weighed to monitor their growth while mothers are encouraged to start to choose contraceptive of their choice to prevent unplanned pregnancies, and they are given advices to promote their health. One of the mothers reported that:

> *"It's important because you're able to monitor the growth of your baby since the baby is checked weight and is protected from diseases through vaccines. Mothers have advantages of knowing their sero-status as Nurse/Midwives encouraged us to be tested for HIV/AIDS and you are able to choose to go for testing and this is possible if you have come for a follow-up here at the hospital."* ***(#16)***

And one of the mothers added that:

"You get encouraged to start family planning according to your choice of contraceptives to prevent unwanted pregnancies." ***(#6)***

Barriers for not Attending Six weeks Postnatal Care

During the study, the researcher also wanted to find out factors that hinder mothers from accessing postnatal services at six weeks postnatal care at Mulanje Mission Hospital. Mothers reported the same factors which have been reported at the one-week postnatal care. Majority of the mothers reported feeling that they are well as the main barrier for not attending six weeks postnatal check-up just the same as the results of one-week postnatal care.

While the minority of the mothers reported lack of knowledge on the importance of six weeks postnatal care, lack of awareness of the services, sickness, long distance and lack of transportation to come for the services as some of the contributing factors hindering the utilization of the services. Similarly, cultural beliefs, attending funerals, and health worker factors were mentioned as contributing factors by a few of the mothers.

"As I have already explained that difficulties in traveling as some of us live far away from this hospital" **(#19)**

*"Others because of their religious belief since they are told not receive services at the hospital. It also depends on how someone feels about the importance of the services."****(#17)***

"Luck of awareness and understanding of the importance of six weeks postnatal care is the barrier for some of women." **(#15)**

Mothers' Satisfaction with Six weeks Postnatal Care Services

During the study, the researcher was also interested to know the mothers' feelings and satisfaction towards six weeks postnatal care services at Mulanje Mission Hospital just the same as she did in one- week postnatal care. Majority of mothers reported that the care was nice, and mothers were satisfied with services provided at six weeks postnatal check up. Mothers were satisfied with the good reception and good attitude of health workers, care provided and advice. Mothers expressed their happiness in this way:

"I was satisfied with the good reception, the day I came here for the services I met a caring Nurse/Midwife who directed me where to go and receive postnatal care services without delay." ***(#1)***

And another mothers added that:

"*It is so helpful to come for the postnatal check-up at six weeks. What has satisfied me is that my blood pressure has come to normal now, and I received advice on the importance of starting family planning and I have made my decision to go and choose the contraceptive of my choice****."*** ***(#4)***

Additionally, mothers were satisfied with postnatal check-up because they were assessed properly, for example, checking their perineal tears for healing, weighing of both mothers and babies and they were given feedback after being assessed.

However, a few of mothers had a contrary view on starting family planning when they have come for six weeks postnatal check-up. This is what one had to say:

> *"According to me the days (six weeks) is not enough for mothers to rest with an issue of coming at the clinic to start family planning and resume sex. My suggestion is to start taking contraceptives from three months to six months to allow the healing of perineal tears before resuming the sex." (Laughed)* ***(#6)***

Mothers' Preferred Services for Six weeks Postnatal Care

Some of the mothers preferred all the services they received at six weeks postnatal check-up should continue. These services were the same as the ones that mothers reported at one-week postnatal check-up, such as good attitude, care, and advice.

Additionally, some of the mothers reported that it was difficult to change things to please everyone but the services that were given at six weeks postnatal check-up should continue. Furthermore, a few of the mothers recommended that the advice which mothers are given they should also put emphasis on how to prepare the food and feed the baby. One of the mothers reported this:

> *"The services are good and it is difficult to please everyone, so that can come for the postnatal check-up. Midwives should continue providing these services to us" (#4)*

And one the mothers added that:

"On top of the already existed services i would preferred that on health education we should be having topic on food preparation and baby feeding." (#7&

However, others preferred that some health workers/nurse/midwives should change their bad attitude towards the client as cited by this mother:

"When our babies are weighed they should be giving us feedback in a polite way, not shouting at us. We failed to answer back fearing that they are going to shout at us more. I have seen it many times a nurse asking "how old is your child?" when the mother is not answering they say 'you! I am asking you", because of this we sometimes fear to come for the services." ***(#1)***

The other preferred services at six weeks postnatal check-ups were the same as the ones already reported at one-week postnatal care, namely: receiving the postnatal care without delays, greeting mothers before rendering them services and talking to them in a polite way with a smile.

Mothers' Preferred Site for six weeks postnatal care services

During the interviews, mothers were asked to choose preferred site for six weeks postnatal check-up to promote the utilization. Mothers were given three places to choose. These sites were: The Mulanje Mission facility, the outreach clinic, and door to door (home). Majority of mothers preferred receiving six weeks postnatal care services at the hospital. Mothers gave their reasons just the same as they reported in the similar theme of one-week postnatal care.

However a few supported the idea of outreach and door to door. Some had a contrary idea with what others reported as cited by (#14)

> *"It should be according to the individual because previously we were being asked to choose to come here for services at six weeks or to receive the services at outreach clinic, for example, myself I chose to be receiving the services here at the hospital. I saw it was important to be coming here for the services because they might find a problem and you can be assisted right here at the hospital.**"(#14)***

Conclusion

This chapter presented the study findings according to the major themes that emerged from data analysis. The themes which emerged were: Understanding the need for one-week and six weeks postnatal care, barriers for not attending one-week and six weeks postnatal care, mothers' satisfaction with services, mothers' preferred services for both one-week and six weeks postnatal care and mothers' preferred site for both services.

CHAPTER 5

Discussion of the Study Findings

Introduction

Understanding mothers' perception of one-week and six weeks postnatal check-up is a step towards focusing on how to improve postnatal care services at Mulanje Mission Hospital. The implementation of these findings may help to motivate mothers to utilize the services at one-week and six weeks postnatal check-up, hence reducing maternal and neonatal mortality. This chapter presents a discussion of the findings of the study whose purpose was to explore mothers' perception of one week and six weeks postnatal care at Mulanje Mission Hospital.

The discussion will focus on the demographic data as well as themes which emerged with respect to the objectives of this study which were: Understanding the needs for one week and six weeks postnatal care, barriers for both one week and six weeks postnatal care, mothers' satisfaction with services for one-week and six weeks postnatal care, mothers' preferred services for one-week and six weeks postnatal care and mothers' preferred site of both services. Thematic analysis from twenty mothers provided the basis for these findings.

Demographic Characteristics of the Mothers

In this study mothers who were 20 to 34 year old were in majority than those who were between 35 to 39 years. This is consistent with Wangari (2011) who found that majority of the respondent were between 21 to 30years which was a statistically significant in utilization of postnatal care services and none of the respondents above age 40 years attended postnatal clinic. Similarly Sharma et al. (2007) gave results that women over 35 years were less likely to utilise postnatal care services. However this could be a reflection of fewer order women delivering.

In this study most of mothers who came for postnatal care were para 2 to 4. This consistent with the findings by Dahiru and Oche (2015) showed that mothers who had higher parity (5 times or more) only 23% utilized postnatal care and those with parity (2 to 4) 31% utilized the postnatal care services. Similarly, a study finding by Wangari (2011) showed that the relationship between postnatal care and parity was statistically significant. As it demonstrated that with each additional birth, utilization level decreases. This might be possibly related to maternal experience of child birth to extend that those high parity women do not considered postnatal care worthwhile from experience they gathered from previous child birth as reported by Dahiru and Oche (2015). Therefore, there is a need to strengthen community-based participatory programs to actively engaged awareness on the importance of one-week and six weeks postnatal care.

The study showed that most of mothers were married. Marital status influences the type of support the postnatal mothers can receive during the postnatal period. The presence of husband at home could be very reassuring for mothers to come for the

postnatal check-up because the husband rely help to look after their homes and other siblings. In Malawi, most of the decisions about the health care are made by husband (National Statistical Office and UNICEF, 2008). In this case, most mothers were married; it is likely that their husbands supported the decision for the mothers to come for one-week and six weeks postnatal check-up.

All mothers in this study were Christians belonging to the different denominations. In this study mothers' Christianity faith did not strict them from accessing postnatal care services. The church has a role to support stressed mothers spiritually. In Kenya, Raikes (2005) found that Christian faith did not restrict their believers' health care seeking behavior. Contrary, a study done in the United States of America revealed that conservative religious beliefs limit utilization of modern medical services (Geubbels, 2006).

In this study, the majority of mothers had secondary school education. The results of this study are in contrast with the findings of NSO and UNICEF (2008) in that the percentage of those who had primary school level was high (62.2%); those with secondary education were at par (14.6%) while non-educated was 19.9%. This difference may be a reflection of the small sample size had for this study. The level of education could also influence postnatal women's utilization of health facilities as well as the understanding of the importance of seeking health care promptly (Aminah, 2010). Langlois et al. (2014) found that women who had attended primary school were more likely to use postnatal care and women who had completed secondary education were most likely to access postnatal care(Dhakal et al., 2007).

Number of antenatal visits.

The attendance of antenatal clinic and delivery with skilled birth attendant has an impact on the utilisation of postnatal care services (Warren, 2014) in this study; all mothers had antenatal care more than three visits at Mulanje Mission Hospital. All had their delivery under skilled birth attendants. All attended one-week postnatal care. This is consistent with Sakala and Kazembe (2011) whereby all participants reported to have attended the antenatal clinic and (80.3%) attended one-week postnatal care. The evidence has shown that mothers are more likely to return for postnatal care, if they have attended good antenatal care at least more than one visit, and also if during childbirth were attended by a skilled birth attendant (Rama, 2013; Warren et al., 2014). However, few mothers came for six weeks postnatal care in this study. This is consistent with the Study by Sakala and Kazembe (2011) found that 122 of the participants attended the postnatal check-up at one week while 30 did not attend. On the other hand, 92 of the participants attended the six weeks postnatal check-up and 60 did not. This could be an indication that the providers do not give enough information on the importance of six weeks postnatal care as it is done in one-week postnatal care as reported by Sakala and Kazembe (2011). There is a need for the Nurse/Midwives to stress the importance of six weeks postnatal care before mothers start family planning and under-five services.

Timing and number of postnatal care.

All mothers had attended one- week postnatal care, but not at six-weeks the findings are

Consistent with Sakala and Kazembe (2011) whereby 122 of the participants attended one-week postnatal care and only 92 attended six weeks postnatal care. This was related to lack of advice from Nurse/Midwives as reported by Sakala and Kazembe (2011). Similarly, Jonazi (2008) reported that the participants did not utilize six weeks postnatal care because they thought it was not equally important as one-week postnatal check-up. It is important to note that mothers linked six weeks postnatal care to starting family planning. It may therefore, be that those mothers did not see the need to start family planning as early as was noted in the findings at six weeks. The emphasis by the health care workers during health education in pregnancy and after delivery should be on advising the mothers to have postnatal check-up at six weeks.

Distance to health facility.

More mothers who came for postnatal check-up took 30 minutes to one hour to reach the hospital compared to those who took longer. Berhe et al. (2013) found that high utilization of the services increased when the distance was not perceived as a big problem or was within a reasonable distance. Similarly, Rahman, Haque and Zahan (2011) found that women living in urban commonly used the postnatal care than rural counterparts because of the short distance to the nearest health facility. In Malawi, long distance to the nearest health facility is one of the leading barriers for women to access Reproductive Health care services (NSO and IFC Macro, 2011). In this study distance to the hospital could be one of the barriers for mothers to utilize the postnatal services.

More of the mothers walked to the hospital. A few of them used hired bicycles and personal cars. Despite that the women who walked to the health facility in this study

were those near to the health facility, usually most women walk to health facilities regardless of the distance. Zamawe and Masache (2014) found that majority (76%; n 38) of the respondents walked for at least one hour to get to the nearest hospital and for those who could manage, the major mode of transport was a bicycle. Geographical access measured by distance, traveling time and means of transport may keep the client away from receiving postnatal care (Aminah, 2010; Mrisho, 2009). Therefore distance is one of the barriers that could keep away mothers from utilizing postnatal services at Mulanje Mission Hospital.

Consequently, some of the mothers in this study preferred the postnatal check- up at outreach clinics or door to door. Mothers preferred postnatal care at outreach clinic or door to door because they will easily access the services. This was significant for those mothers who live very far from Mulanje Mission Hospital as the catchment area for the hospital is as far as 15 km for the farthest villages. The common mode of transport for these women is hiring bicycles. The Malawi Demographic Health Survey (2010) showed that nearly 80% of rural women live more than 5 km from nearest hospital, and money is needed to pay transport especially for the places where the health facility is a lengthy walk from a woman's village (NSO and IFC Macro, 2011; Aminah, 2010; Mrisho, 2009).

Source of Knowledge of One-week and six weeks Postnatal Care

All mothers mentioned health care workers, especially the nurse midwives as their source of knowledge. This is probably a reflection that Nurse/Midwives solely manage mothers and their babies with no complications and normal deliveries and also gave

advice during postnatal care. Another cadre that was Health Surveillance Assistant (HSA) who are in contact with mothers when they give immunizations to their babies. This in contrast with a study by Brodribb, Zadoroznyi, and Dane (2013) found that lack of clarity around the recommended timing and purpose of visits to the general practice in the postpartum period led to inconsistent level of care for infants and mothers, women who gave birth in the public health sector were discharged within 48 hours, and midwives instructed them to come for a follow-up in the two weeks postpartum. While other health personnel recorded in the infant's health record books for mothers to attend postnatal care within four weeks of the postpartum. Therefore, there is a need for health care workers that work with mothers to have the correct information to inform the mothers appropriately about postnatal care. This may promote utilization of one-week and six weeks postnatal check-up. Hence complying with the Reproductive Health Standard of Ministry of health (2008) whereby providing advice and counseling concerning follow-up for the postnatal mother is regarded as an aspect of quality care for postnatal care for mother and neonate. Therefore, knowledge is one of the useful factors in the utilization of one-week and six-week postnatal care.

Understanding the need for Postnatal Care and the benefits

The findings of the study showed that majority of the mothers perceived one-week and six-weeks postnatal care in line with WHO (2012). Nearly all mothers perceived the importance of one-week and six weeks postnatal check-up, as helpful to both the mother and the baby. This corresponds with a study done by Titaley et al. (2010)

found that the main reasons for women attending antenatal care and postnatal care services were to ensure the health of both the mother and the baby. Similarly, Sakala and Kazembe (2011) in their study revealed that almost all participants (98.7%) were knowledgeable about the importance of one-week and six weeks postnatal care, but only 35% of the participant attended six weeks postnatal care. Likewise, Tesfahun et al. (2014) found that the majority of mothers (74.27) perceived that postnatal care is helpful to mothers, and babies' health, but only 66.8% of the mother utilised postnatal care services. Similarly, in this study, knowledge about the importance of six weeks, postnatal care did not correspond with mothers' six weeks attendance. Mothers who received six weeks postnatal care perceived that postnatal check-up was important if there are obstetric complications and some perceived that it was important to babies only. Similar findings were reported by Zamawe and Masache (2015) that mothers were accessing only neonatal care, and only mothers who had delivered through caesarean section had opportunities for postnatal check-up. Likewise, Mrisho et al. (2009) through focused group and in-depth interviews in Tanzania found that postnatal care services were perceived to be important and routinely provided. However, the services targeted to the neonates with little attention to mothers. The Study showed that mothers were confused between under- five services and postnatal care probably as a result of lack of clarity on both of these services. Therefore there is a need to clarify the services that are provided at postnatal check-up and under five services. Additionally, mothers must be advised to go first for six weeks postnatal care and after wards they will be directed to start under-five and family planning services.

Mothers' knowledge about one-week and six weeks postnatal care services

The study found that nearly all mothers had knowledge on kind of services that are provided at one-week and six-week postnatal check-up. The findings are consistent with results found by Islam and Banowary (2009) who found that majority of Garo women in Bangladesh were aware of the antenatal and postnatal care services and about (92%) of the respondents mentioned at least one ANC and PNC services at health centres in their local communities. Similarly, study findings by Tesfahun et al. (2014) revealed that six hundred ninety- two (84.39%) of mothers were aware that they should receive PNC after delivery. Those women who were aware of the need for PNC cited the following services: 97.69% mentioned the need to receive vaccinations, 42.49% mentioned counselling on family planning, 37.57% to be treated problems related to delivery, 22.98% mentioned advice on nutrition, 7.08% mentioned advice on breastfeeding and 1.16% mentioned advice dangers of both mother and a baby. Likewise, the findings by Berhe et al., (2013) found that 337 (89.9%) of women heard about postnatal care services, but only 121 (35.9%) of the mothers knew kinds of the services such as physical examination, counseling services, immunisation and family planning. However in this study a few mothers were not able to mention services that are provided at one week and six weeks postnatal care despite having knowledge of the existence of postnatal services. This may be an indication that health care providers do not give detailed information on the services that are provided at one-week and six weeks postnatal check-up. Lack of knowledge of the services provided at one week and six

weeks postnatal care may hinder the utilization at one week and six weeks postnatal check-up.

Barriers for One-week and Six weeks Postnatal care

Feeling well

The majority of mothers reported that feeling that they are well as a barrier to access postnatal care at one week and six weeks. This is because they perceived that postnatal care is not necessary, and they seek care only if there is complication or life-threatening conditions. The results are consistent with Dhaher et al. (2008) who reported only 36% of women obtained postnatal care. The most frequent reason for not obtaining postnatal care was that they did not feel sick and therefore did not need postnatal care. Similar results were reported by Titaley et al. (2010) who found that some community members perceived health services to be necessary only if obstetric complications occurred. This reflects lack of knowledge on the importance of postnatal services. Therefore, there is a need to inform mothers on the importance of one-week and six weeks postnatal care.

Sickness/long distance.

Some of the mothers reported sickness and long distance as the barrier to access the services at one week and six weeks postnatal care. Mothers reported sickness referring to sutured tears which some of the mothers might have had difficulties to walk for a long distance. According to Net et al. (2013) found that utilization of postnatal care can be independently affected by the perception of the distance to the health facility. A higher physical accessibility has been found to increase maternal health services

utilisation in Nepal (Neupan & Duku, 2011). The findings in this study are consistent with NSO and IFC Macro (2011) whereby long distance to the nearest health facility was found to be one of the leading barriers for women to access Reproductive Health services. There is a need to establish outreach clinics to the villages which are 5 km away from Mulanje Mission Hospital. This will probably promote the utilization of the postnatal services at one-week and six-week postnatal care.

Cultural beliefs

Traditional and Cultural practices are some of the factors that few mothers reported during the study. Some of the mothers believed that traditional practices could promote their health rather than attending postnatal care service. Similarly, such cultural practices reported by Karkee (2012) that culture prevented mothers and newborns to be touched or leave the house until the 12th day after delivery. Likewise, Mrisho et al. (2009) revealed that postnatal period before the cord falls is understood to be the period when the baby is particularly vulnerable to be harmed by jealous people and spirits. Then the baby is usually secluded. The cultural practices have a negative impact on the utilization of mostly one-week postnatal care. Therefore, policymakers should consider delivering postnatal care at both health facilities and at home to overcome cultural barriers. More effort is needed to educate mothers and their babies are vulnerable to infection during postnatal period and would benefit from seeking postnatal care at one-week and six weeks postnatal care.

Rudeness of health workers

A few of mothers reported poor attitude of some Nurse/Midwives that prevents them complying with one week and six weeks postnatal care. This is consistent with Suleman et al. (2013) who found that 23.7% (36) of mothers reported negative attitude of providers as a barrier for not attending postnatal care. Several Malawian studies also established that health workers' negative attitude, poor communication, and negative perceptions prevented women from actually accessing maternity services (Kamwendo & Bullough, 2005; Sundby & Chimango, 2006). Poor attitude has been found to be a barrier factor towards utilization of one week and six weeks postnatal care. This implies that mothers need respect and dignity. Health workers have a moral obligation to discharge their duties professionally and follow the code of ethics which guide their practice. It is, therefore, an important priority for Nurse/Midwives to facilitate good interpersonal relationship with mothers. Mothers need to be supported by Nurse/Midwives during the postnatal period by providing emotional support, attention, encouragement, and respect for them to comply with one-week and six weeks postnatal check-up (Sengane, 2013).

Lack of knowledge.

In this study a few of mothers also reported the lack of knowledge on the importance of services provided at one-week and six weeks postnatal care. The results are consistent with Sakala et al. (2011) found that lack of advice on the importance especially six weeks postnatal care was the main reason for not attending for the postnatal check-up. Similarly, Jonazi (2008) found that many mothers at an urban health centre did not attend six weeks postnatal care because they felt that it was not important. In this study, the low

utilization of six weeks postnatal care might be because of Nurse/Midwives failure to express the importance of six weeks postnatal care before mothers go for family planning and under-five clinic. Therefore there is a need to stress the importance of both one-week and six weeks postnatal care.

Need for spousal approval

The husband has a critical role in pregnancy, childbirth, and postnatal care, especially in making a decision about seeking appropriate maternal health care services (Bhatta, 2013; Iliyasu et al., 2010; Jennings et al., 2014; Kakaire et al., 2011; Mullany et al., 2005). In this study, a few of mothers reported that a husband was one of the barriers in the utilization of one-week and six weeks postnatal check-up, especially in decision making. Similarly, a study by (Kyi Mar Wai et al., 2015) found that husband involvement in maternal health was off-balanced especially, their direct involvement as financial support for maternal health care (95% for ANC and 68.5% for PNC) was much higher compared to direct involvement as an accompaniment (64.8% for ANC and 51.6% for PNC). Therefore recognizing or involving husband in maternal services can increase their knowledge on the importance of maternal services resulting into positive participation in maternal health, hence promoting utilization of postnatal care at one-week and six weeks.

Satisfaction with the Services at One-week and Six weeks Postnatal Care

Client satisfaction has been increasingly recognized as an important outcome for the health care delivery system (Donabedian, 2003). WHO recommends that women's satisfaction be assessed to improve the quality and effectiveness of health care (WHO, 2004). Mother's dissatisfaction can be one of the barriers to one-week and six weeks

postnatal care. Consequently studies have shown that more than 289, 000 maternal deaths occurred globally, with 62% occurring in Sub-Saharan Africa alone (WHO, UNICEF, UNFPA, 2014). Additionally, the first week of postpartum care is crucial because half of all maternal deaths and 850, 000 neonatal death happen during this period (Lawn & Cousens, 2005; Warren 2006). WHO further emphasizes patient satisfaction as means of secondary prevention of maternal mortality, since satisfied women may be more likely to adhere to health provider's recommendations (WHO, 2004). If mothers are satisfied with the care provided at one-week and six weeks postnatal check-up, they are more likely going to utilize the services hence reducing maternal and neonatal mortality and morbidity.

In this study, the majority of mothers were satisfied with one-week and six weeks postnatal care services provided at Mulanje Mission Hospital. The findings are consistent with the study by Ogwang in Uganda (2005) indicated that 96% of the participants were satisfied with the quality of postnatal care services. Mother's perception of quality of postnatal care was geared towards the care for the baby and mothers in the postnatal period accessing family planning service. In this study mothers, quality of care was focused on the good attitude of some health workers, the provision of care given to both mothers and their babies. Lenatowicz et al. (2005) observed that the evaluation of the quality of medical care might be from the point of view of the service provider- a doctor, nurse, and other staff- or the service recipient- patient. However, in this study, a few of mothers were not satisfied with the care provided at Mulanje Mission Hospital**.** Likewise, a study which was done by Glazer et al. (2007**)** reported that the overall results of

mothers' satisfaction with the postnatal services were 10%**.** Similarly, a study which was done by Chitembo et al. (2013) indicated 48% on postnatal care provided by all seven health facilities in Dedza district which was below the Reproductive Health Standard. Therefore**,** it is important to aim at improving mothers' satisfaction as a satisfied mother will most like utilize one-week and six weeks postnatal care, hence reducing maternal and neonatal deaths. A dissatisfied mother does not follow the recommendations offered by the doctor or nurse/ midwife, ends treatment prematurely, does not cooperate in the implementation of follow-up of the care, and seeks help elsewhere (Donabedian, 2003).

Preferred Services for One-week and Six weeks Postnatal Care

Client preference of the health services is regarded as quality care. Marcinowicz et al. (2005) clients expect midwives and doctors to satisfy their health needs and the availability and qualifications of medical personnel constitute the major elements of service quality, emphasized by both health care managers and clients. Furthermore, they reported that Clients / mothers also add other quality yardsticks, such as "acceptance of care" expressing the compliance of care provided with mother's preferences and "politeness of care" was referring to the level of discretion and comfort. Satisfaction with the care is determined by the midwife's attitude towards the mother/client as well as the given attention to her problem (Marcinowicz et al., 2005).In this study, mothers wanted some of the services to improve in terms of good reception prior to service provision since greeting is regarded as one of elements in providing quality care by MoH (2008). Mothers wanted that Nurse/Midwives should be polite when providing the services at

one-week and six weeks postnatal care. A study which was done by Health and Finance Government project on understanding client preferences in developing countries (2015) showed that clients preferred health workers to have the good attitude (politeness) than having free services at their health facilities. Furthermore, mothers wanted timely services. A study by Zamawe, Masache and Dube (2015) reported that it was difficult for participants to appreciate the importance of postnatal care as the service was not a priority in many health facilities, because mothers were made to wait for many hours before being treated. Usually, the health care workers started with the provision care to antenatal mothers and under-five services before postnatal care. In this study, mothers wanted one -week and six weeks services to be taken as priority as other services instead of being attended last. Therefore mothers preferences of care is an important factor in incorporating acceptable postnatal care at one-week and six weeks, hence promoting utilization of services at one week and six weeks postnatal check-up

Preferred site for One-week and Six weeks Postnatal Care

The majority of the mothers expressed that the postnatal services are good at a health facility rather than at an outreach clinics or door to door. Mothers perceived that at a health facility is where mothers with obstetrics complications can be managed. Additionally, mothers perceived that postnatal check-up is necessary when someone has obstetric complications. This could be one of the reasons for mothers not attending one-week or six weeks postnatal care. In Nepal, Dhaher et al. (2008) found that the most frequent reasons for not obtaining postnatal care were that women did not feel sick and therefore did not need postnatal care. The other reason for choosing postnatal services to

be offered at the hospital is the delay in receiving services at an outreach clinic because of the shortage of staff. The shortage of staff compromises the quality of care. A study by Dhakal et al. (2007) revealed that women preferred to go to the hospital for postnatal care rather than to health post. Mothers related to the quality of care and trust in health workers. There is a need to have quality services provided at outreach clinics in terms of human and material resources. WHO (2013) recommended some possible strategies for delivery of postnatal care (PNC). The first strategy is by providing PNC at a health facility; the second is through outreach clinic services, the third one is home visit which is done by a community health worker where human resource is limited, certain tasks can be delegated to a Community Health Worker, linking to the health facility for referral as required. The last strategy is the combination of care in the facility and at home whereby postnatal care may be provided in the health facility following childbirth, then at home during the first crucial two to three days, with subsequent visits to the facility after six to seven days and six weeks when the mother is better able to leave her home. Therefore PNC can be delivered at the health facility, an outreach clinic and door to door depending upon the hospital resources. For those who are far from the hospital they can access the postnatal services at outreach clinics and for those near the hospital can access the postnatal care services at the hospital. This can promote the utilization of postnatal services at one-week and six weeks.

Conclusion

Women came for One-week postnatal care but six weeks postnatal care was being underutilized, despite mothers' positive attitude regarding this services. The factors

hindered the utilization of postnatal care services in our study was mainly feeling that they are well and mothers perceived postnatal care services to be necessary when they are obstetric complications. Others factors were: physical distance to the health facility, and rudeness of the health workers. Mothers preferred timely postnatal care services, good attitude of the health worker and a good reception. The solution to overcoming this problem is to increase awareness on the necessity of one-week and six weeks postnatal care. Local community leaders should also be involved in encouraging postnatal mothers to access these services. It is also important for health care workers to provide comprehensive client friendly care to all mothers that come to Mulanje Mission Hospital for the postnatal check-up to promote utilization of the services. Strategies that address the poor attitude of the health workers for them to provide appropriate midwifery care to mothers, for them to access the services, must be put in place.

Limitation of the Study

The findings of the study will not be generalized to the whole district since it has been conducted in Mulanje Mission Hospital catchment area with only seventy-two villages out of 564 villages in Mulanje. Although this study is contextual, the findings may provide useful insight regarding mothers' preferences during the care given at one-week and six weeks postnatal check-up.

Recommendation

The findings of this study have important implications on how to improve utilization of one-week and six weeks postnatal care services at Mulanje Mission

Hospital. Recommendations on improvement of postnatal care services have been made regarding to midwifery, management, education, practice and research.

Midwifery Management

There is a need to address the poor attitudes of health workers for them to provide appropriate professional midwifery care to mothers for them to access postnatal care services. Hospital management should discuss with nurse midwives, and patient attendants working at Maternal and Child health department and postnatal ward to improve on poor attitude towards mothers who have come for Reproductive Health services including one-week and six weeks postnatal care. There is a need to provide a friendly environment for the mothers to help in promoting compliance. Frequent supportive supervision of the health workers at a health facility is necessary to resolve problems they experience that negatively impact on the provision of care. This is important at Maternal and Child Health department including postnatal ward and outreach clinics where they are understaffed; numbers are not adequate against the workload affecting the provision of care to mothers and babies that have come at one-week and six weeks postnatal check-up. Management support and fairness in managerial practices contribute to improving health workers' motivation and performance resulting in the provision of optimal care to mothers and babies.

Midwifery Education

In-service should be done regularly to ensure that Nurse/Midwives are updated with current information on postnatal care that will help them to strengthen the practice. There is also a need to train health workers working in the community about the

importance of one week and six weeks postnatal care so that they help in information giving.

Midwifery Practice

There is a need for Nurse/Midwives working at postnatal ward, and Maternal and child Health to provide a friendly environment by treating mothers with respect and dignity to promote utilization. There is also a need to strengthen documentation on postnatal follow-up the register to have a comprehensive data of mothers coming for one-week and six weeks postnatal care, and also for easy follow-up to a community. Strengthen community- based participatory programs to actively engage awareness on the importance of one-week and six weeks postnatal care. Local community leaders should also be involved in encouraging postnatal mothers to access the services. Furthermore, there is a need to increase the awareness so that the message reach the community for everyone becomes aware of the intervention to promote the utilization of postnatal services at one-week and six weeks postnatal care.

Midwifery Research

Improving the utilization of postnatal services at one-week and six weeks postnatal care can help in reducing maternal and neonatal mortality in Malawi. This study has provided the evidence needed to promote the utilization of the services. Thus, the study should be replicated on a large scale using mixed methods, qualitative and quantitative. There is also a need to check the feasibility of providing one-week and six-week postnatal check-up at an outreach clinic which currently is not done.

Reference

Agha, S. (2011). Impact of a maternal health voucher scheme on institutional delivery among low income women in Pakistan. *Reproductive Health, 8*(1), 10. http://dx.doi.org/10.1186/1742-4755-8-10

Aminah, K., (2010). *Factors determining utilization of postnatal care.* Unpublished master's thesis, University of Makerere, Kampala.

Anson, O. (2004). Utilization of maternal care in rural province, the People's Republic of China: individual and structural characteristics. *Health Policy, 70*(2), 197-206. http://dx.doi.org/10.1016/j.healthpol.2004.03.001

Ary, D., Jacobs, L. C., & Sorensen, C. (2010). Introduction to research in education (8th Ed.). Belmont, CA: Wadsworth Cengage Learning. Retrieved 21/8/2016 from http://trove.nla.gov.au/work/8546286

Arthur-Arko, A. (2013). *Factors contributing to low postnatal coverage in GA East Municipality*. Unpublished master's thesis, School of Public Health Science University of Ghana, Legon.

Ashford, L. S., Davidson, R. G., & Yazbeck, A. S., (2005). Designing health and population programs to reach the poor. Agency for International Development under the BRIDGE project. Population Reference Bureau.

Babalola, S., & Fatusi, A. (2009). Determinants of use of maternal health services in Nigeria looking beyond individual and household factors. *BMC Pregnancy Childbirth, 9*(1), 43. http://dx.doi.org/10.1186/1471-2393-9-43.

Bandyopadhyay, M. (2009). Impact of ritual pollution on lactation and breastfeeding practices in rural West Bengal, India. *International Breastfeeding Journal, 4,* 2. doi: 10.1186/1746-4358-4-2

Berhe, H., Tilahun, W., Aregay, A., Bruh, G., & Gebremedhin, H. (2013). Utilisation and associated factors of postnatal care in Adwa Town, Tigray, Ethiopia- a cross sectional study. *The International Journal of Pharmaceutical Research and Allied Sciences*, *3*(1), 2250-0774.

Bhutta, D. N. (2013). Involvement of males in antenatal care, birth preparedness, exclusive breast feeding and immunizations for children in Kathmandu, Nepal. *BMC pregnancy and childbirth. 13,* 14. doi:10.1186/1471-2393-13-14.pmid:23324410.

Brodribb, W., Zadoroznyi, M., & Dane, A. (2013). The views of mothers and GPs about Postpartum care in Australian general practice. *BMC Family Practice, 14,* 139. doi: 10.1186/1471-2296-14-139.

Burns, N. & Grove, S.K. (2009). The *Practice of Nursing Research: Appraisal, Synthesis and Generation of Evidence (6th Ed).* St. Louis. Saunders Elsevier.

Campbell, O. M., Graham, W. J. & Lancet Maternal Survival Series Steering Group (2006). Strategies for reducing maternal mortality: getting on with what works. *Lancet, 368*(9543), 1284–1299. doi: 10.1016/S0140-6736(06)69381-1.

Chimtembo, L. K., Maluwa, A., Chimwaza, A., Chirwa, E., & Pindani, M. (2013). Assessment of quality of postnatal care services offered to mothers in Dedza district, Malawi. *Open Journal of Nursing, 3*(4), 343-350. doi: 104236/ojn. 2013.34046

Chow, A., Mayer, E. K., Darzi, A. W., & Athanasius. T. (2009). Patient-reported outcome measures: The importance of patient satisfaction in surgery. *Surgery, 146*(3), 435-443. doi: 10.1016/j.surg.2009.03.019.

Dahiru, T., & Oche, O. (2015). Determinants of antenatal care, institutional delivery and postnatal care services utilization in Nigeria. *The Pan African Medical Journal, 21*, 321. doi: 10.11604/pamj.2015.21.321.6527

Darmstadt, G., Bhutta, Z. A., Cousens, S., Adam, T., Walker, N., de Bernis, L.,...Lancet Neonatal Survival Steering Team (2005). Evidence-based, cost-effective interventions: how many lives of newborn babies can we save? *Lancet, 365*(9463), 977–988.

Denzin, N. K., & Lincoln, Y. S. (2011). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (pp. 1-19). Thousand Oaks, California: Sage.

Dhaher, E., Mikolajezyk, R., Maxwell, A. & Kramer, A. (2008). Factors associated with lack of postnatal care among Palestinian women: a cross sectional study of three clinics in the West Bank. *BMC Pregnancy and Children, 8,* 26. doi**:** 10.1186/1471-2393-8-26.

Dhakal, S., Chapman, G. N., Simkhada, P. P., Teijlingen, E. R., Stephens, J., & Raja, A. E. (2007). Utilisation of postnatal care among rural women in Nepal. *BMC Pregnancy and Childbirth, 7,* 19. doi**:** 10.1186/1471-2393-7-19.

Donabedian, A. (2003). *An introduction to quality assurance in health care.* London: Oxford University Press.

Fraser, D., Cooper, M. A. & Nolte, A. (2006). *Myles textbook for midwives*: African edition. Edinburg: Churchill Livingstone.

Gerrish, K. & Lacey, A. (2010). *The research process in nursing.* (6th ed).. West Sussex: Wiley-Backwell

Geubbels, E. (2006). Epidemiology of Maternal Mortality in Malawi. *Malawi Medical Journal, 18*(4), 206 – 225.

Halder, A. K., Saha, U. R., & Kabir, M., (2007). Inequalities in reproductive healthcare utilization: evidence from Bangladesh Demographic and Health Survey 2004. *World Health Population, 9*(2), 48–63. http://dx.doi.org/10.12927/whp.2007.18853

Health Finance and Governance (HFG) project (2015). *Understanding Client Preferences to Guide the Prioritization of Interventions for Increasing Demand at NGO Health Service Delivery Project (NHSDP) Clinics in Bangladesh*. Bethesda, MD: Health Finance & Governance Project, Abt Associates Inc.

Heszen I, Żylińska J. Psychologia zdrowia. [In:] Osobowościowe wyznaczniki satysfakcji z życia, Ogińska- Bulik N, Juczyński Z. (red) Warszawa: Wyd. Akademica. 2008. p. 89- 101.

Hulton, L. A., Mathews, Z., & Stones, R. W, (2007). Applying a framework for assessing the quality of maternal health services in urban India. *Social Science and Medicine, 64*(10), 2083-2095.

Iliyasu, Z., Abubakar, I. S., Galadanci, H. S., & Aliyu, M. H. (2010). Birth preparedness, complication readiness and fathers' participation in maternity care in a northern Nigerian community. *African Journal of Reproductive Health, 14*(1), 21–32.

Islam, M. R. Islam, M. A., & Banowary, B. (2009). Antenatal and postnatal care seeking behaviour in a matrilineal society: a study on the Garo tribe of Bangladesh. *Journal of family Welfare, 55*(1), 62-69.

Jat, T. R., Ng, N., & San Sebastian, M., (2011). Factors affecting the use of maternal health services in Madhya Pradesh state of India: a multilevel analysis. *International Journal for Equity in Health, 10*, 59. http://dx.doi.org/10.1186/1475-9276-10-59

Jennings, L., Na, M., Cherewick, M., Hindin, M., Mullany, B., & Ahmed, S. (2014). Women's empowerment and male involvement in antenatal care: analyses of

Demographic and Health Surveys (DHS) in selected African countries. *BMC pregnancy and childbirth, 14*, 297. doi: 10.1186/1471-2393-14-297. pmid:25174359

Jonazi, M. (2008). *Factors contributing to low utilization of the sixth week postnatal services at Ndirande Health Centre*. Unpublished Bachelor of Science dissertation, University of Malawi, Kamuzu College of Nursing, Lilongwe, Malawi.

Kabakian-Khasholian, T., & Campbell, O. M. (2005). A simple way to increase service use: triggers of women's uptake of postpartum services. *BJOG: An International Journal of Obstetrics and Gynaecology, 112*(9), 1315–1321. http://dx.doi.org/10.1111/j.1471-0528.2004.00507.

Kamwendo, L. A., & Bullough, C. (2005). Insights on skilled attendance at birth in Malawi: The findings of structured document and literature review. *Malawi Medical journal, 16*(2), 40-42.

Karkee, R. (2012). How did Nepal reduce the maternal mortality? A result from analyzing the determinants of maternal mortality**.** *Journal of the Nepal Medical Association, 52*(186), 88-94.

Kakaire, O., Kaye, D. K., Osinde, M. O. (2011). Male involvement in birth preparedness and complication readiness for emergency obstetric referrals in rural Uganda. *Reproductive health, 8*, 12. doi: 10.1186/1742-4755-8-12. pmid:21548976.

Kerber, K., de Graft-Johnson, J. E., Buttha, Z. A., Okong, P., Starrs, A., & Lawn, J. E. (2007). Continuum of care for maternal, newborn and child health: from slogan to service delivery. *Lancet*, 370, 1358–1368.

Kinney, M., Kerber, K., Black, R. E., Cohen, B., Nkrumah, F., Coovadia, P. M.,...Weissman, E. (2010). Sub-Saharan Africa's mothers, newborns, and

children: where and why do they die? *PLoS Medicine, 7*(6), e1000294. doi: 10.1371/journal.pmed.1000294.

Khan, K., Wojdyla, D. & Say, L. (2006). WHO analysis of causes of maternal death: a systematic review. *Lancet, 367*(9516), 1066–1074.

Khanal, V., Adhikari, M., Karkee, R., & Gavidia, T. (2014). Factors associated with the utilization of postnatal care services among the mothers of Nepal: analysis of Nepal demographic and health survey 2011. *BMC Women's Health, 14,* 19. doi: 10.1186/1472-6874-14-19.

Kowalewska, B., Kaminska, A., Rolka, H. J., Ortman, E. B., & Krajewska, E. (2014). Satisfaction with obstetric care in the early postnatal period. *Progress in Health Science, 4*(1), 95-101.

Kumbani, L., Gunnar, B., Chirwa, E., Malata, A., & Odland, J. Ø. (2013). Why some women fail to give birth at health facilities: a qualitative study of women's Perceptions of perinatal care from rural Southern Malawi. *Reproductive Health, 10,* 9. doi**:** 10.1186/1742-4755-10-9.

Kyi, M. W., Akira S., New, N. O., Toki, J. F., Yu, M. S., Masamine, J. (2015). Are husband involving in their spouses' utilization of Maternal Care Services? Are Husbands Involving in Their Spouses' Utilization of Maternal Care Services?: http://dx.doi.org/10.1371/journal.pone.0144135

Langlois, E., Miszkurka, M., Zunzunegui, M., Ghaffar, A., Ziegler, D., & Karp. I., (2014). Inequities in postnatal care in low- and middle-income countries: a systematic review and meta-analysis. *Bulletin of the World Health Organization, 93,* 259-270G. Doi: http://dx.doi.org/10.2471/BLT.14.140996.

Lawn, J. E., Blencowe, H., Oza, S., You, D., Lee, A. C., Waiswa, P.,…Cousens, S. N. (2014). Every newborn: progress, priorities, and potential beyond survival. *Lancet, 384*(9938):189–205. doi: 10.1016/S0140-6736(14)60496-7.

Lawn, J. E., Wilczynska-Ketende, K., & Cousens, S. N. (2006). Estimating the causes of 4 million neonatal deaths in the year 2000. *International Journal of Epidemiology*, *35*(3), 706–718. http://doi.org/10.1093/ije/dyl04.

Lawn, J. E., Lee, A. C., Kinney, M., Sibley, I., Carlo, W. A., Paul, V. K.,... Darmstadt, G. L. (2009). Two million intrapartum stillbirths and neonatal deaths: where, why, and what can we do? *International Journal of Gynecology and Obstetrics*, *107*, (Suppl 1):S5–18, S19. doi: 10.1016/j.ijgo.2009.07.016.

Lenatowicz, H., Zarządzanie, Jakością W Pielęgniarstwie. Warszawa: Wyd. CEM; (2005). Satisfaction obstetric care postnatal period. *Progress Health Science*, *4*(1).

Lomoro, O. A., Ehiri, J. E., Qians, X., Tang, T., (2002). Mothers' perspectives on the quality of postpartum care in Central Shanghai, China. *International Journal for Quality Health Care*. *14*(5), 393-402. Doi:http://dx.doiorg/10.1093/intohc/14.5393393-401

Lungu, E. A. (2011). "Implementation of service level agreements." Presented to Sector-Wide Approach (SWAp) Meeting, Lilongwe, Malawi, and September 29, 2011.

Malawi Demographic and Health Survey *(*2010). National Statistical Office (NSO), ICF Macro, National Statistical Office (NSO): ICF Macro: Zomba, Malawi and Calverton,

Maryland USA: NSO and ICF Macro 2011

Mahmud, S., (2009). Paper presented at the IUSSP conference. Bangladesh Institute of Development Studies; 2009. How equitable is access to and use of reproductive health care and family planning services in Bangladesh? A review of the evidence.

Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews.

Forum: Qualitative Social Research, 11(3). Retrieved February 5, 2017, from http://www.qualitative-research.net/index.php/fqs/article/view/1428

Marcinowicz, L., Satysfakcja pacjenta & Mag Pielęg Położ (2005). In Kowalewska, B., Kaminska, A., Rolka, H. J., Ortman, E. B., & Krajewska, E. (2014). Satisfaction with obstetric care in the early postnatal period. *Progress in Health Science, 4*(1), 95-101.

Ministry of Health (2013). *Participants' manual in Integrated Maternal and Neonatal Care*. Lilongwe: Ministry of Health

Ministry of Health (2008). *National Reproductive Health Standard*. Lilongwe: Ministry of Health.

Ministry of Health. (2011). *HIV and Syphilis Sero- Survey and National HIV Prevalence and AIDS Estimates Report for 2010*. Lilongwe, Malawi: National AIDS Commission, Epidemiology unit.

Ministry of Health. (2010). Malawi 2010 EmONC Need Assessment Final Report. Lilongwe, Malawi: UNICEF, WHO, AMDD.

Ministry of Health. (2007). Road Map for accelerating the reduction of Maternal and Neonatal Mortality and Morbidity in Malawi.

Mistry, R., Galal, O., Lu, M. (2009).Women's autonomy and pregnancy care in rural India: a contextual analysis. *Social Science and Medicine, 69*(6), 926–933. http://dx.doi.org/10.1016/j.socscimed.2009.07.008

Mrisho, M., Schellenberg, J. A., Mushi, A. K., Obrist, B., Mshinda, H., Tanner, M.,...Schellenberg, D. (2007). Factors affecting home delivery in rural Tanzania. *Tropical Medicine and International Health, 12*(7), 862–872.

Mwangi, A., Warren, C., Koskei, N., & Blahard, H. (2008). Strengthening postnatal care services including postpartum family planning in Kenya. Retrieve from http://reprolineplus.org/resources/strengthening-postnatal-care-services-including-

Munhall, P. L. (2007). *Nursing Research: a qualitative perspective.* (4th ed.). London: Jones Barlett.

Mullany, L. C., Lee, C. I., Yone, L., Paw, P., Oo, E. K, Maung C.,... Beyrer, C. (2008). Access to essential maternal health interventions and human rights violations among vulnerable communities in eastern Burma. *PLoS Medicine, 5*(12), 1689–1698. http://dx.doi.org/10.1371/journal.pmed.0050242

Mullany, B. C., Hindin, M. J., Becker, S. (2005). Can women's autonomy impede male involvement in pregnancy health in Katmandu, Nepal? *Social Science and Medicine, 61*(9), 1993–2006. doi: 10.1016/j.socscimed.2005.04.006

Mrisho, M., Schellenberg, J. A., Mushi, A. K., Obrist, B. Mshinda, H., M., Tanner, M.,...Schellenberg, D. (2009). Understanding home-based neonatal care practice in rural Southern Tanzania. *Transactions of the Royal Society of Tropical Medicine and Hygiene, 102*(7), 669-678. doi: 10.1016/j.trstmh.2008.04.029.

National Statistical Office (NSO) and Macro, (2011). *Malawi Demographic and Health Survey 2010.* Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro.

National Statistical Office (NSO) and UNICEF (2008). *Malawi multiple indicator cluster survey 2006*. Lilongwe, Malawi: National Statistical Office and UNICEF.

Net, K., Mengseang, Dararith Y., & Verakpheap S. (2013). Early Postnatal Care and its Determinants in Cambodia: Further Analysis of the Cambodia Demographic and Health Survey. Phnom Penh, Cambodia: National Institute of Statistics, Ministry of Planning and Directorate General for Health, Ministry of Health. Retrieved

from
http:/Countryoffice.unfpa.org/Cambodia/drive/indepthanalysisofearlypostnatalcareanditsDeterminantsincambodia1May13.pd

Neupan, S., Doku, D. (2013). Utilization of postnatal care among Nepalese women. *Maternal and Child Health Journal, 17*(10), 1922-1930. Doi: 10.1007/s10995-012-1218-1.

Ogwang, A.F. (2005). Quality of post natal care up to discharge in Mulago hospital. Unpublished master's thesis, Makerere University, Kampala.

Paroo, K. (2006). *Nursing Research: Principles process and issues.* (2nd ed.). New York: Pdgrave/Macmillan.

Population Reference Bureau (2007). Globally and locally, a rich-poor gap persists. Washington, DC: Population Reference Bureau.

Polit, D. F., & Beck, C.T. (2010). Essentials *of nursing research: Appraising evidence for nursing practic*e. (7th ed.). New York: Lippincott William and Wilkin.

Punnucci, J. C., and Wilkins, G. E. (2011). Identifying and avoiding bias in research. *Plastic and Reconstructive Surgery, 126*(2), 619-625. doi: 10.1097/PRS.0b013e3181de24bc.

Rahman, MM., Haque SE, Zahan MS. (2011). Factors affecting the utilisation of postpartum care among young mothers in Bangladesh. *Health Social Care in the Community, 19* (2), 138–147. doi: 10.1111/j.1365-2524.2010.00953.x.

Rahman, M., Haque, S., Mostofa, G., Tarivonda, L., & Shuaib, M. (2011). Wealth inequality and utilisation of reproductive health services in the Republic of Vanuatu: Insights from the multiple indicator cluster survey, 2007.

International Journal for Equity in Health, 10, 58. doi: 10.1186/1475-9276-1058

Rana, G. (2013). Postpartum care practices among mothers Tharu community, Kailali District, Nepal. *Journal of Chitwan Medical College, 3*(2), 24-26. doi: http://dx.doi.org/10.3126/jcmc.v3i2.8438.

Regassa, N. (2011). Antenatal and postnatal care service utilization in southern Ethiopia: a Population-based study. *African Health Sciences, 321*(45), 321-323.

Sakala, B. & Kazembe, A. (2011). *Factors influencing the utilisation of postnatal care at one week and six weeks among mothers at Zomba Central Hospital in Malawi.* Zomba, Malawi: Malawi College of Health Sciences. Retrieved September 25, 2015 from https://www.rcm.org.uk/content/factors-

Sengane, M., (2013). Mothers' expectations of Midwives' care during labour in a public hospital in Gauteng. *Curationis, 36*(1), E1-9. http.//dx.doi.org/10.4102/curations.

Simkhada, B., van Teijlingen, ER., Porter, M., Simkhada, P., (2008). Factors affecting the utilization of antenatal care in developing countries: systematic review of the literature. *Journal of Advanced Nursing, 61*(3), 244-260.

Singh, A., Padmadas, S. S., Mishra, U. S., Pallikadavath, S., Johnson, F. A., & Matthews, Z. (2012). Socio-economic inequalities in the use of postnatal care in India. *PloS One*, *7*(5), e37037.

Sharma, S. K., Sawangdee, Y., Sirirassamee, B. (2007). Access to health: women's status and utilization of maternal health services in Nepal. *Journal of Biosocial Science, 39*(5), 671–92. http://dx.doi.org/10.1017/S0021932007001952

Speziale, H. J. S. & Carpenter, D. R. (2007). *Qualitative Research in Nursing: Advancing the Humanistic Imperative*. (4th ed.). Philadelphia: Lippincott Williams & Wilkins.

Suleman, I., Mohammed, N. S., Muhammed, S. I. (2013). Barriers to utilisation of maternal health services in semi-urban community in northern Nigeria: The clients' perspective. *Nigerian Medical Journal, 54*(1), 27-32. doi: 10.4103/03/0300-1652.

Sundby, J., Seljeskog, L., & Chimango, J. (2006). Factors influencing women's choice of place of delivery in rural Malawi: An explorative study. *African Journal of Reproductive Health*, *10*(6), 66-72

Tao, F., Huang, K., Long, X., Tolhurst, R., & Raven, J. (2011). Low postnatal care rates in rural countries in Anhui Province, China: perceptions of key stakeholders. *Midwifery, 27*(5), 707-715. doi:10.1016/j.mid.2009.10.001.

Tesfahun, F., Worku, W., Mazengiya, F., & Kifle, M., (2014). Knowledge, perception and utilisation of postnatal care of mothers in Gondar Zuria District, Ethiopia: A cross- sectional study. *Maternal Child Health Journal, 18*(10), 2341-2351.

Titaley, C. R., Hunter, C. L., Heywood, P., & Dibley, M. S. (2010). Why don't some women attend antenatal and postnatal care services?: a qualitative study of community members' perspectives in Garut, Sukabumi and Ciamis districts of West Java Province, Indonesia *BMC Pregnancy and Childbirth,10,* 61. doi 10.1186/1471-2393-10-61.

Titaley, C. R., Dibley, M. J., & Roberts, C. L., (2009). Factors associated with non-utilisation of postnatal care services in Indonesia. *Journal of Epidemiology and Community Health, 63*(10):827-831

Ugoboaja, J., Berthrand, N., Igwegbe, O., and OBI-Nwosu, A. (2013). Barriers to postnatal care and exclusive breastfeeding among urban women in south-eastern Nigeria. *Niger Med J. 55(*1), 45-50. Doi: 10.4103/0300-1652.108895

United Nations. (2011). *The Millennium Development Goals report 2011*. New York: United Nations.

Warren, C. E., Abuya, T., Njuki, R., Obare, F., Kanya, L., Termmerman, M.,...Bellows, B. (2015). A cross sectional comparison of postnatal care quality in facilities participating in the Maternal health voucher programs versus similar control facilities in Kenya. *BMC Pregnancy and Childbirth*, *15*, 153. doi: 10.1186/s12884-015-0588-y.

Warren, C., Daly, P., Toure´ L et al. (2006). Postnatal care. In J. Lawn, & K. Kerber (Eds.), *Opportunities for Africa's Newborns.* Cape Town, South Africa: Partnership for Maternal, Newborn and Child Health.

Warren, C., Daily, P., Toure, L., & Mongi, P. (2007). Postnatal care opportunities for Africa's Newborns, 80-90.

Wangari, M. (2011). Factors affecting utilisation of postnatal care services at Central Provincial General Hospital, Nyeri, Kenya. Unpublished master's Thesis, The University of Nairobi.

Winch, P. J., Alam, M. A., Akther, A., Afroz, D., Ali, N. A., Ellis, A. A., Rahman Seraji, M. H. (2005). Local understandings of vulnerability and protection during the neonatal period in Sylhet district, Bangladesh: a qualitative study**.** *Lancet, 366*(9484), 478-485. doi: 10.1016/S0140-6736(05)66836-5.

Whitehead, D., & Annells, M. P. (2007). Analyzing data in qualitative research (3rd ed.). Sydney: Mosby.

WHO, UNICEF, UNFPA, the World Bank and the United Nations Population Division. Trends in maternal mortality: 1990–2013. 2014. http://apps.who.int/iris/bitstream/10665/112682/2/9789241507226_eng.pdf

World Health Organization (2013). WHO recommendations on postnatal care of mothers and Newborn. Retrieved September4, 2015 from www.who.int/about/licencing/copy_form/en/index.hmtl

World Health Organization (2010). Technical Consultation on Postpartum and Postnatal Care in Department of Making Pregnancy Safer. 2010.

World Health Organization (2008). *Skilled birth attendants, factsheet. 67*. Geneva: World Health Organization. Retrieved from

http://www.who.int/maternal_child_adolescent/events/2008/mdg5/factsheet_sba.p

df

World Health Organisation (2008). Integrated Health Services. Retrieved from http://www.who.int/healthsystems/technical_brief_final.pdf

World Health Organisation (2005). World health report 2005: make every mother and child count. Geneva, Switzeland: World Health Organisation.

World Health Organization (WHO) (2004). *Beyond the Numbers: Reviewing Maternal Deaths and Complications to Make Pregnancy Safer*. Geneva, Switzerland: WHO.

World Health Organization (WHO) (2004). *Making Pregnancy Safer: The Critical Role of the Skilled Attendant: A Joint Statement by WHO, ICM, FIGO*. Geneva, Switzerland: WHO; 2004.

Yoon, S.Y., Shin, J.Y., and Moran K. (2008). *Risk factors for Neonatal Infections in full-term*

Babies in South Korea. Retrieved on 28/01/2017 from

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2615279/

Zamawe, C. F., Masache, G. C., Dube, A. N., (2015). The role of the parents' of the postpartum period and knowledge of maternal mortality in uptake of postnatal care: a qualitative exploration in Malawi. *International Journal of Women's Health, 7,* 587-594. doi: 10.2147/IJWH.S83228.

Appendicess

Appendix I: Consent form - English Version:

Section A: Information sheet for mothers

Introduction

I am Joyce Siska, a Master of Science degree in Midwifery at Kamuzu College of Nursing. As part of my study requirements, I am conducting a study on "*Mothers' perceptions of one week and six weeks postnatal care*: *a way to improve utilisation at Mulanje Mission Hospital."* This form is aimed at giving information about the study to participants at Maternal and Child Health who have come to access services on Family Planning, one and six weeks postnatal care or under five. This information is aimed at should be fully informed when you are invited to participate in the study. After reading this form you will be given time to ask questions for any clarification before you are asked to give consent.

Purpose of the study

The aim of this study is to explore mothers' perceptions of one-week and six weeks postnatal care in order to increase the utilization at Mulanje Mission Hospital.

Participation selection

We are inviting all mothers who are willing to participate in the study. Those who have given birth twice or more times, had normal delivery and their children's age are between one week to six months and you have come for the following services: Family Planning, follow up of one week and six weeks postnatal care or under five and are from

within the catchment area of Mulanje Mission. You are selected on basis that you have experience on postnatal care services. Furthermore, this will enable the researcher to have access to you while you are receiving the services at the clinic.

Voluntary Participation

Your participation in this study is entirely voluntary. Therefore it is your right to choose to participate or refuse participation in the study. If at any point you feel distressed or uncomfortable to continue participating after you have already given consent, be assured that you are allowed to discontinue participation with no consequences.

Procedure for data collection and duration

After been helped by a nurse or health surveillance Assistant the investigator will take you to private room where after giving consent you will be asked few questions from a question guide. Your participation will involve answering questions which are on the interview guide. This process will take approximately 45 to 60 minutes.

Anonymity and confidentiality

You should be assured that at no point will the investigator ask your name. A code will be used in place of your name and the data collected will not be traced back to you. The questions asked and information from the health passport will not be discussed with anyone.

Benefits of the study

Please take note that no financial benefits will be provided to participants for participating. This study may not have direct benefits towards you however this study will help in improving the ideal quality of care for postnatal mothers. This in turn will help in improving the utilization of the postnatal service hence reducing maternal and neonatal morbidity and mortality. If you wish the findings of the study will be shared to you.

Risks for participating in this study

There are no unforeseen risks anticipated due to your participation. Furthermore, this proposal has been reviewed by the University Of Malawi College Of Medicine ethics review board, which is a board that ensures that research participants are protected from any harm. For any clarifications or concerns involving this study please contact:

The Chairperson

Postal address: College of Medicine Ethics Review committee

P/Bag 360,

Chichiri

Blantyre 3.

Email address: comrec@medcol.mw

Telephone number: 265 187 4377

Fax Number: 265 187 4740

Physical address: University of Malawi College of Medicine,

Mahatma Gandhi Campus,

Postgraduate Building Ground Floor,

Room number 822.

Institution website address: http://www.medcol.mw/comrec/

Or

Study Investigator: Joyce Siska (Mrs)

Postal address: Kamuzu College of Nursing

P.O. Box 415

Blantyre

Email address: siska2014 joyce@kcn.unima.mw or siskajoyce@gmail.com

Cell phone number: 0888626400

Thank you for taking your time to read this information letter.

Section B: Informed consent

Certificate for informed consent for clients accessing the Family Planning, postnatal care both one week and six weeks follow ups or mothers accessing under five services. The study title "Mothers' perception of one week and six weeks postnatal care: a way to improve utilization at Mulanje Mission Hospital".

I have read the personal information form/the personal information form has been clearly read to me. I have been given the opportunity to ask questions to clarify areas that were not clear, the investigator has answered all my questions to my satisfaction. I therefore, consent voluntarily to participate in this research.

Participant Sign……..……..Date……..

Researcher Sign……..…… Date…….

If illiterate

Participants thumb print

Researchers sign…….....

Date……

Appendix II: Consent form (Chichewa version).

Participants (clients) consent form (to be read to participants by the interviewer).

Mothers' perception of one-week and six weeks postnatal care the way to increase utilization at Mulanje Mission Hospital

Gawo Loyamba (A): Uthenga Wakafukufuku

Dzina langa ndine Joyce Siska ndine wophunzila wakusukulu yakachenjede ya Kamuzu, ndikuphunzila degiri ya uzamba. Ngati chimodzi cha zinthu zoyeneladza kutenga degiriyi ndikuyenela kupanga kafukufuku. Ichi ndi chifukwa ndikupanga kafukufuku wofuna kumvetsetsa maganizo amayi amene abeleka ndipo atha tsabata imodzi komanso matsabata asanu ndi umodzi awu uchembele wao, makamaka pankhani yokhuzana ndi chisamaliro chomwe chimapelekedwa ku sikelo yawo : ku chipatala cha Mulanje Mission. Cholinga cha kalatayi ndikuti ndikupatseni uthenga wa zomwe kafukufuku akufuna kupanga, ndicholinga choti mukamapanga chisankho choti mu khale nawo pa kafukufuku, mukhale mukuziwa kuti kafukufuku ndiwachani.

Cholinga cha kafukufuku

Cholinga chakafukufuku ndiwofuna kumvetsetsa maganizo amayi amene a beleka ndipo atha tsabata imodzi komanso masabata asanu ndi umodzi awu uchembele wao, makamaka pa chitsamaliro chomwe chimapelekedwa kusikelo yawo pa chipatala cha Mulanje Mission ndi cholinga cholimbikitsa a mayi ku bwela mwa unji ku sikeloyi pothandiza kuchepetsa ifa za amayi ndi makanda muno mu Malawi.

Kusankha anthu olowa mukafukufuku

Kafukufukuyi akusankha amayi amene abelekapo kawiri kapena kupitilila apo,ndipo njila yawo yochilila inali yabwino, komanso ana awo ali pakati pa nsabata imodzi kufikila miyezi isanu ndi umodzi ndipo a bwela ku sikelo yolela, kukalondolo wa sikelo ya amayi amene antha nsabata imodzi kapene masabata asanu ndi umodzi, kapena amayi amene abwela ku sikelo yana wosapitilira zaka zisanu. Tikuyang'ananso makamaka amene akuchokela chigawo/ midzi yozungulira chipatala cha Mulanje Mission. Pachifukwa chimenechi inuyo mwasakhidwa mulindi wukadawulo pachi samaliro chomwe chimapelekedwa ku sikeloyi kuno ku chipatala cha

Mulanje Mission. Komanso zithandiza wopanga kafukufukuyi kuti akupezeni mosavutikila pamene mukulandi chisamaliro cha sikelo yomwe mwabwelela.

Kafukufuku ndi osakakamizidwa.

Chonde dziwani kuti kafukufukuyu ndi osakakamiza. Aliyese alindi ufulu olowa kapena kusalowa nawo mukafukufuku. Ngati mwaona choletsa chinachili chonse ndinu ololedwa kusiya kafukufuku, ngakhale mkatimkati mwa kafukufukuyo.

Katoleledwe ka zofunikila mukafukufuku

Mukatha kuthandizazidwa ndi anamwino kapena a dotolo, wazaumoyo amene akupanga za kafukufuku a zakutengalani poduka mphepo kuti akafunseni mafunso angapo ngati muli olora. Osadandaula zonsezi zizakutengelani mphindi zochepela mpakati pa 45 ndi 60 zokha.

Kusunga chinsinsi

Kafukufukuyu azakhala wa chinsisi ndipo oppangitsa kafukufuku sazakufunsani dzina lanu kapena komwe mumakhala. Aza gwilitsa nambala pa pepala lanu kuti munthu wina aliyese asadziwe kuti ndi inu amene mukupanga kafukufukuyu . Mukavomeledza kulowa mukafukufuku muzalowa muchipinda chomata kuti anthu ena asakuoneni kapena kumvela zomwe tilikukambirana.

Mupindulapo Chani?

Kafukufukuyu sazakuthandizani kupeza ndalama inailiyonse ndipo polowa kafukufuku simupindulapo kalikonse. Koma zosatila zakafukufuku zizathandiza kupititsa patsogolo chithandizo chakuchipatala pa nkhani ya chisamaliro chomwe chima pelekedwa ku sikelo kwa amayi amene abeleka ndipo atha tsabata imodzi komanso ma tsabata asanu ndi umodzi awu chembele wao; izi zingapangitse kuti umoyo wa amayi amene abeleka ndi makanda ukhale wabwino mdziko lathu lino la Malawi. Potero, matenda ndi imfa za amayi ndi makanda zizapewedwa.

Chiopsyezo chomwe mungakumane nacho

Palibe choopya kapena vuto mungakumane nalo ngati mutasankhe kulowa nawo mukafukufuku. Kuwonjezelapo, kafukufuku wavomelezedwa ndi bungwe lomwe limaona za kafukufuku la sukulu ya ukachenjedwe ya Medicine.

Ngati muli ndi funso kapena dandaulo lokhuzana ndi kafukufukuyu chonde yankhulani ndi

Ngati muli ndi funso kapena dandaulo lokhuzana ndi kafukukuyu chonde yankhulani ndi:

A chairperson

Keyala: College of Medicine Ethics Review committee

P/Bag 360,

Chichiri,

Blantyre 3

Email: comrec@medcol.mw

Nambala: 265 187 4377

Nambala ya fax: 265 187 4740

Komwe amapezeka: University of Malawi College of Medicine,

Mahatma Gandhi Campus,

Postgraduate Building Ground Floor,

Room number 822.

Kapena

Mwini wa kafukufuku : Joyce Siska (Mrs)

Keyala: Kamuzu College of Nursing

P.O.Box 415

Blantyre

Email: siskajoyce@gmail.col or Siska 2014@kcn.unima,mw

Nambala : 0888626400

Zikomo potenga nawo mbali

Gawo lachiwiri (B): Kalata yovomeleza kulowa mukafukufuku

Kalata yovomeledza kulowa mukafukufuku kwa anthu omwe abwela ku sikelo yolela, ya amayi amene atha nsabata yimodzi atabeleka komannso amene papita milungu isanu ndi umodzi wa wuchembele wawo komanso amene abwela kusikelo ya ana wochepela zaka zisanu. Kafukufukuyu akufuna kumvetsetsa magani a mayi pachisamaliro chaku sikelo chomwechimapelekedwa kwa amayi amene abeleka ndipo atha nsabata imodzi komanso atha masabata asanu ndi umodzi kuchipatala cha Mulanje Mission. Kafukufukuyi akufuna kuwona ngati amayiwa akuthandizidwa moyenela.

Atatha kundiwelengela/nditawerenga kalata yachidziwitso cha kafukufuku. Azaumoyo anandipatsa mpata oti ndifunse mafunso pa zinthu zimwe ine sindinamvetse ndipo mafuso anga onse andiyankha ndipo ndakhutitsidwa. Ichi ndichifukwa ndikuvomela kutengapo mbali mukafukufuku amaneyu opanda kundikakamiza.

Sayini ya wotenga mbali: ..... Tsiku.....

Chidindo cha chala (ngati samatha kulemba): ..... Tsiku ……

Mboni (ngati wotenga mbali samatha kuwelenga): .....Tsiku.....

Saini ya wofunsa mafunso:..... Tsiku.....

Appendix III: Interview Guide for clients

Code Number.....

Date of interview.....

Name of the interviewer.....

Section A: Demographic Data

1. How old are you? .....

2. What is your marital status?

   A. married

   B. Single

   C. Divorce

   D. Separated

   E. Window

   F. Living together

3. What is your education level?

   A. none

   B. Primary

   C. Secondary

D. Tertiary

4. Where do you live? .....

5. What type of work do you do?

A. Self- employed

B. Professional (specify) ……

C. Housewife

D. None

E. Other (specify) ……..

6. How many children do you have (parity)?.....

7. How old is your last born?.....

8. Where did attend Antenatal Care?.....

9. How long does it take you to walk to MMH?

A. 30 minutes

B. one hour

C. two hours

D. four hours

E. Other specify

10. What mode of transport is readily available from your village to take you to Mulanje Mission Hospital?

    A. Vehicle

    B. bicycle ambulance

    C. Ox-cart

    D. Other specify

Section B: In-depth Interview guide

Knowledge about postnatal care:

1. How many postnatal checks did you received after delivery?

    A. Within 24 hour

    B. 48 to 72 hours

    C. One week postnatal care

    D. Six weeks postnatal care

One week postnatal care: Knowledge

2. What is one week postnatal check up?

3. Who informed you about postnatal care at one week?

    - Nurse

- Doctor
- Patient attendant
- Clinical officer
- Others specify

4. What are some of the barriers for not attending one week postnatal check up?

5. Why is it necessary attending one week postnatal check up?

Probe

- How do you feel about the care that is given at one week postnatal check up?
- What do you think are the benefits of attending postnatal check up at one week?

6. What services are provided at one week postnatal check up?

7. Are you satisfied with services that are provided at one week postnatal check up?

Probe

- Can you mention services that you are satisfied with?

Six weeks postnatal care:

8. What is six weeks postnatal check up?

9. Who informed you about six weeks postnatal check up?

- Nurse
- Doctor
- Patient attendant
- Clinical officer
- Other specify

10. What are some of the barriers for not attending six weeks postnatal check up?

11. Why is necessary it necessary to attend six weeks postnatal check up?

Probe

- How do you feel about the care that is given at six weeks postnatal check up?
- What do you think are the benefits of attending postnatal check up at six weeks?

12. What services are provided at six weeks postnatal care?

13. Are you satisfied with services that are provided at six weeks postnatal care?

14. If given a chance what services would you preferred to be offered by the health providers at

A. one week

B. Six weeks

Probe

Where would you prefer these services should take place? Why?

THANKS FOR YOUR PARTICIPATION!

Appendix IV: Translated Chichewa Interview Guide

Code Number----------

Date of Interview----------

Name of Interviewer----------

Gawo Loyamba

Ndikufunsani mafunso okhudzana ndi inuyo.

1. Muli ndi zaka zingati? .....

2. Pankhani ya banja muli mbali iti?

    a. Wokwatiwa

    b. Mbeta

    c. Chikwati chinatha

    d. Tayamba tapatukana kaye

    e. Bambo akunyumba anamwalira

    d. kukhalira limodzi wosamanga ukwati

3. Malekezero a maphunziro.

    a. Sindinaphunzire sukulu

    b. Ndinalekezera kupulayimale

    c. Ndinalekezera kusekondale

e. Ndinafika ku koleji

4. Mumachokela mudzi wanji?

5.Mumagwila ntchito yanji?

a. Yozilemba nokha

b. Yolembedwa

c. Ya pankhomo ngati mayi wa pa banja

d. Yongo khala pa nkhomo

e. Tchulani inuyo

6.Muli ndi ana angati?/ mwabeleka kangati? ----------

7. Nanga mwana wo maliza ali ma sabata/ miyezi ingati?

8. Sikelo yanu ya pakati munapangila kuti?

9. Zimakutengerani nthawi yayitali bwanji kuyenda kuchokera kumudzi kwanu kukafika chipatala cha Mulanje Mission?

a. Ola limodzi
b. Maola awiri
c. Maola anayi
d. Tchulani inuyo----------

10. Ndinjira yanji yamayendedwe yopezeka mosabvuta yomwe mumagwiritsa ntchito m'mudzi mwanu popita kuchipatala cha Mulanje Mission?

a) Matola a Pikapu

b) Ambulasi ya njinga

c) Kabaza/ matola a njinga

d) Tchulani chomwe sindinatchule

Gawo Lachiwiri (B): Mafunso amayi akuya

Tsopano ndikufunsani zokhudzana ndi ku chithando cha amai amene achila ndipo atatha sabata yimodzi kapena masabata asanu ndi yimodzi a uchembere wao

1. Munayamba mwalandira chithandizo chomwe chimapelekedwa kwa amayi akachila, ngati?

   A. Mkatikati mwa mawola 24

   B. Mkatikati mwamasiku awiri kapena atatu

   C. Patatha nsabato imodzi

   D. Patatha masabata asanu ndi imodzi

   Mafunso wokhuza chisamaliro chomwe chimapelekadwa kwa amayi akachila ndipo atatha nsabata yimodzi

2. Kodi muziwapo chani pachithandizo chomwe chimapelekedwa kwa amayi amene abeleka ndipo patha nsabata yimodzi?

3. Anakuzani ndani zachithandizo chomwe chimapelekedwa kwa amayi amene achila ndipo atha sabata imodzi ya uchembele wao?

   - Namwino
   - Dokotala

- Wothandizila namwino
- Clinical officer
- Tchulani womwe sindinawatchule

4. Kodi ndizo tnchinga zotani zomwe zingathe kukulepheletsani kapena zomwe zimalepheletsa amayi kudzalandila chithandizo pakatha nsabata imodzi ya uchembele wawo?
5. Mumaganizo anu kapena mukumvetsetsa kwanu, mukuganiza kuti ndikofunikila kuti amayi amene atha nsabata imodzi ya uchembele wawo nkofunikila kuti azilandila thandizoli?

   Kufunsitsitsa

   - Inu mukumva bwanji pankhani ya chithandizo chomwe chimapelekedwa amayi akatha nsabata yimodzi ya uchembele wawo?
   - Ubwino wolandila chithandizo chimene ndiwo tani?
6. Mungatiuzeko za zina zomwe zima chitika popeleka chithandizo kwa amayi amene atha nsabata yimodzi ya wuchembele wawo
7. Tsono ndikufuna kudziwa ngati muli wokhutitsidwa ndichithandizo chomwe chimapelekedwa kwa amayi amene atha nsabata yimodzi auchembele wawo

Mafunso wokhuza chisamaliro chomwe chimapelekadwa kwa amayi amene atha mansabata asanu ndi umodzi awu chembele wawo

8. Kodi muziwapo chani pachithandizo chomwe chimapelekedwa kwa amayi amene abeleka ndipo patha ma nsabata asanu ndiyimodzi?

9. Anakuzani ndani zachithandizo chomwe chimapelekedwa kwa amayi amene achila ndipo atha ma sabata asanu ndiyimodzi ya uchembele wao?

- Namwino
- Dokotala
- Wothandizila namwino
- Clinical officer
- Tchulani womwe sindinawatchule

10 . Kodi ndizo tnchinga zotani zomwe zingathe kukulepheletsani kapena zomwe zimalepheletsa amayi kudzalandila chithandizo pakatha mansabata asanu ndi umodzi wa uchembele wawo?

11. Mumaganizo anu kapena mukumvetsetsa kwanu, mukuganiza ndikofunikila kuti amayi amene achila ndipo atha masabata asanu ndi umodzi wa uchembele wawo, ndikofunikila kudzalandila thandizoli?

Kufunsitsitsa

- Inu mukumva bwanji pankhani ya chithandizo chomwe chimapelekedwa amayi akatha mansabata asanu ndi umodzi a uchembele wawo?
- Ubwino wolandila chithandizo chimene ndiwo tani?

12.Tsono ndikufuna kudziwa ngati muli wokhutitsidwa ndichithandizo chomwe chimapelekedwa kwa amayi amene atha ma nsabata asanu ndi imodzi auchembele wawo?

Kufunsitsa

Kutitsidwa kwanu ndikotani pachisamaliro chimenechi?

Tsono ndimafuna kudziwa kuti ndiziti zomwe mungakondweletsedwe nazo popeleka chithandizo kwa amayi amene atha nsabata imodzi komanso masabata asanu ndi umodzi auchembele wawo.

13. Mutapatsidwa mwayi, kuti mulankhule pazachisamaliro chimenechi ndichisamaliro chanji chomwe mungakondweletsedwe nacho kuti chizipelekedwa kwa mayi akachila ndipo atha

A. Sabata yimodzi atachila

B. Masabata asanu ndi umodzi

kufunsitsitsa

- Mungatsangalatsidwe kuti chithandizochi chingamapelekedwe malo ati?
    - kuchipatala
    - Ku sikelo ya mudzi
    - Kunyumba
    - Tchulani ena mwamalo amene sindinawa tchule

Kufunsitsitsa

- Nanga ndizifukwa ziti zomwe mwansakhila malo amenewo?

ZIKOMO POTENGA NAWO GAWO PA KAFUKUFUKUYI.

Appendix V: Permission Letter from Medical Director Mulanje Mission Hospital

Church of Central Africa Presbyterian Blantyre Synod
Mulanje Mission Hospital
P.O. Box 45, Mulanje, Malawi. Tel.: +265 (0) 1 467 044 / 095 Fax: +265 (0) 1 467 022
E-mail: info@mmh.mw

6 November 2015

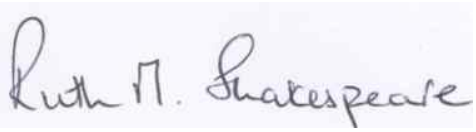
Dear Joyce,

Thank you for informing us about your research project, Mothers' Perception

of one week and six weeks Postnatal Care: A way to improve utilization at Mulanje Mission Hospital.

I am happy to confirm that we will be glad to allow you to undertake this research – the results will be helpful to our efforts to improve maternity services.

Best wishes



Dr Ruth Shakespeare

Medical Director

Appendix VI: COMREC Certificate of Ethics Approval

CERTIFICATE OF ETHICS APPROVAL

This is to certify that the College of Medicine Research and Ethics Committee (COMREC) has reviewed and approved a study entitled:

P.01/16/1866 – Mothers' perception of one week and six weeks postnatal care: A way to improve utilization at Mulanje Mission Hospital by Joyce Siska (Mrs)

On 18th March 2016

As you proceed with the implementation of your study, we would like you to adhere to international ethical guidelines, national guidelines and all requirements by COMREC as indicated on the next page

Dr. C. Dzamalala - Chairperson (COMREC)

Approved by College of Medicine
18 MAR 2016
(COMREC)
Research and Ethics Committee

18th March, 2016
Date

Appendix VII: Table Presenting Demographic valuables of Participants

Code number	Age (years)	Marital status	Village	Education level	Occupation
1	24	Married	Namatingwi	Primary	House wife
2	28	Married	Roben	Primary	Business lady
3	30	Married	Namputu	None	House wife
4	39	Married	Nkhonya	Secondary	Business lady
5	24	Married	Nhonya	Secondary	Business lady
6	24	Married	Ng'oma	Secondary	Business lady
7	30	Married	Namigingo	Secondary	House wife
8	31	Married	Namatingwi	Secondary	Farmer
9	23	Married	Namputu	Primary	House wife
10	31	Married	Kadewele	Primary	Business lady
11	29	Married	Namankhutcha	Secondary	House wife
12	39	Married	Bwanali	Secondary	Teacher
13	17	Married	Namakhutcha	Primary	House wife
14	35	Married	Robben	Secondary	House wife
15	28	Married	Ng'oma	Secondary	House wife
16	28	Married	Tambala	Secondary	Teacher
17	22	Married	Nkhuta	Primary	Farmer
18	35	Married	Kunthanguwo	None	Housewife
19	21	Married	Roben	Primary	House wife
20	32	Separated	Kachingwe	None	None