UNIVERSITY OF GHANA

COLLEGE OF HUMANITIES

POSTNATAL HEALTHSEEKING BEHAVIOURS OF
POSTPARTUM MOTHERS IN TESHIE

BY

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DECLARATION

I, Solace Agbenohevi Ago-Nortey, do hereby declare that this thesis is the result of my own research work carried out under the supervision of Prof. Mavis Dako-Gyeke and Dr. Emma Hamenoo and to the best of my knowledge; it has not been submitted by another person for the award of any other degree by this University or any other institution. However, all references used in this work are duly acknowledged.

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DEDICATION

I dedicate this work to my supportive and loving husband; Mr. Eric Ago-Nortey and to my darling children Karis Naa Baake and Delvon Nii Amobi Ago-Nortey.

And to

My Parents, Mr. Moses Agbenohevi and Mrs. Rita Agbenohevi who have been equally supportive.

God richly bless you all.
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ABSTRACT

This study aimed at exploring the postnatal healthseeking behaviors of postpartum mothers in Teshie. The specific objectives included to (a) explore the factors that influence postpartum mothers’ decision in seeking postnatal care in Teshie, (b) find out benefits of postnatal care to postpartum mothers in Teshie, (c) ascertain barriers postpartum mothers in Teshie face while seeking postnatal care and (d) identify strategies postpartum mothers adopt to address challenges in seeking postnatal care in Teshie. Twenty postpartum mothers, five midwives and five traditional birth attendants were recruited for the study. Data was gathered through in-depth interviews and was analyzed employing Braun and Clark’s (2006) six steps of thematic data analysis. The study found out that, postpartum mothers decisions in seeking postnatal care was influenced by their perceptions and knowledge of postnatal care as well as their place of delivery and the healthcare provider. The study established that postpartum mothers recognized postnatal as being beneficial to their health and that of their infants. Financial constraints, restriction from spouses, negative attitude of midwives as well as facility-based challenges were barriers which hindered the successful utilization of postnatal care. The study further found out that, strategies adopted by postpartum mothers to cope with challenges included early or late arrival to the health facilities, savings and tolerance of the attitude of midwives. In view of these findings, the study recommended that midwives in health facilities should intensify education for postpartum mothers’ on the usefulness of postnatal care to mothers and newborns, inclusion of postnatal care in the National Health Insurance Scheme and management of the hospitals in collaboration with the Ministry of Health should ensure that facility-based challenges would be solved inorder to minimize challenges encountered by postpartum mothers and finally, seminars should be organized regularly for midwives to encourage them to relate healthily with postpartum mothers.
CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Over the past decades, maternal and infant health continues to be an area of concern to countries the world over especially after delivery (Amuyunzu-Nyamongo & Nyamongo, 2006; Shaikh & Hatcher, 2004). This is because, maternal and infant mortality has a devastating effect on the development of countries due to the fact that the health of mothers and infants is mostly regarded as an indicator of the overall health of a society (World Health Organization, 2016). The survival of mothers and their newborns depends largely on the type of appropriate after delivery care they receive within six weeks after delivery to ensure their total wellbeing (Tinker & Ransom, 2002). Postnatal care involves a formal healthcare service designed to prevent and mitigate delivery complications that may affect the health of mothers and their newborns from the time of labor to six weeks after delivery (WHO, 2012).

Although, there has been noteworthy progress in maternal health outcomes of individuals globally, there is a large discrepancy among the regions of the world (WHO, 2012). For instance, a number of countries in sub-Saharan Africa, have halved their levels of maternal mortality between 1990 and 2010 and in some regions, particularly Asia and North Africa, even greater headway has been made (WHO, 2012). In addition, between 1990 and 2010, some regions have experienced decline in their maternal mortality ratios (MMR) for instance, the MMR in Eastern Asia decreased by 69% followed by Northern Africa (66%), Southern Asia (64%) as compared to sub-Saharan Africa (41%), (UNFPA, 2012).
Furthermore, 99% of the 287,000 annual maternal deaths in 2010 occurred in developing countries, and most of these deaths were as a result of unsafe abortion and the inaccessibility of or lack of access to health care services due to geographical, economic and/or socio-cultural barriers which were avoidable (WHO, 2012). The risks of maternal mortality and morbidity are highest at birth and in the period immediately after birth. For newborns and mothers, there is the danger of complications such as neonatal sepsis or post-partum haemorrhage and a delay of even a few hours before appropriate care is delivered can be fatal or result in long-term injuries or disability to the child and the mother (Lawn et al., 2010).

Postpartum mothers’ displeasure of postnatal care has been created as a result of the dissatisfaction some mothers have regarding certain aspects of medical management of childbirth (Aura, 2014). Due to this dissatisfaction, in some developing countries, including Ghana, healthcare utilization has been influenced by cultural, socioeconomic, religious, and political factors, as well as health care delivery patterns (Belachew, Taye & Belachew, 2016; Bhutta, Ali, Hyder, & Wajid, 2004). Postpartum mothers in trying to restore their health may seek healthcare from multiple health service providers such as traditional birth attendants, pharmacy shops and also seek for preventive health information from relatives and friends (Varma et al., 2014 & Tarimo et al., 2000).

According to WHO, in 2001, maternal mortality was high in Africa, with a maternal mortality ratio of about 1000 deaths per 100,000 live births. The largest parts of maternal deaths occur across most of the developing world where 450 women per every 100,000 live births die during pregnancy, childbirth or at the postpartum period (WHO, 2007). In 2010, estimates showed about ninety nine percent of maternal deaths occurred in developing countries with majority in Sub-Saharan Africa (M’soka, Mabuza, Pretorius, 2015). Furthermore, in 2013, estimates showed that in Sub-Sahara Africa, maternal
mortality recorded 510 per 100,000 live births due to inappropriate postnatal care practices (Kyei-Nimakoh, Carolan-Olah & McCann, 2016). With regards to infant mortality, every year about four million infants die, mostly from developing countries (Sines, Syed, Wall, & Worley, 2007).

The decline of maternal morbidity and death would depend mostly on the improved use of reproductive and maternal healthcare services (McDonagh, 1996; Koblinsky et al., 2008; Singh et al., 2009). It is well recognized that countries with the maximum rates of maternal and infant mortality have pressing social issues including insufficient health care facilities and personnel to offer the required family planning services, skilled attendance at birth and postnatal care (Koblinsky et al., 2008).

According to Sines (2007), the utilization of postnatal care services affords women the opportunity of receiving information on healthy practices that are critical to maternal and child health continued existence. Essentially, it entails advice on the care of new born, use of family planning and exclusive breastfeeding practices. Postpartum mothers could be treated for health conditions like pre-eclampsia/eclampsia, postpartum haemorrhage, genital tract infections and sepsis that may be acquired during the postpartum period and babies who have thrush or jaundice can be taken care of.

In Ghana, despite the reduction in maternal mortality rate from 760 per 100,000 live births in 1990 to 570 in 2000, in the year 2013, estimates showed 380 per 100,000 live births (Kyei-Nimakoh, 2016) indicating that maternal mortality in Ghana is still on the high side in spite of the decrease. Since the days of colonial rule in Ghana, the healthcare system for postpartum mothers has been plural in nature where the average Ghanaian may opt to access healthcare from either the hospital or herbal medicine (Owusu-Daaku & Smith, 2005). Given these healthcare alternatives, postpartum mothers may choose a
suitable health service provider depending on accessibility, cost, belief system and convenience (Aura, 2014). In addition, traditional health seeking behaviors of postpartum mothers are as a result of past experiences with similar conditions that lead to situations where postpartum mothers perceive some health conditions as not for hospital (Abdulraheem & Parakoyi, 2009; D’Souza, 2003).

Furthermore, it is noted that the organization of the healthcare system of a country is a strong indicator of the health seeking behaviors of postpartum mothers (Stephenson & Tsui, 2002). In order to mitigate drastically the rate of maternal, infant and child mortality, countries globally have recognized that a focus on preventive maternal health and nutrition especially after birth is critical in reducing this problem (Shaikh & Hatcher, 2004). Ghana’s Millennium Development Goal Acceleration Framework Country Action Plan, developed in 2011, focuses on Millennium Development Goal 5, in a bid to intensify efforts to overcome barriers in reducing maternal deaths (Kyei-Nimakoh, Carolan-Olah, & McCann, 2016).

In addition, more than 800 women are losing their lives everyday due to severe complications resulting from delivery. For every woman who dies; approximately 20 others suffer severe injuries, infections or disabilities (WHO, 2015). Although the women who lost their lives each year from complications of delivery reduced drastically from 532,000 in 1990 to 303,000 in 2015, it is less than half the 5.5% annual rate necessary to achieve Sustainable Development Goal 5 2015 target aimed at a reduction in maternal death (WHO, 2015).

Ghana in an effort to promote positive health seeking behaviors among mothers and ensuring optimum maternal health has implemented a myriad of healthcare policies and programs (United Nations Development Program [UNDP], Ghana, n.d.). Some of these
programs include the Emergency Obstetric and Neonatal Care (EONC), Free Maternal Health Services and the National Health Insurance Scheme (UNDP, n.d.). In order to resolve issues regarding inaccessibility and unaffordability of healthcare, the free maternal health policy under the National Health Insurance Scheme was initiated in September 2003 in four (4) regions in Ghana-Central, Upper East, Upper West, and Northern, and later extended to the remaining six (6) regions in April 2005. It was mandatory for women to register with the National Health Insurance Scheme (NHIS) to obtain access to the free maternal health care. This policy was intended to lessen the financial costs involved in obtaining health care during pregnancy, labour and delivery (Owoo & Lambon-Quayefio, 2013).

However, it is important to note that in spite of these policies, postpartum mothers most often seek treatment from different healthcare providers, some of which may be detrimental to their health and lives (Owusu-Daaku & Smith, 2005).

1.2 Statement of the Problem

Postnatal care is essential to the survival of postpartum mothers and their infants but some postpartum mothers do not utilize this healthcare service and it in effect leads to maternal and infant mortality. The delivery process is surrounded with several problems and complications and remain the number one cause of death and disability among women of reproductive age worldwide (World Health Organization, 2016; Dunn, n.d.). By the year 2009, internationally over half a million women loss their lives each year from complications of pregnancy and delivery (Richards, 2009); with a decrease to an estimated 287,000 maternal deaths in year 2014 due to causes connected to after delivery care (Workineh & Hailu, 2014). In Ghana however, an issue of concern is that the maternal mortality ratio is 378/100,000 live births (UNICEF, 2013).
Postpartum mothers especially from the rural areas where education and health facilities are few may not get proper access to postnatal care services. Hence, majority of rural women in Ghana have to travel a distance of five kilometers to access postnatal care (Arthur, 2012). The lack of access to postnatal care services may delay breastfeeding especially in home deliveries where the absence of midwives would not encourage postpartum mothers to put newborns to the breast right after delivery. This could further result in infant mortality, because there is a strong link between infant mortality and delayed breastfeeding. Breastfeeding within an hour of birth supplies colostrum which contains essential nutrients and antibodies that nourishes, protects from disease and death and also provides skin-to-skin bonding with mothers that keeps babies warm (Edmond, Kirkwood, Amenga-Etego, Owusu-Agyei, & Hurt, 2007).

Additionally, many women located in sub-Saharan Africa do not have access to healthcare during the early postnatal period making them vulnerable to diseases and death (Lawn et al., 2004). The actuality of this is that about 4 million newborns may die during the immediate postnatal period, and a huge number of them are left disabled due to pregnancies and deliveries that are inadequately monitored (De Bernis et al., 2003). This is a situation that has remained almost unchanged for many years. Studies show that mortality within the first week of life account for almost 40% of all deaths among children under the age of five (Black, 2005: WHO, 2012). Also, about 700 babies die (around 30 every hour) daily in sub-Saharan Africa which has the maximum number of infant deaths in Africa, and the second highest in the world (WHO, 2012). Guarantying a secure motherhood and a healthy upbringing of children remains the most important problem in sub-Saharan Africa.

In their lifetime, some women in their reproductive age may lose their life as a result of inappropriate care particularly after delivery (WHO, 2012). Yet, utilization of quality
healthcare at this period is however ignored, leading to an upward surge in maternal and infant mortality (WHO, 2012). The difficulty in accessing hospitals and the economic demands that come with hospital health service utilization in most developing countries, including Ghana compel postpartum mothers to develop their own convenience of restoring health (Shaikh & Hatcher, 2004).

Furthermore, the services of unskilled postnatal care providers could also result in poor service delivery leading to death of both mother and infant. Postpartum mothers seek healthcare from unauthorized sources such as churches, shrines, magicians, self-medication (Danso-Appiah, De Vlas, Bosompem, & Habbema, 2004) as well as using herbal medicines (Owusu-Daaku & Smith, 2005). Negative attitudes of health professionals towards postpartum mothers could result in neglect of postnatal care by postpartum mothers which could further lead to complications for the newborn and the mother. Maltreatment at the hands of health professionals in health facilities also has an effect on postpartum mothers’ choice of postnatal care services (Moyer, Adongo, Aborigo, Hodgson & Engmann, 2013).

In contrast to antenatal care and expert care during delivery, postnatal care has been uncared for in safe motherhood programs (Wang et al., 2011). This is an area of worry due to the fact that above 60% of maternal deaths happen during the postpartum period and about 45% of postpartum maternal deaths occur within 1 day of birth. The menace of maternal death is highest close to birth then diminishes over the successive days and weeks then this figure rises to more than 65% within one week, and more than 80% within two weeks (Moore et al., 2002). Also, 38% of global neonatal deaths occur in sub-Saharan Africa and this region has the highest neonatal mortality rate recorded in the world (34 deaths per 1,000 live births in 2011) (UNICEF, 2012).
In addition, adolescents could face a high risk of complications and mortality due to delivery than other women due to some socio-cultural factors (WHO, 2016). Progress in reducing the maternal mortality ratio (MMR) has been disappointingly uneven between and within countries, and large socio-economic disparities persist even within a country (Chomat et al., 2014). Mothers and their newborns may be vulnerable in the first few days and months after childbirth due to the contraction of infections and diseases that could lead to death (Abdulraheem & Parakoyi, 2009) such as hemorrhage, sepsis, hypertensive disorders, malaria, anemia, malnutrition, unsafe abortion and HIV/AIDS (Baffour-Awuah, Mwini-Nyaledzigbor & Richter, 2015).

Currently, there is limited research in Ghana with regards to the health seeking behavior of postpartum mothers as compared to antenatal care. The danger of maternal death and morbidity is also elevated at birth and in the immediate postnatal period. This is especially true in Sub-Saharan African countries including Ghana where over 13,000 newborns and children die every day (WHO, 2012). Nevertheless, despite the successes of allopathic or scientific medicines in mitigating post-delivery complications, postpartum mothers still shop around for healthcare (Uzma, Underwood, Atkinson, & Thackrah, 2000). This study therefore goes beyond general illnesses of women to focus on their postnatal health seeking behavior after delivery.

1.3 Objectives of the Study

1. To explore the factors that influence postpartum mothers’ decision in seeking postnatal care in Teshie.

2. To find out the benefits of postnatal care to postpartum mothers in Teshie.

3. To ascertain the barriers postpartum mothers in Teshie face while seeking postnatal care.
4. To identify strategies postpartum mothers adopt to address challenges in seeking postnatal care in Teshie.

1.4 Research Questions

1. What are the factors that influence postpartum mothers’ decision in seeking postnatal care in Teshie?

2. What are the benefits of postnatal care to postpartum mothers in Teshie?

3. What are the barriers postpartum mothers in Teshie face while seeking postnatal care?

4. What strategies do postpartum mothers adopt to address challenges in seeking postnatal care in Teshie?

1.5 Significance of the Study

The findings of this study will inform policy, social work practice and add to existing literature. It is anticipated that the findings of this study may provide information for existing policy reform and implementation of new policies with regards to postpartum care. Existing policies such as the National Health Insurance Scheme may be reformed and strengthened to ensure wider coverage and accessibility. Also, the findings would have implications on social work practice. Social workers would be informed by the health seeking behavior of postpartum mothers and may design suitable intervention programs to educate mothers on the need to seek healthcare from skilled health personnel and appropriate health facilities.

In addition, social workers would educate health workers on the need to treat postpartum mothers with dignity and respect. Through education from social workers, postpartum mothers and the public could be encouraged to change their perceptions about hospital health workers. This may impact positively on health workers attitudes toward
postpartum mothers. The results of the study would be significant to researchers in the area of postnatal care by contributing to literature and serving as a reference material to future researchers. Also, the study suggests implications for future study, which would provide direction with regard to the gap that needs to be filled in the area of postnatal care and health seeking behaviors. In addition, a study of this nature would facilitate health education and sensitization on the need for postpartum mothers to develop positive health seeking behaviors.

1.6 Definition of Terms

**Postpartum Mother:** refers to a mother after the delivery of the baby through to six weeks after delivery (World Health Organization, 2012).

**Postnatal Care:** This is a scientific (hospital) based structured care designed to mitigate after-delivery complications that may affect the health of mothers and neonates, as well as to restore the health of a mother six weeks after delivery (World Health Organization, 2012).

**Health Seeking Behavior:** It is a problem focused and a planned behavior that involves an individuals’ interaction with a selected healthcare provider, which may be allopathic (scientific doctor) or traditional (herbalist, or malam, or traditional birth attendant) healthcare provider (Cornally & McCarthy, 2011).

**Maternal Mortality:** It is the death of a woman during pregnancy or 42 days of terminating pregnancy (regardless of the duration or site of
the pregnancy), from any causes related to or aggravated by pregnancy or the management of pregnancy but not accidental causes (World Health Organization, 2012)

**Maternal Health:**

It is the total health of a woman during pregnancy, childbirth, and the postpartum period (World Health Organization, 2012).

**Infant Mortality:**

It is the death of a newborn or infant within the first twelve months of life (Hawkins, 2006).

**Traditional Birth Attendants (TBAs):**

Women who attend to births and offer postnatal care services but may not have had any formal education in midwifery.

**1.7 Organization of the Study**

The study was structured into five main chapters. The first chapter captures the background of the study, statement of the problem and the research objectives. Also, the chapter would comprise the research questions, and significance of the study. Chapter two reviews literature under the topic under study and the theoretical perspective. The third chapter outlines the methodology for the study. Chapter four focused on presentation and discussion of the findings of the study and chapter five summarizes the findings, draw conclusions and make recommendations.
CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This section of the study comprises the review of related studies on the subject. According to Shunda (2007), literature review is an overview of what is known and what is not known about a given phenomenon and it includes all major research done on the topic. Literature is reviewed under themes comprising of factors that influence postpartum mothers’ decision in seeking postnatal care, benefits of postnatal care, barriers to postnatal care and strategies to address challenges in seeking postnatal care among postpartum mothers.

2.2 Factors that Influence Postnatal Care Decisions

It has been established by previous scholars that knowledge and perceptions held by individuals are strong determinants of their involvement in certain activities (Teagle & Brindis, 2000). In Kenya; Akunga, Menya and Kabue (2014) identified the determinants of postnatal care use through a survey with 3,970 women as participants. The results indicated that 47% of the women received postnatal care services. Also, it was revealed that factors associated with postnatal care use were mothers’ age at delivery of the last child, urban residency of postpartum mothers, skilled delivery, lack of education of postpartum mothers and unskilled delivery. The study concluded that although the use of postnatal care service was low, the main determinants for postnatal care use are amenable to interventions.

The location of women has been found to influence their decisions making with regards to their health. Those living in rural areas are less likely to utilize postnatal care services than their urban counterparts. This is consistent with findings in Ethiopia by Mekonnen.
& Mekonnen, (2002) who found in their research that women living in urban areas made use of postpartum care contrasting those residing in the rural areas. Similarly, other researchers have also stated that, women living in towns have an advantage over their rural counterparts and this may impact their postnatal care utilization. These positive effects include; increased levels of awareness, postnatal health care education programs that utilize town-focused mass media and admittance to services (Koblinsky et al., 2006; Singh et al., 2011).

Furthermore, the lower levels of social and economic standing of women in developing countries does not only imply low levels of incomes but it is also related to the total wellbeing and health seeking behaviors of women which can in turn influence their health as well as their newborns (Stephenson et al., 2006). Thus, these women are unable to afford postnatal care because they are not working and in turn have no access to purchasing power to pay for services if need be. These socio-economic and demographic reasons have been revealed to be linked to the usage of mother’s post-birth healthcare services. These indicators consist of: age, educational background, level of wealth index, society, culture, decision making influence and beliefs (Stephenson et al., 2006; Dhakal et al., 2007; Titailey, 2009; Ntambue et al., 2012). Also, the ease of use, ease of access and value of health services are also very vital indicator that may control women’s judgment to utilize maternal health care services (Chakraborty et al. 2003).

Diamond-Smith, Thet, Khaing, and Sudhinraset (2016) conducted a qualitative study which explored factors that influence postpartum mother’s decision making in choosing a postnatal care provider. The study found that postpartum mothers were seeking postnatal care from traditional and modern (allopathic) healthcare providers. The reason for combining two healthcare providers as given by participants was that the traditional and modern healthcare providers offer distinct services that were equally good in
restoring their health. Another type of health seeking behavior used by the participants was self-treatment, where mothers refused the intake of certain traditional foods, which they believed could affect their health negatively (Diamond-Smith et al., 2016).

Furthermore, in a study conducted by Kyomuhendo (2003) in Hoima, a rural district in Western Uganda, to augment knowledge of the reason why when confronted with barriers of childbirth, postpartum mothers opted for alternatives with increased dangers resulting in serious disability or death. Findings demonstrated that observance of traditional birth practices and beliefs about maternal death being painful but a normal incident are important factors in the decision-making process. Patronage of key health units and the transfer hospital particularly when problems happen was considered only as a last alternative. Inadequate trained personnel at the basic health care level, complaints of mistreatment, abandonment and poor management in clinics as well as inadequate comprehensive reasons for activities, and health professionals' perceptions that women were unaware of services, also clarify the reluctance of postpartum mothers to seek postnatal care.

In 2007, a study conducted by Peterson, Sword, Charles, and DiCenso in Canada found that adolescent postpartum mothers perceived postpartum nursing care as unsatisfactory. This was because of nurses’ inability to communicate with adolescent postpartum mothers the same as they do with adult postpartum mothers. In addition, the findings also revealed that nurses were unable to recognize postpartum mothers’ needs which led to negative perceptions held by the adolescent postpartum mothers about the nurses.

According to Nankwanga (2004) some women lacked awareness about postnatal care services. Those that knew about the services only knew about immunization and family planning. Those with some level of awareness as noted by Nankwanga (2004) are deterred from accessing the services due to factors such as financial difficulty, lack of
transportation and distance from the health care facility as well as lack of caregivers to take care of children at home when mothers were away. Others include, lack of education, lack of employment and lack of decision-making powers on the part of women (Nankwanga, 2004). The study recommended intensive education for women and communities about the importance of postnatal care, its availability and the importance of women having decision-making power over their own health.

Some studies have found that women employed in the formal sector are utilizing postnatal care services (Kishor & Neitzel, 1997), owing to their capability to be more empowered. Other studies have shown that women working in the farming region are less likely to utilize postnatal care services (Addai, 2000). A reason for this could be because majority of mothers who are into farming live in the rural areas and may only search for new postnatal care services after they have exhausted resources and knowledge in their communities (Addai, 2000). Also, Furuta & Salway (2006) have reported that women’s employment does not transform straightly into greater use of maternal healthcare in Nepal. Nepalese women who work but have no control over the use of their wages were least likely to access maternal healthcare. As a result of that, most of the women who work are from deprived family units and work for their family’s continued existence. Even though the answer is yet not clear, working women perhaps experience time constraint that reduces their opportunities for receiving suitable postnatal care (Furuta & Salway, 2006).

In a study carried out in Namibia and Kenya cross-sectionally, it was established that unwanted pregnancy and poor timing of pregnancy was related with decreased utilization of postnatal care (Gage, 1998). A study which utilized data from California Maternal and Infant Health Assessment sought to also understand the link between pregnancy-wantedness and postnatal care seeking behaviors. They found that postpartum women
who were contented and satisfied with their pregnancy were remarkably more probable to seek postnatal care services (Libet, 2003). Also, outcome from a study in Indonesia have pointed out that the contrary can occur. Mothers that anticipated becoming pregnant were truly more probable not to make use of postnatal care services (Titaley, 2009). The reason for this in Indonesia could be as a consequence of maternal education or household affluence.

Moreover, Kosgey (2009) researched on factors influencing the timing of postnatal care services in Kenya. The study used secondary data from the 2003 Kenya Demographic and Health Survey. A total of 2206 women who utilized postnatal care after delivery aged 15-49 years were sampled for the study. It was revealed from the findings that maternal education was a key factor in determining the commitment to postnatal care among women who delivered outside the health facilities in Kenya. In addition, women with primary education were more likely to utilize postnatal care services than women with no education within two days after delivery. It was further found that those with secondary education were more likely to seek postnatal care service than those with no education.

Factors such as educational status of mothers, decision making on health service utilization, number of pregnancy, place of delivery and awareness of postpartum dangers were significantly associated with postnatal care service utilization among women in Ethiopia (Workineh & Hailu, 2014). On the other hand, Miteku, Zerfu and Beribun (2016) emphasized that lack of awareness about postpartum complications, place of delivery of previous child, outcome of birth, delivery by caesarean section and delivery complication that occurred during birth were factors associated with postnatal care service utilization.
Additionally, Birth order is a significant predictor in influencing the decisions of women regarding postnatal care services. Due to the vagueness and the perception of risk associated with first pregnancies, women are more likely to seek medical attention for first-order births than for subsequent ones. For instance, in Malawi, adolescent women with a high order of birth (birth order 2/3) had lower probability in utilizing postnatal services in contrast to adolescent women with a first birth order (1) (Singh et al., 2013). This finding draws a parallel with the observation made by studies conducted in Nigeria (Rai, Singh, & Singh, 2012). This study emphasized that women are notably more likely to use maternal healthcare services for their first child. Another motivation could be because women are more careful toward health risks with their first pregnancy and hence after delivery postnatal care services are accessed (Rai, Singh, & Singh, 2012). However, with each previous pregnancy, women may tend to believe that modern health care is not essential and rely more on past experiences provided that they have not had any bad experiences (Mekonnen & Mekonnen, 2002). There is evidence that a higher birth order also suggests a greater family size and hence fewer resources are available to access postnatal care services after delivery (Bhatia & Cleland, 1995).

Traditional birth attendants take part strategically in postnatal care utilization after delivery. Their services were measured to be vital and were highly made use of in some communities where a study was conducted by Titaley, Hunter, Dibley and Heywood (2010). In the research they conducted, postpartum mothers utilized the services of traditional birth attendants during postpartum periods. Postpartum mothers and their babies were massaged by Traditional birth attendants after delivery using conventional herbal medicine, such as coconut oil and holy water in order to restore the health of mothers by reducing the pains of labour and strengthen the muscles of newborn babies. The study concluded that socio-cultural interpretations of threats to a postpartum mother
and her infant mediate postpartum mother’s use of available healthcare services and also
influences their decision making. Efforts to encourage continued use of postnatal care
should focus on educating traditional birth attendants on the need to educate and
encourage their clients to utilize postnatal care judiciously in order to safeguard their
lives and that of their infants.

Furthermore, Titaley et.al (2010) observed a strong association between low maternal
education and underutilization of health services. The study used data from the Indonesia
Demographic and Health Survey (IDHS) conducted in 2002/2003 and 2007. It was
established from the study that the relationship between maternal education and health
service utilization was also reflected by bigger odds among mothers with lack of
knowledge of obstetric complications and lack of experience in issues pertaining to mass
media. Moreover, the study confirmed that lack of knowledge about the importance of
maternal and child health hinders women from utilizing postnatal care services.

Jallow, Chou, Liu and Huang (2012) conducted a study in China reviewing women’s
choices and perceptions of healthcare services in public healthcare facilities in China.
The study found that a women’s decision to access healthcare services was influenced by
the level of satisfaction derived from services provided. The findings indicated that the
fulfillment rate with public facilities encouraged postpartum mothers to access healthcare
and this positively affected their decisions. Also postpartum mothers’ poor perception of
public facilities like inadequate privacy, space and neatness hindered the successful
patronage of health facilities. They concluded that women tend to be highly dissatisfied
with healthcare facilities thereby preventing their successful utilization of services
offered.
In a quantitative study conducted in Nepal; Khanal, Adhikari, Karkee, and Gavidia (2014) examined the factors associated with the utilization of postnatal care service among mothers. The study sampled 4,079 women and found that 43.2% of postpartum mothers reported attending postnatal care within the first six weeks of birth. Furthermore, the findings indicated that mothers who were from urban areas, rich families, educated or lived with an educated partner were more likely to attend postnatal care (Khanal et al, 2014). Moreover, postpartum mothers who delivered in health facilities or attended four or more antenatal care visits as well as those cared for by skilled attendants were more likely to continue with postnatal care. The findings of Khanal et al. (2014) showed that mothers who reported agricultural occupation and whose partners performed agricultural occupation were less likely to attend postnatal care service.

Izudi and Amongin (2015) indicates that 55 postpartum mothers out of 357 interviewed in Eastern Uganda used postnatal care services and this was significantly associated with formal employment and education about postnatal care schedules. Izudi and Amongin’s (2015) findings revealed that women who delivered at public health facilities were less likely to attend postnatal care than those at private health centers. Postnatal care in Eastern Uganda was poorly utilized and prioritized due to the aforesaid factors. Again, in a study conducted in Nepal by Khanal et al. (2014), factors which influenced postpartum mothers’ utilization of postnatal care included their low social status, poverty, ethnicity as well as their conviction in traditional care as compared to allopathic care.

According to Kalpalata and Gautam (2014), working women are more likely to attend postnatal services than women who are not working. In an empirical study conducted in Maharashtra, the researchers studied factors that influenced utilization of health services in the postnatal period and adopted a community based cross-sectional study including
28 women participants. The findings of the study discovered that participants did not feel the need for postnatal check-up and also reported not being informed by health professionals about postnatal care. Working women utilized postnatal care service more because those who did not work cited reasons of not getting money for transportation and service charges. Other reasons given by the women for not attending postnatal service were unwillingness to go out with their newborns, the health facility been far from home, relocation to their mothers place and not given proper services when they attend postnatal care.

Sakala and Kazembe (2011) investigated the factors influencing the utilization of postnatal care one to six weeks among mothers at Zomba Central Hospital in Malawi. The study adopted a quantitative design and conveniently sampled 154 mothers with infants between eight and twelve weeks. Participants of the study revealed lack of advice by midwives to return for postnatal care, lack of awareness, and low level educational background as contributing factors for their neglect of postnatal care services. The study recommended that supervisors of midwives should ensure mothers are booked for postnatal care and are advised of its importance.

Additionally, Balachew, Taye and Balachew (2016) assessed postnatal care service utilization and associated factors among mothers in Lemo Woreda, Ethiopia. The study adopted a community based cross-sectional study supplemented by qualitative design and randomly selected 352 mothers who gave birth twelve months prior to the study. The findings of the study disclosed that about 51% of participants utilized postnatal care. The most given reasons for not attending postnatal care were lack of knowledge on benefits of postnatal care (59%), being busy on other family matters (38%), healthcare providers shouting at mothers (14%) and culture not allowing women to go out during the
postpartum period (20%). Intensive public educational campaign about the benefits and timing of postnatal care were recommended by the study.

Rwabufigiri, Mukamurigo, Thomson, Hedt-Gautier and Semasaka (2016) emphasized that low postnatal care utilization appears to be a universal problem in Rwanda. This assertion was based on a study they conducted that assessed the factors associated with postnatal care utilization in Rwanda. The study analyzed data from the 2010 Rwanda Demographic and Health Survey that included 2748 participants. It was found that 353 (12.8%) women returned for postnatal care services seven days after birth and the factors that were positively associated included delivery at the hospital, being married but not involved in one’s own health care decision making and being in a rich family. On the other hand, mothers’ old age at birth was found to be harmfully linked with postnatal care use. It was recommended that campaigns targeting older mothers and poorest mothers should be undertaken. Socio-economic factors influence the utilization of postnatal care all over the world. As noted by Nankwanga (2004), Gage (1998), Kosgey (2009) in their study, factors like employment, educational attainment, economic power and place of residence greatly influence postpartum mother’s patronage of postnatal care for themselves and their babies. However, whereas in Ghana employment enhanced postpartum mothers’ utilization of postnatal care (Addai, 2000) due to the fact that they are economically empowered, the opposite is said of Nepal where working Nepalese women who have no control over the use of their income are less likely to access postnatal care.

2.3 Benefits of Postnatal Care to Postpartum Mothers

Literature shows that women who visit health facilities for systemic examination of themselves and their babies within the first six weeks after delivery are likely to save
their lives and that of their babies as well as avoid infections (Timilsina & Dhakal, 2015). A research was conducted in Nepal by Timilsina and Dhakal (2015) to find out the knowledge on postnatal care among postpartum mothers using a descriptive research design. Participants of the study were interviewed directly employing structured questionnaires. The study found that postpartum mothers benefit immensely from postnatal care service. About 189 (96%) of women mentioned being knowledgeable about infections due to the postnatal care service. Also, 168 (85%) had knowledge on keeping the vulva clean, 179 (91%) became knowledgeable about perineal hygiene, 163 (83%) had knowledge on changing pad frequently and 186 (94%) became knowledgeable about family planning. The study concluded that an effective postnatal care service for women gives them the opportunity to be knowledgeable about areas of danger signs for them and their babies.

According to the National Institute for Health and Clinical Excellence [NIHCE] (2006), women who receive postnatal care services are able to protect themselves from life-threatening conditions such as postpartum haemorrhage, infections and pre-eclampsia. Health professionals will be in a position to detect danger signs and symptoms such as shortness of breath or chest pain, unilateral calf pain, nausea, vomiting, headaches, fever, abdominal pain, faintness, dizziness, sudden blood loss and shivering. This will enable the health professionals to offer early treatment to save the life of the postpartum mother and her baby. Darmstadt et al. (2005) have recognized advantages of postnatal care to comprise of the encouragement of healthy standard of living for mothers and babies through information, timely recognition of complications and recommendation to experts if required, additional visits for pre-term babies, avoidance of maternal-child transmission of HIV, and suitable feeding and family planning. It aids in improving the
health of the newborn by taking them through vaccinations and providing them with malaria insecticide-treated bed nets to protect them (Darmstadt et al., 2005).

Moreover, Chatterjee (2016) asserts that health professionals will be able to monitor situations of postpartum mothers during postnatal care services. The general wellbeing since delivery, physical and mental health, social support and the coping strategies of mothers will be monitored during postnatal care. Chatterjee (2016) maintained that health professionals will be able to check for blood pressure, abdominal pains, signs of infection, inflammation in cases of caesarean sections, and examine the perineal region for healing of scars of postpartum mothers when they attend postnatal care services. In addition, healthcare staff will be able to investigate cases of excessive blood loss, urinary incontinence, and urinary tract infections. This will enable them offer treatment and advice in terms of breastfeeding which help to salvage the life of the mother and the newborn.

Maternal health care after birth is vital for the decrease in bleeding among postpartum mothers in developing countries (Wang et al, 2011). With regards to newborn cases, adequate hygiene, warmth, breastfeeding, danger sign detection and provision of eye prophylaxis and immunizations are some importance of postnatal care. Immunization is a vital component of care after delivery for newborns and it is one of the most useful health interventions that have reduced about 24% of the 10 million annual deaths of children younger than five years (Abou-Zahr, 2001).

The New Age Parents (2017) believes postnatal care has taken precedence in many countries in order to limit maternal and child mortality and considers it to be a very important stage of a woman’s life. It has categorized postnatal care into different types namely external, internal and mental care. The external care refers to the physical body,
thus dealing with changes in body shape, coping with breastfeeding problems, and caesarean incision. Also, the internal care comprises of things like physical fatigue, body aches, perineal pain, constipation problems and afterbirth cramps whilst the mental care refers to dealing with emotions like anxiety, impatience and low self-esteem. The New Age Parents (2017) asserts that postnatal care helps the mother to; recover faster to her pre-pregnancy state, enjoy motherhood, feel less tired or fatigued, gain self-confidence and have greater energy level. Again, the utilization of postnatal care has also been recognized as a useful means of providing considerable intervention to advance newborn continued existence (Baqui et al., 2009).

In a study conducted by Feyisso et al. (2014), 700 participants were recruited to find out the knowledge of postpartum mothers about postnatal care and its benefits. Respondents gave a 100% response rate. The mean ages of the respondents was 25.8 with a range age of 17 -40. Marital Status of the respondent showed that 15 were single followed by 655 married and 12 were Widowed. A greater part of the respondents were Gedeo by ethnicity 212, followed by 81 Amahara. Most of the participants 304 had completed Primary education followed by Secondary education 149 and 67 have Diploma holders and above. Regarding religion protestant was the dominant religion 115 followed by Orthodox115 and Muslim 24.

Furthermore, most of the respondents were Housewives 347, followed by privately employed 172 and government employed 89. More than half of the respondents came from urban areas which accounted for 517 whereas the rest 183 came from rural areas. Most of the respondents were found in low income levels. Most of the study participants around 95 had a history of abortion whereas 125 had a history of still birth. From all the study participants, only 227 of the study participants had knowledge of at least one of any of the newborn danger signs. Of these 43, 183 and 115 said Convulsion, fever and no
breast feeding respectively. The remaining said Breathing problem 47, Cold 34, Loss of weight 34, Stillbirth 5, Umbilical cord problem 13, and Eye problem 40.

Bivariate analysis indicates noteworthy links between treatments seeking behavior of postpartum mothers who delivered in health centers as compared to those who delivered at home. Educational status of mother and husband, income, family size, perception towards new born health problem, ethnicity, affordability and accessibility and place of delivery also influenced their decisions in seeking postnatal care. However, other variables such as occupation and number of abortions did not show significant relation with treatment seeking behavior of postpartum mother’s who delivered in health centers. The result of the multivariate analysis indicated that, residences, educational status of the participants, place of delivery and family size were indicators of treatment seeking behavior of postpartum mother’s who delivered in health centers.

A qualitative study was conducted in Tanzania by Mahiti, Mkoka, Kiwara, Mbekenga, Hurtig and Goicolea (2015) to explore women’s perceptions of delivery and postnatal care services. The researchers collected data through 15 focus group discussions comprising of six to ten women in each group. Qualitative content analysis was adopted to analyze the data of the study and participants indicate that postpartum care services were important to them because it helped them to check and maintain the health of their babies. It also helped them to check for complications associated with caesarean sections and how to treat them. Also, participants reported that postnatal care services gave them the opportunity to take their babies for vaccination and weight monitoring.

The postpartum period is a critical transition every postpartum mother experiences within six weeks after delivery and is characterized by physical, emotional, and psychological or mental health issues (Faiza, 2009; Tesfahum, Worku, Mazengiya, &
Kifle, 2014). Nevertheless, the effective ways a mother can prevent or mitigate various complications associated with the postpartum period is taking postnatal care serious (Brichs et al., 2016). For example postnatal care has been highlighted as an important measure in preventing mother-to-child HIV/AIDS transmission (Reece, Norman, Kwara, Flanigan, & Rana, 2016).

Further, postnatal care does not only benefit postpartum mothers as neonates also benefit from effective postnatal care. For example, a recent study conducted by Akter, Sibbritt, and Dawson (2016) examined the importance of postnatal care in mitigating maternal and neonatal mortality in selected developing countries. The authors selected thirteen empirical studies and employed a narrative synthesis methodology to analyze the data. The study reported that effective and well-structured postnatal care delivery reduced maternal and neonatal deaths in the selected countries. The authors concluded that effective postnatal care services would reduce the rate of neonatal mortality to its barest minimum. Across literature, postnatal care has been recognized as an integral component of essential maternal and infant health. Similarly, the benefits of postnatal care has been identified by numerous scholars including Baqui et al.(2009) and Abou-Zahr (2001) as an appropriate health intervention in reducing maternal and infant mortality across Sub-Saharan Africa.

2.4 Barriers Faced by Postpartum Mothers in Seeking Postnatal Care

Research shows that numerous factors serve as obstacles for mothers to attend postnatal care (Varma, Khan & Hazra, 2010). In Varma et al’s (2010) study, they identified the barriers and factors facilitating the adoption of healthy care of newborn cord and thermal care in rural Uttar Pradesh. The study employed a mixed method and adopted survey and in-depth interviews as methods of data collection. The findings showed that lack of
awareness on cord care among women and families, perception that an un-bathed newborn is impure, misconceptions regarding the consequences of not bathing the newborn, lack of awareness among women and frontline health workers, low postnatal check-ups due to early discharge from the facility and lack of adequate advice on postnatal care before discharge served as barriers to postnatal care utilization among women.

The rampant increase of postpartum mothers across the globe makes Africa and more importantly Ghana, no exception for the establishment of many hospitals to meet the unique needs of the concerned postpartum mothers. However, “The smooth enjoyment of a pregnant woman during her pregnant stage and postpartum mothers after birth” said Eshun et al. (2000) “point unambiguously to how health professionals make room for essential services and among them include the length of time spent during consultation and the availability of drugs required to meet client needs”. Therefore, inadequate space to serve as a waiting area, delayed service delivery from health personnel and unavailability of appropriate drugs serve as barriers to postnatal care utilization (Eshun et al.)

In another study, Titaley, Dibley and Roberts (2009) researched on factors associated with non-utilization of postnatal care services in Indonesia. It was revealed that low educational level, low household wealth index and long distances from health facilities served as barriers that prevented women in Indonesia from utilizing postnatal care services. Again, they established that the relationship between maternal education and health service utilization was also reflected by increased odds among mothers with lack of knowledge of obstetric complications and lack of exposure to mass media. Moreover, that study confirmed that lack of knowledge about the importance of maternal and child health hinders women from attending postnatal care services. Women reporting not
having any post delivery complications were more likely to underutilize postnatal care services. It was recommended that public health interventions to increase the utilization of postnatal care services should target women who are poor, uneducated, from rural areas and those who use untrained birth attendants.

In a qualitative study conducted in Tanzania, Mrisho et al. (2009) explored the perspectives and experiences of women and health care providers on postnatal care. In total, 74 women participated in the study and data was collected through in-depth interviews and focus group discussions. The findings of the study indicated that shortage of staff, equipment and suppliers served as barriers for women to attend postnatal care services. In addition, fear of encountering wild animals on the way to the clinic and lack of money prevented women from seeking postnatal care services. The study recommended that efforts should be put in place to improve postnatal care by focusing on addressing geographical and economic access to health facilities.

Furthermore, it was observed by Mrisho et al. (2009) again that drugs and vaccinations that were provided to women were not utilized satisfactorily, because the women lacked understanding of the drug usage. Nonetheless, women utilizing postnatal care services had considerably more knowledge as compared to those not utilizing them. This is mainly for the reason that government health providers supply these but carry out very few other suggested measures that were equally important in order to educate the women.

In a study by Stephenson et al. (2006), Religion has been recognized as a barrier to postnatal care utilization. Habitually, beliefs and norms structure religious practices thereby having an impact on how women recognize their health needs and their reaction to available health services. Religion has a central function in the utilization of postnatal
care services due to the fact that it shapes attitudes, ethics and norms (Stephenson et al., 2006). The attitudes or ethics that women believe in may deter them from utilizing postnatal care services. Religious convictions have been found to set in motion or exclude women from taking responsibility for their health needs in India and Africa (Stephenson et al., 2006; Rahman et al., 2011). Employing logistic regression in adjusting for baffling factors, a cross-sectional study done in a peri-urban town in Zimbabwe exposed that religion (apostolic faith) was correlated with non-utilization of postnatal care services, for the reason that the postpartum mothers believed in faith healing and have a preference for traditional midwives. Further, it was found that non-Catholic women were less probable to use maternal healthcare in Ghana, whilst Catholic women were less probable to utilize maternal healthcare in Kenya in contrast to Protestants (Stephenson et al., 2006).

Titaley, Hunter, Heywood and Dibley (2010) in their study, indicated that the main reason postpartum mothers frequented postnatal care services was to guarantee the safety of both mother and infant. However, there were some barriers to the utilization of postnatal care services such as, financial difficulty in relation to the cost of health services and transportation costs. Both barriers emerged as major issues among women who did not fulfil the minimum requirements of two postnatal care visits within the first month after delivery.

As reflected in the report by the Center for Reproductive Rights on maternal care in Kenya, there are numerous reports of physical abuse during labour and delivery from health facilities around the world. In South Africa, women report being beaten, threatened with beating, and slapped during childbirth at midwifery units, clinics, and hospitals (Jewkes, Abrahams, & Mvo, 1998). In Peru, multiple reports describe nurses
slapping women when they are pushing during delivery (d'Oliveira, Diniz, & Schraiber, 2002).

Latin American and Caribbean Committee for the Defense of Women's Rights Legal Center for Reproductive Rights and Public Policies in 1998, reported that women in Kenya do not attend the hospital for fear of being severely beaten (Family Care International, 2003). In Burkina Faso, a male nurse detailed that he intermittently had to slap or pinch pregnant women because they did not want to push during delivery and this can harm the baby causing these same women to avoid attending postnatal care services after delivery (Steel et al., 2009). In Tanzania, a woman reported some nurses are good and console them. Others are quite irksome. They are so discouraging, even slapping pregnant women (Family Care International, The Skilled Care Initiative, 2005). All these treatments meted out to them often prevented postpartum mothers from seeking postnatal care in the facilities due to the fear of victimization and abuse (Steel et al., 2009).

In addition, a nationally representative sample of 10,023 women was studied using data from the 2006-2007 Pakistan Demographic and Health Survey (PDHS). The study indicated that only 24% of mothers received a postnatal care check-up within six weeks after delivery from their last pregnancy in the same year. This study found that women in Pakistan do not usually patronize a formal medical facility for regular postnatal care consultations, except for severe cases or potentially fatal complications that compels them to go to a hospital (Bibi et al., 2012). The 2006-2007 Pakistan Demographic and Health Survey (PDHS), concluded that utilization is still low and the socio-economic status of postpartum mothers remains a major determinant of postnatal care utilization (Yunus et al., 2013).
A frequent theme in the text is the lack of discretion and confidentiality for many women around the globe who access postnatal care (d'Ambruoso et al., 2005) Lack of privacy refers to physical lack of confidentiality in hospitals where women may labour and deliver in the full glare of other clients and when it is necessary for postnatal examinations, same is done with the assumption that both client and health providers are female. Lack of privacy also relates to sensitive patient information such as HIV status of mother and baby, age, marital status and medical history serving as barriers to postnatal care utilization. Non-confidential care is an especially important problem in high prevalence HIV settings, where failure to respect the confidentiality of a woman's HIV status may increase the discrimination a woman experiences in a facility and her community. This deters her use of facility-based care after delivery. Also, poor staff attitude including; rudeness, undeserved or inappropriate reprimand, shouting at women in labour, lack of empathy, refusal to assist, and threatening patients during postpartum appointments with poor outcomes if they did not comply with instructions(d'Ambruoso et al., 2005)

In addition, Titaley, Hunter, Heywood and Dibley (2010) again researched on the perceptions of community members on postnatal care service utilization. The study adopted a qualitative design and used 20 focus group discussions and 165 in-depth interviews to collect data from 295 participants. It emerged in the findings that the cost of transportation and health service prevented women from the remote areas from seeking postnatal care services.

Also, limited availability of health services, long distances from their villages to the health centers, poor roads and lack of community awareness about the importance of postnatal care served as barriers for women to attend postnatal care services.
Using data from the District Level Household Survey (DLHS-3) conducted in 2007–2008, Singh et al., (2008) found that about 44% of the mothers interviewed in the survey received postnatal care check-up within 48 hours after delivery and only 45% of the newborns were checked within 24 hours in India. Their findings showed the enormity of socio-economic inequalities regarding the use of postnatal care services. They established that the use of postnatal care was three times higher among the rich compared to the poor. The rich were much more likely in contrast to the poor to get their infants examined by a healthcare worker within 24 hours of birth. In addition, they were also more likely than the poor to get their newborns scrutinized in a private facility (Singh et al., 2012). The above is an indicator of access being directly linked to one's socio-economic status as a mother.

Additionally, the use of postnatal care services by women and barriers to its use has been explored among Palestinians by Dhaher, Mikolajczyk, Maxwell and Kramer (2008). In a cross-sectional survey, the study was conducted at three clinics run by the Ministry of Health in providing mother and child health care. A total of 264 postpartum women participated in the study and data was collected by face-to-face interviews using structured questionnaire. It was found out that majority of women (66%) considered postnatal care to be important but only 36% used it. The reasons cited for low patronage were that the women did not feel sick and did not feel the need for postnatal care, and not been told by their doctors to come for postnatal care services.

A cross-sectional study using a mixed-method approach conducted in Bandarban District in the isolated south-eastern part of Bangladesh revealed that 94% of the women did not utilize postnatal care services. From the qualitative results, the non-utilization of postnatal care services among the women was due to long distances to service centers, language barrier, illiteracy and lack of awareness of health issues (Islam and Odland,
2011). Using the 2004 Bangladesh Demographic and Health Survey (BDHS), Rahman (2008) identified different factors affecting postnatal care services of mothers in the urban and rural areas. His findings revealed that there is a strong urban-rural differential in the utilization of postnatal care among urban and rural mothers. He found that urban illiterate mothers were two times more likely to receive postnatal care from medically trained providers than rural illiterate mothers. In contrast, receiving postnatal care from medically trained providers among highly educated mothers was almost same both in the urban and rural area.

Like other study findings, Dhakal et al. (2015) have revealed the problems women encounter in their quest to access skilled care at the time of delivery in Nepal. A descriptive and cross-sectional study was employed to evaluate information on practice of and barriers to skilled delivery care among participants. The study established that health facilities located very far and the lack of transportation facilities were problems of institutionalized delivery care in Nepal. Lack of skilled health professionals was another barrier identified in relation to access to skilled care at birth in Nepal. None of the home deliveries was assisted by a skilled health worker reflecting the shortage of consistent skilled attendants in the community (Dhakal et. al, 2015). High costs of delivery at the hospital were a major factor causing women to deliver at home in Nepal. Care during delivery provided by skilled attendants was more expensive making it unaffordable for poor women and their relations in Nepal leading to relatives’ refusal to access skilled delivery due to the cost involved. Also, low socioeconomic status of women also limited access to skilled delivery ensuing in unaided delivery at home (Dhakal et. al, 2015).

Moreover, DiBari, Yu, Chao and Lu (2014) aimed in their study to identify the actual and perceived barriers to postpartum care among women in California. The study analyzed data from the 2007 Los Angeles Mommy and Baby study. A total of 4075
women were chosen using a probability sampling technique. A multivariable analysis was used to analyze the data. The most common barriers reported by participants were feeling fine after delivery, being too busy with the baby, having other things going on, being separated/divorced, low income and lack of need. Improved community education and access to health care were recommended in order to increase the acceptability of postnatal care services.

Furthermore, in a mixed method study conducted in China, Chen et al. (2014) assessed the coverage, quality of and barriers to postnatal care services. The researchers conducted a household survey with 1601 caregivers’ children younger than two years and also conducted semi-structured interviews with 24 maternal and child healthcare workers. In the quantitative analyses, the findings revealed that 65% of women said they did not know about postnatal care and 24% of them thought it was not necessary so they did not access postnatal care services. The qualitative findings showed that staff shortage and inconvenience in transportation limited maternal and child healthcare workers in reaching out to women at home. The use of postnatal care was found to be very low in China due to the above listed barriers.

Besides, an exploratory study was conducted in Nepal to find out the barriers in the utilization of maternal health care services after child delivery (Lama & Krishna, 2014). Data for the study were collect through focus group discussions and in-depth interviews and analyzed thematically. The study revealed that the barriers to maternal healthcare service included social factors such as family pressure, negligence, superstition, alcoholism, shyness, misconceptions, and illiteracy. Economic barriers included large family size, joblessness, and needless expenditure on health care service. Development in interventions to eliminate these barriers was recommended by the study.
In a similar study conducted in rural Uganda, Nabukera et al. (2006) explored the knowledge, attitudes and barriers to the utilization of postnatal care services. The findings showed that the main barriers to postnatal care services were poverty, long distance to health facilities, lack of essential drugs, misconceptions about the importance of postpartum care and poor attitudes of health care workers. In addition, a study was conducted by Tesfahun et al. (2014) in the Gondar Zuria District to find out factors that influence postnatal care decisions of postpartum mothers in the Amhara Regional State, located 700 km from Addis Ababa, Ethiopia. At the time of the study, the population of the district was 204,698, of which 101,009 were female. There are 3 urban and 35 rural wards, five health centers, and two health posts working to maintain the health status of the people in the district. The study population consisted of mothers from 15 to 49 years who gave birth in the last year in the selected wards and were residents of the district for at least 6 months using multistage sampling technique for participant selection.

Additionally, the district was stratified into urban and rural wards, and then one urban and 12 rural ward were chosen by simple random sampling technique. In the study area, 12,282 women were estimated to be qualified. The total sample size 836 was distributed proportionally to each strata: 131 urban and 705 rural households samples were selected employing the systematic random sampling technique. If there was more than one mother within the same household, a lottery method was used to select the mother to be included. Purposive sampling was used to select participants for focus group discussion (FGDs). Three FGDs which comprise a total of 6–8 individuals were conducted with mothers, health extension workers (HEWs), and community health workers (CHWs). A total of 16 mothers, three HEWs, and three CHWs participated in the FGDs.

From the study it was concluded that majority of the postpartum mothers had an awareness of postnatal care but did not know when to seek those services. From the
result it was concluded that postpartum mothers’ awareness of postnatal care is more focused on the immunization component than others. Most mothers have a positive perception toward postnatal care; however, mothers in a rural area possess a negative perception. Postnatal care utilization was high but utilization of the most crucial elements was very low and large segments of postpartum mothers utilize only immunization services. The place of residence, distance from health facilities, previous visit by community health agents, and the ability to make decisions were significant factors that influence utilization of postnatal services.

According to Mahiti et al. (2015), the activities of traditional birth attendants prevent women from seeking postnatal care services from health facilities. Majority of women in rural Tanzania delivered their babies in the house through the services of traditional birth attendants which came with no or cheaper cost. Due to that, the women did not see the need of going to the hospitals for any other services. Aside that, the long distances between the villages and the health facilities as well as the negative perceptions regarding the quality of maternal health services in the health facilities served as barriers to postnatal care service for women in rural Tanzania. The study recommended improvement in addressing accessibility of services, professionals’ attitudes and the promotion of the importance of postnatal check-ups among both women and health care professionals.

Some scholars have indicated that there are many examples of discrimination during postnatal appointments in respect to a woman’s race, language, economic status, ethnicity, age, HIV/AIDS status, traditional beliefs and preferences, and educational level. Data from an Ecuadorian household survey show that 18% of the time, Indian women in Ecuador who preferred to deliver and self medicate after delivery at home did so because of poor interpersonal behavior by providers who were particular about the
aforesaid factors (Jewkes et al., 1998). In a study conducted in Peru, providers were reported to exhibit little respect for local cultures (Kayongo et al., 2006) and the indigenous population has been required to deliver in health facilities through the use of police or pressure of imprisonment in health facilities.

Tawiah (2011) in his study found that apt care after delivery is imperative for the health of the mother and the development of the infant. After delivery, it is a crucial time to support healthy behaviors and parenting skills. Good postnatal services link the woman and her family with the formal healthcare system, increases the chance of using a skilled attendant at birth for subsequent births and contributes to good health throughout the life cycle. Insufficient care during this time breaks a decisive link in the continuum of care, and affects both women and infants. Medical response to postpartum mothers is purely a precise recommendation of effective drugs treatment after consultation. It is empirically realistic that inorder for a woman to keep her energetic position after birth is directly correlated with the availability of effective drugs necessary to meet client health needs. Tawiah (2011) argues that most clinics in Ghana do not have the recommended drugs to meet client needs thereby preventing them from utilizing postnatal care for subsequent births.

Studies have indicated that, Africa has high rates of depression among women during the postpartum period as compared to high income countries. The measure of postpartum depression in low income countries ranges between 15 to 50% (WHO & UNFPA, 2008). These numbers raises attention to what could be the cause and risk factors behind these high figures of postpartum depression among mothers especially in low-income countries such as most African countries. In Africa, mothers are vulnerable to mental illness such as depression and post-traumatic stress disorder during the postpartum period especially when they are mothers of sick, preterm or low birth weight infants.
These findings indicate that the postpartum periods are very critical periods in the life of postpartum mothers as well as their infants and therefore care and attention should be paid to it.

Ghana as a nation with high rates of maternal and infant mortality does not have enough studies that identifies or deals with mental health related illnesses during the postpartum period of motherhood (WHO, 2010). According to a report by the WHO (2007), only 1% of patients with psychiatric issues or disorders in Ghana receive psychiatric care. This indicates that mental health related issues during postpartum periods have not received much attention from psychiatric care and studies as well. Studies elsewhere have identified that, lack of social support, educational level, family related stress, depression during pregnancy, societal stress and partner conflict are risk factors to postpartum depression in low income countries (Ramchandani et al., 2009). Ghana’s case is not any different as risk factors may further include poor self-rated health, home delivery and history of interpersonal violence with current partner (Gold et al., 2013).

The effects of postpartum depression include the impairment of maternal-infant interactions and this can lead to attachment insecurity (Luoma et al., 1998; Nelson et al., 2003). Also developmental delay and difficulty in social interaction are likely effects of postpartum depression on children (Weinberg & Tronick, 1998). This is indicative of the fact that postpartum depression does not only affect mothers but also the infants as well. Therefore, if attention is given to these mental health conditions among mothers, it will in turn have an effect on the women as well.

Preterm birth and low birth weight is believed to be stressful and therefore associated with postpartum depression among mothers (Vigod et al., 2010). The study further indicated that mothers with preterm low birth weight infants have higher depression
scores within 12 weeks postpartum. It has been identified that mothers with preterm infants experience more psychological distress than mothers with normal full-term infants during the postpartum period (Ukpong et al., 2003). The increase in psychological stress during this period could be attributed to poverty and the stress of having to visit medical facilities regularly. These factors have been associated with the double increase in postpartum depression.

It has been established by previous scholars in the area of postnatal care that, most often, postpartum mothers prefer seeking healthcare from a formal healthcare provider like a well-qualified physician (Abrams, Dornig, & Curran, 2009). A qualitative study conducted by Abrams et al. (2009) explored barriers to formal health seeking for postpartum depression mothers in the United States. The study collected data from fourteen postpartum mothers, eleven community key informants and twelve formal service providers. The authors found three factors that hinder postpartum mothers from accessing formal healthcare services, including individual factors (lack of or insufficient knowledge about service), communal factors (cultural barriers and stigmatization), and provider-level factors. Generally, cost of service, negative attitudes of health personnel and long distances from places of residence to health facilities have been identified as some barriers to successful maternal healthcare utilization. These challenges make it difficult for postpartum mothers to attain optimum health for themselves as well as their newborns after delivery.

2.5 Strategies to Address Challenges in Seeking Postnatal Care

WHO and UNICEF (2009) recommend that care must be provided by skilled health professionals immediately after birth to women irrespective of where the birth took place. They believe that most neonatal death that occur within the first 48 hours after
delivery can be prevented if women who cannot afford postnatal care service in health facilities due to various challenges are provided with services in their homes. Their argument was based on evidence from Bangladesh which suggested that newborns that were visited within the first 48 hours after birth at home had lower subsequent mortality than those visited later (WHO & UNICEF, 2009). A study conducted in India by Bang, Bang, Baitule, Reddy and Deshmukh (1999) revealed that case fatality in neonatal sepsis declined from 16.6% before treatment to 2.8% after treatment by village home visit by health workers. They contend that home-based neonatal care is feasible, acceptable, and can reduce neonatal, maternal and infant mortality by nearly 50% among malnourished, illiterate, and rural populations.

In 2009, UNICEF and WHO recommended home visits for care of the newborns in the first week of life as an analogous strategy to facility-based postnatal care in order to improve newborn survival. Five countries were selected for the review – Bangladesh, Malawi, Nepal, Nigeria and Rwanda. Four of the countries have adopted postnatal care home visits as a national policy or strategy. The World Health Organization (WHO, 2012) recommends up to four contacts with new mothers during the early postpartum period. These visits should occur at one, three, seven and fourteen days postpartum. It is only after this vital early postpartum period that what is commonly understood as routine postpartum care which includes: counseling on breastfeeding, family planning, infant feeding and immunization and education on maternal nutrition should take place (AbouZahr and Bere, 1999).

In order to achieve universal health access, women need to be cared for in their deprived communities and empowered to make decisions that affect their own health (Elmusharaf, Byrne & O’Donovan, 2015). In a review of 26 articles, Elmusharaf, Byrne and O’Donovan (2015) identified the strategies to increase demand for maternal health
services in resource-limited settings. The study identified conditional cash transfer which is a social protection innovation that provides cash to poor households conditional to meeting health service requirements like attending antenatal care as a strategy to improve postnatal care. Also, community based health insurance scheme that is organized at the community level with the principles of risk pooling and regular payment of hospital bills emerged as a strategy to increase demand for postnatal care during the review.

In addition, emergency transport fund was recommended which specified that communities should set up loan funds for emergency obstetric transport to overcome difficulties in paying for transportation to postnatal care services (Elmusharaf, Byrne & O’Donovan, 2015). Moreover, many studies proposed intermediate forms of transportation that offer locally appropriate and low cost mobility services in rural areas as another strategy to address challenges in seeking postnatal care service (Elmusharaf, Byrne & O’Donovan, 2015). Further, maternity waiting homes were suggested to bridge the geographical gap between women in deprived areas and health service centers and community-based interventions like home visits were recommended to help manage the barriers in accessing postnatal care services (Elmusharaf, Byrne & O’Donovan, 2015).

Syed, Khadka, Khan and Wall (2008) conducted a study to summarize the research findings of newborn care practices in poor and rural districts of Bangladesh, Nepal and Pakistan and to explain how these findings were used to design behavior communication elements of newborn care programs. The findings of the study indicated that, in Bangladesh, behavior communication messages were developed to educate mothers, mothers-in-laws, other care givers and fathers as well as key decision makers on the merits of seeking postnatal care. Emphasis was placed on danger signs that required prompt care from qualified health practitioners.
In Nepal, key programs were to improve the use of postnatal care services by increasing knowledge about preparation for normal and complicated pregnancies, deliveries and postpartum periods (Syed, Khadka, Khan, & Wall, 2008). Female community health volunteers were trained to educate and motivate newborn caregivers on the need for postnatal care and to seek qualified care for maternal and newborn danger signs. Additionally, Pakistan designed programs for the need of culturally sensitive behavior change communication materials, and approaches to educate families and communities and to influence prevailing norms of care seeking behavior for newborns and mothers within the cultural context (Syed, Khadka, Khan, & Wall, 2008).

World Health Organization (2015) recommended that women, girls, families and communities should be empowered within societies so as to prioritize the survival and health of postpartum mothers. This included strategies to ensure equal access to resources, comprehensive sexual education, information and efforts to eliminate gender based violence including disrespect and abuse of women using health care services. Women are to be empowered in the context of having the power to make their own decisions and exercise their choice in terms of postnatal care services.

Similarly, Uneke, Ndukwe, Ezeoha, Urochukwu and Ezeonu (2014) recommended that Nigeria should embark on training community women on postnatal care, life-saving skills in case of emergency, reproductive health, care of the new born and family planning. They further said that women in communities should be sensitized towards behavioral change to understand what quality services that respond to their needs are, and implementation of packages that provide technical skills to women of childbearing age as well as mothers’ groups and traditional birth attendants for better home based maternal and child healthcare.
Additionally, Kangaroo mother care usually associated with preterm and low birth weight babies has been identified as a strategy for continuum care in the postpartum period. This technique is very prevalent in developing countries (Lincetto, Nazir&Cattaneo, 2000). It is considered widely as the most feasible, preferred and readily available intervention for reducing neonatal morbidity and mortality especially in developing countries (Charpak, 2005). Analysis of kangaroo mother care has always been carried out in 3 variables which include, the infant’s health, mother-to-infant bonding and parent satisfaction but not to specifically treat postpartum depression and other issues related to the birth of such infants (Kambarami, Mutambirwa&Maramba, 2002; Hall & Kristen, 2008). Kangaroo mother care does not have a direct impact on postpartum depression. However, it helps deal with some issues of preterm and low birth weight which in turn can reduce the stressful experiences of mothers with such infants.

There has been an attempt to treat postpartum depression with kangaroo mother care intervention (Echeverria et al., 2008). Mothers after their participation in the study reported improvement in the feeling of calmness and increased strength. Others also reported being well-coordinated, energetic, relaxed, contented, friendly and clear-headed (de Macedo et al., 2007). They further hinted that these conditions are usually absent in the conventional treatment of postpartum depression. Evidence-based conventional treatments of postpartum depression include cognitive-behavioral therapy and counseling, anti-depressants and supportive counseling either at home or within groups and sometimes via telephone (Leahy-Warren & McCarthy, 2007).

Kangaroo mother care does not only help the mother during the postpartum period, but also the baby by decreasing stress levels (Moore, Anderson & Bergman, 2009). It also increases the mother’s affectionate contact behavior during these periods and this helps to lessen the clinical interventions needed to deal with postpartum depression. Kangaroo
Mother Care especially in developing countries is therefore necessary for neonates or preterm or low birth weight babies as well as mothers in helping to deal with postpartum depression.

Inspite of the challenges associated with successful postnatal care utilization, home visits by health personnel to ascertain the health status of mothers and their newborns after delivery, government interventions for transportation and cost of service as well as women empowerment through training in maternal healthcare issues are some of the pertinent ways identified in addressing barriers to successful postnatal care utilization.

2.6 Theoretical Perspective

The Health Belief Model (Hochbaum, Rosenstock, & Kegels, 1950)

The health belief model has been used by researchers to predict health behaviors of individuals or groups. According to the health belief model, individuals may take a health related action based on four main perceptions namely; perceived susceptibility, perceived severity, perceived benefits, and perceived barriers.

Perceived Susceptibility

Perceived susceptibility as a perception in the Health belief model relates to how the individual quantifies the risk of contracting a particular ailment and adopts a particular health seeking behavior to decrease the risk. For example, a postpartum mother may perceive the danger of not seeking postnatal care and may employ alternative measures to prevent herself and the baby from contracting any complications.

Perceived Severity

Perceived severity relates to the seriousness of the disease as well as to the consequences (excessive pain, disability, or death) that would be incurred if a contracted disease or complication is left untreated. In the context of the current study, postpartum mothers...
may resort to the hospital, traditional health worker, herbalist, chemical shop, or self-medication to prevent the disease or complication from escalating if they perceive its outcomes as negative and detrimental to their wellbeing and that of their infants.

**Perceived Benefit**

Perceived benefit is the individual’s perception about the advantages to be derived after adopting a particular health seeking behavior. Therefore, if the postpartum mother perceives a positive benefit and convenience in seeking postnatal care from traditional medicine or herbs, or self-medication, then the likelihood of her utilizing postnatal care to restore her health after delivery.

**Perceived Barriers**

Perceived barriers are the factors that prevent individuals from taking a particular health action. After making a decision to access a particular healthcare provider, postpartum mothers may quantify the cost of accessing a particular healthcare service and decide whether they can afford it or not. Also how convenient and easy it is to access a particular healthcare provider also has an influence on its patronage. In this regard, challenges in accessibility and cost in accessing allopathic healthcare may compel postpartum mothers to develop other health seeking behavior such as self-medication or seeking healthcare from other sources which may be less expensive, easily accessible and convenient.

**2.6.1 Usefulness of the Theory to the Study**

The health belief model would help to understand why postpartum mothers seek healthcare from different healthcare providers in Ghana. Also, the health belief model would help to explain or understand postpartum mothers’ perception or belief system about postnatal care. In addition, it would aid the researcher to explain how difficulty in
accessing allopathic healthcare (scientific medicine) could compel postpartum mothers to employ countless health seeking behaviors which may be detrimental to their health and that of their infants.

Besides, the health belief model opines that individual knowledge about health care accessibility is influenced by perceptions about the healthcare provider’s (Rashrash, Maneno, Wutoh, Ettienne, & Daftary, 2016) attitudes and beliefs (Janz & Becker, 2000). Expanding this to the current study, the health belief model would help understand the factors that may shape postpartum mothers’ health seeking behaviors. In this regard, the health belief system of postpartum mothers as well as familial relations could be a major hindrance to health seeking by postpartum mothers. Therefore, it is assumed, the health belief of postpartum mothers could play a role in determining their utilization of postnatal care after delivery.
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This section outlines the research methods of the study. The section addresses the study area, research design, target population, study population and sample, sampling technique, sample size and sources of data. This section also captures the methods of data collection, data handling and analysis, and ethical considerations of the study.

3.2 Study Area

The study was conducted at Teshie, a suburb of the Greater Accra Region. Teshie is a town in the Ledzokuku-Krowor Municipal Assembly and it is about 13km east of Accra. Teshie shares boundary with Nungua and the Gulf of Guinea and it is the district capital of the Ledzokuku-Krowor Municipal District. It is predominantly a Ga speaking community with a few of the populace being Twi and Ewe speaking people. The main occupation of the indigenes is fishing since they are located along the coast. The rest of the populace is either self employed, formally employed or engaged in petty trading.

3.3 Research Design

A qualitative research design was used in this study. Specifically, phenomenology as a qualitative research method was used in order to explain how the research participants experienced postnatal care. A phenomenological study attempts to set aside preconceived assumptions about human experiences, feelings, and responses as well as biases to a particular situation (Giorgi, 1997). This allowed the researcher to probe into the perceptions, perspectives, understandings, and feelings of the study participants who have experienced the phenomenon of interest. It was employed to capture in-depth information based on the study participants’ lived-in experiences and knowledge about
the particular phenomenon (Turner, 2010). A qualitative design gives participants the flexibility to provide a vivid explanation to their answers and broadens the understanding of the topic understudy (Creswell, 2007). The qualitative research approach allowed the study participants to tell their experiences in their own words and also aided the researcher in seeking the views of postpartum mothers on postnatal care.

3.4 Target Population
The target population for the study included all postpartum mothers resident at Teshie. It also comprised of all midwives from the Ledzokuku Municipal Assembly Hospital (LEKMA) and La General Hospital. All Traditional Birth Attendants (TBAs) in Teshie were also included in the study.

3.5 Study Population
Data for the study was collected from postpartum mothers in their reproductive age (15-49 years) at Teshie who were within six weeks after delivery and midwives who had come into contact with a postpartum mother for at least twelve months and beyond. Data was also collected from Traditional Birth Attendants who had practiced for at least twelve months.

3.6 Sampling Technique
Purposive sampling technique was used to select participants for the study. The Purposive sampling technique enabled the researcher to select participants who helped the study address its objectives (Palys, 2008). The researcher was given an approval by the heads of the postnatal care departments of the selected hospitals to choose participants who met the inclusion criteria of the study. As a result, participants who displayed familiarity and knowledge about the topic understudy were selected for the study. The study sampled thirty participants from the study population. This constituted
twenty postpartum mothers, five midwives and five traditional birth attendants. This was done in consideration of Bowens’ (2008) concept of saturation in qualitative research. The inclusion criteria for the participants included postpartum mothers who were within six weeks after delivery, midwives who had been at the postnatal care department of the selected hospitals for at least twelve months and TBAs with at least twelve months experience practicing in the field.

3.7 Sources of Data
The sources of data for this study are both primary and secondary data. Primary data was collected using an interview schedule to conduct in-depth interviews with postpartum mothers, midwives and TBAs. Dissertations, electronic materials, journal articles and books were used to obtain secondary data for literature review.

3.8 Methods of Data Collection
The researcher was granted an approval to undertake the study from the Greater Accra Regional Health Directorate. Informational meetings were held at both hospitals in order to enlighten postpartum mothers and midwives about the intended study. TBAs were also met and informed about the purposes of the study. These meetings informed the study participants about the purposes of the study, inclusion criteria and importance of the study to postpartum mothers, midwives, TBAs and the Teshie community as a whole. The consent of postpartum mothers, midwives and TBAs who were ready to participate in the study was sought after which an interview guide was used to collect data from the participants through in-depth interviews. This allowed the participants to freely express themselves thoroughly and enabled the researcher to probe the responses given. Permission was sought from the participants to audio tape interviews. Interviews were conducted in English, Twi and Ga depending on the preference of participants after
which the Ga and Twi interviews were translated into English. All interviews lasted between forty-five (45) minutes to one (1) hour and were conducted at a place and time convenient to the participants.

3.9 Data Handling and Analysis

Audio data from conducted interviews was kept on the researcher’s password protected computer inorder to keep it safe from unauthorized persons. The researcher listened to all the audio data on the recorder and then analyzed the data employing Braun and Clark’s (2006) six steps of thematic data analysis. The six phases of the analysis are;

- Phase 1: Familiarization with the data. The researcher transcribed data and read data over and over again while taking note of initial ideas.

- Phase 2: Generation of initial codes: The researcher coded fascinating features of the entire data systematically and collated data important to each code.

- Phase 3: Searching for themes: The researcher did this by searching for themes from the data through collating codes into potential themes and then gathering all data significant to each theme.

- Phase 4: Reviewing themes: The researcher generated a thematic map of the analysis by checking if themes were relevant to the codes extracted and the data as a whole.

- Phase 5: Defining and naming themes: Here, the researcher brought out emerging themes from the analysis and these themes were clearly defined and named.

- Phase 6: Producing the report: In this phase, the researcher produced the report by employing themes that have emerged and defined in the analysis in discussing the findings of the study.
3.10 Credibility and Trustworthiness of the Study

Credibility and trustworthiness of data as a component of qualitative research is significant. The researcher ensured this by member checking. Member checking is a data validation technique in qualitative research employed by researchers in order to attain credibility and accuracy of a study (Creswell, 2007). To ensure this, the researcher transcribed the data from the audio recording to a text form and returned it to some of the participants to help cross check the information. This ensured that the data transcribed reflected exactly the intent and meanings of the information given by the participants during data collection. Member checking therefore ensured credibility and trustworthiness in this study.

3.11 Ethical Considerations

The ethical issues that the researcher took into consideration in conducting the study included plagiarism, informed consent, voluntary participation and confidentiality. In order to avoid plagiarism, secondary information was duly acknowledged. In order to ensure informed consent of participants, the researcher introduced herself and the purposes of the study to the participants’ and obtained their consent before they were interviewed. The consent of participants willing to participate in the study was sought through signing or thumb printing of consent forms made available by the researcher. The researcher provided information about the kind of data to be collected, a sample of the interview questions, data handling and the benefits of the use of the data to participants and the Teshie community as a whole.

To ensure voluntary participation, before the commencement of the interviews, only participants who were willing to participate in the study were selected. In addition, participants were given the chance to withdraw from the study with no constraints if they
were unwilling to continue in the study. The confidentiality of participants was ensured by replacing participant names with pseudonyms to prevent easy identification of information by readers and direct attachment of a statement or response to a particular participant. Also, after the audio recording was obtained from the participants, the researcher avoided unauthorized access to the files by saving the information on the hard drive of her password-protected computer.

Finally, the study was approved by the University of Ghana Graduate School through a series of presentations carried out at seminars from the proposal stage through to the final stage. Also, pertinent comments and contributions from senior members of staff from the Department of Social Work ensured that this study was guided by social work ethics.

3.12 Limitations of the Study

A major limitation of this study is Language. This is due to the fact that the Interview schedule was designed in English however; the interviews were conducted in English, Twi or Ga depending on the preference of participants. In this regard, in translating the interviews from Ga or Twi to English, some vital information may have been lost. This is because the researcher may not get exact English words to match those in the local dialect leading to data being lost in the conducting of interviews. However, the researcher used English words that were closest in meaning to those of the research participants in order to express their opinions candidly.
CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents and discusses the findings of the study. It includes the demographic information of the participants and the voices of the research participants presented under the main themes and sub-themes that emerged from the findings of the study.

4.2 Demographic Information of Participants

<table>
<thead>
<tr>
<th>Demographic Information of Postpartum Mothers</th>
<th>21-25 years= 4</th>
<th>26-30 years = 6</th>
<th>31-35 years=5</th>
<th>40-45 years=2</th>
<th>Undis.=3</th>
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<tbody>
<tr>
<td>Age of Postpartum Mother</td>
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<td>SHS</td>
<td>Primary</td>
<td>Uneducated</td>
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<tr>
<td>Educational Level</td>
<td>Midwives</td>
<td>TBAs</td>
<td>Primary</td>
<td>Unemployed</td>
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<tr>
<td>Marital Status</td>
<td>Trade</td>
<td>Nurses</td>
<td>Unemployed</td>
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<tr>
<td>Occupation</td>
<td>Midwives</td>
<td>TBAs</td>
<td>Primary</td>
<td>Unemployed</td>
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</tr>
<tr>
<td>Demographic Information of Key Informants</td>
<td>Midwives</td>
<td>TBAs</td>
<td>Primary</td>
<td>Unemployed</td>
<td></td>
</tr>
<tr>
<td>Educational Level</td>
<td>Tertiary</td>
<td>JHS</td>
<td>Primary</td>
<td>Unemployed</td>
<td></td>
</tr>
<tr>
<td>Work Experience</td>
<td>Midwives:  7-8 years</td>
<td>TBAs: 10-30 years</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Age</td>
<td>Midwives: 35 and above</td>
<td>TBAs: 47-54 years</td>
<td></td>
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</tbody>
</table>

4.3 Factors that Influence Postpartum Mothers Decisions in Seeking Postnatal Care

4.3.1 Perceptions of Postnatal Care

Regarding their perception of postnatal care, both postpartum mothers and key informants stated that postnatal care involved all the activities a mother goes through after delivery of a child. The findings revealed that, postpartum mothers first of all perceived postnatal care to be good and also perceived it to mean all instructions from doctors and midwives that they needed to adhere to. These were some of the submissions made by some postpartum mothers.
My understanding is that postnatal care starts after you deliver. The very day you deliver all the activities and the things that they do to you is postnatal care. As for postnatal care it is very good. (Postpartum Mother 4)

How I see postnatal care is that when we come they examine us; our body and that of the baby with regards to the baby’s health, diet and everything. So I see postnatal care as something good. Everything is alright with us because we have been coming to the hospital. (Postpartum Mother 7)

Postnatal care is basically the aftercare of both mother and baby. I mean the care the mother receives after delivery either via caesarean section or spontaneous vaginal delivery. Postnatal care entails the mother being healthy, not having any complications after birth and the baby also being healthy. Feeding exclusively breast milk and all the aftercare that the mother needs to know. (Postpartum Mother 17)

Postnatal care was also perceived by some mothers to mean the advice and education provided by the health professionals to the mother after birth. In the voice of a mother:

My understanding about postnatal care is that after delivery you are asked by the midwives to come to the hospital for a period of three days, one week and six weeks. That is my understanding. They subject you to screening. They ask you to do lab tests to see if everything is fine with you. The baby is also examined to see if he is healthy. (Postpartum Mother 5)

According to some postpartum mothers however, postnatal care is care given to only the baby but not the mother.

It is for the child. It’s about health care for the children after childbirth but if you don’t do it and you leave the children it makes the life of the child miserable and also unhealthy day after day and every day you will have troubles so when you are given a date for it and you do what you are told, it makes you see changes in the child. (Postpartum Mother 11)
Postnatal care is care given mainly to babies after delivery. After you deliver, nothing needs to be done for you because only the baby matters. The baby needs to be examined to ensure all is well with him or her. (Postpartum Mother 8)

The key informants’ perceived postnatal care to be beneficial to both postpartum mothers and their babies as well.

As for Postnatal care it is so helpful to mothers because when they come here we examine them and their infants as well from head to toe to ensure they are in good physical shape. (Midwife 2)

Oh, as for postnatal care it is essential in ensuring the proper growth of the baby. We carry out thorough examinations on the baby to ensure that the baby is fit and healthy. For the mothers to be healthy too, it is essential because we carry out thorough physical examinations in order to detect anything unusual. (Midwife 5)

Traditional Birth Attendants also affirmed that postnatal care is valuable to postpartum mothers and their babies.

I think postnatal care is good because of how we thoroughly assess mother and baby to ensure that they are in good health. After delivery the health of both mother and baby is very important due to the fact that some complications may set in. (TBA 1)

Midwives and TBAs also expressed their opinions of how postpartum mothers perceived postnatal care. The midwives indicated that postnatal care was perceived as injection for the baby, routine activity commanded by midwives and the child welfare clinic:

I think some of them only think it’s just for taking injections. That’s all basically. Some also assume it is the child welfare clinic so when they feel it is not necessary for their babies to be weighed and given injections, they do not come. (Midwife 5)
To the mothers, some see postnatal care as very essential in their lives so they adhere to the schedules we give them. But others also think it’s not necessary. After birth they are done; there is nothing to care much about their babies or themselves. (Midwife 1)

TBAs on the other hand were of the opinion that postpartum mothers’ perceptions of postnatal care were influenced by their relations

As for some postpartum mothers they listen to their relatives. The way they perceive postnatal care is influenced by their relations. If they are told not to go anywhere they will never come to you for care. (TBA 1)

The above comments made by some participants reflect their perceptions of postnatal care.

4.3.2 Knowledge about Postnatal Care

All the participants were knowledgeable about postnatal care and its benefits to postpartum mothers and their babies. They considered it good and advantageous to every postpartum mother. The midwives and TBAs also stated that though some postpartum mothers had knowledge about postnatal care, they do not attach a lot of importance to it.

These were some of the submissions made by some postpartum mothers

Well, when I first heard about it I was cool with it and very happy as well because it will enable me avoid all complications after delivery. Also, it won’t just help me but my baby as well. (Postpartum Mother 2)

It is a step in the right direction to seek postnatal care after delivery because if you keep the baby home and there are complications, there is no way you can attend to him medically. (Postpartum Mother 3)

However, the midwives and TBAs also stated that though some postpartum mothers had knowledge about postnatal care, they do not attach a lot of importance to it.
I just do not get some of these mothers at times. Though they are aware of postnatal care they do not come to be attended to because they do not attach a lot of importance to it. (TBA 4)

Some of the mothers do come for postnatal care but others too, the challenge we face is that they don’t see postnatal care as important in their lives because as I have already said they feel after delivery they are Ok. (Midwife 1)

From the above comments, it is evident that postpartum mothers were knowledgeable about postnatal care.

4.3.3 Place of Delivery and Healthcare Providers

Many of the postpartum mothers delivered at LEKMA and La General Hospital except one who delivered at home, her reason was that all her previous children were delivered at home by the advice of her relation. As part of the reasons for seeking care at the hospital, many of the postpartum mothers indicated that it was the best place to receive healthcare after delivery. All the postpartum mothers accessed postnatal care at the hospital except one who patronized the pharmacy alongside the hospital care. She indicated that she usually bought non-prescribed drugs from the pharmacy shop to complement services from the hospital because the pharmacy shops did not involve any procedures of tests and examinations before purchase and treatment as compared to the hospital.

I delivered at LA because all my previous children were delivered there. But I access postnatal care at the hospital as well as the chemical shops because they are all giving care and the chemical shops do not involve any physical examinations as compared to the hospital. (Postpartum Mother 15)
The hospital has qualified midwives who properly examined me and my baby so after delivery I always come here for postnatal care. This is the best place to receive care after delivery. (Postpartum Mother 8)

Some postpartum mothers indicated that they decided to seek care from the hospital because they had heard negative comments about the hospital and therefore wanted to confirm them through their own experiences.

I delivered at LEKMA hospital. I chose here because people were saying wrong things about the hospital so I decided to come and see if what they are saying is true but when I came here for delivery the way they treated me was nice. They pampered me and informed me of my next visit. (Postpartum Mother 20)

You see LEKMA is a good hospital. They treat people well. They look after you well. If there is something going on in your body they will tell you. Most people say that LEKMA is not a good hospital it’s a bad hospital, they kill people and mistreat them but with me the first time I came to deliver I had a totally different experience. (Postpartum Mother 15)

Some postpartum mothers acknowledged that both facilities been government owned made them suitable choices for them because experienced professionals were available and the cost of care was reasonable. The National Health Insurance card was accepted making payment for services rendered much cheaper than private owned hospitals.

I for example, access postnatal care here because it is far cheaper than all these private owned hospitals. I can afford to come here since I do not spend much, I can pay for petty petty things. (Postpartum Mother 12)

Oh as for LA because it is government owned, it relieves me of some of my financial burdens. At least my NHIS card pays for my consultation so that I can receive expert care. (Postpartum Mother 7)
Proximity to the hospitals from the homes of postpartum mothers also served as a deciding factor in their accessing postnatal care.

*I do not live too far away from the hospital so I always bring my baby here for postnatal care. It is convenient and cheap because even without money, my child can access care.* (Postpartum Mother 2)

But contrary to what the postpartum mothers indicated, the midwives and traditional birth attendants stated that postpartum mothers did not only seek postnatal care from the hospital but also from traditional birth attendants, chemical shops and self-medication

*Postpartum mothers utilize postnatal care here and also patronize the services of TBAs as well after delivery. Some patronize chemical shops upon advice from relations while others also self-medicate inorder to cater for their postnatal care needs.* (Midwife 3)

...*oh as for postnatal care the postpartum mothers come here after delivery for thorough assessment of themselves and their babies. I live in the community with them so they easily access me anytime they want to.* (TBA 4)

The above views by the postpartum mothers substantiate the claim that the place of delivery influences postpartum mothers’ decision to utilize postnatal care.

4.4 Benefits of Postnatal Care to Postpartum Mothers

All the study participants stated that postnatal care had several benefits for postpartum mothers and their infants. They indicated that education on how to properly care for infants, appropriate diet for mothers and the best breastfeeding practices for babies were some of the education given to postpartum mothers.

4.4.1 Importance of Postnatal Care to Mother and Infant

Some postpartum mothers’ especially first time mothers indicated that it educated them essentially, on how to properly care for their newborns.
I didn’t have any experience about babies so they taught me how to handle the baby; taught me not to apply any substance be it Pepsodent or anything on the cord except spirit. It is really good for mothers to come for postnatal care because you can’t be at home and be a doctor. (Postpartum Mother 13)

Some postpartum mothers also stated that postnatal care restored their health after delivery and safeguarded the health of their babies as well.

For the mother, postnatal care puts you in shape. You may not know that after birth you have complications. So if you have any complications they are able to detect it early enough and you become strong. And the baby too gets well. If anything is wrong with the baby too they are able to detect it and he is taken care of. It also makes the baby grow well. In terms of healthcare the baby is taken care of as early as possible with early detection of any infections or anything. (Postpartum Mother 4)

Family planning education was also mentioned by some postpartum mothers as an importance of postnatal care.

I learnt about family planning and the different methods available during postnatal care. I never knew some form of assessment is carried out before a family planning method is recommended to you until I came for postnatal care. (Postpartum Mothers 8)

Additionally, some postpartum mothers stated that the baby also benefits from postnatal care as information given mothers ensured healthy life and proper growth, prevents diseases and mortality for the baby. In the voice of a postpartum mother:

Postnatal care helps me to get insight into so many things in order to ensure that nothing troubles my baby. It helps the baby to live better. The baby has strength, he feeds well and he will grow well. Postnatal care can reduce maternal and infant mortality. (Postpartum Mother 7)
Midwives also indicated that the series of examinations carried out on postpartum mothers and babies prevents some postpartum complications and early detection of abnormalities leading to prompt referrals to a gynecologist.

*Postnatal care is very important both for mother and baby. For the mother, we check if after birth the uterus has gone to its normal position, we check and measure the mothers’ abdomen if evolution [shifting of the uterus to its position before birth] is taking place. We educate mothers on how they will breastfeed the baby, the position the mother is supposed to sit to avoid hurting the baby and for them not to get nipple crack and breast engorgement and the way the baby is supposed to suckle to avoid jaundice.* (Midwife 1)

*To mothers, let’s say once you come we do check the weight, BP and we still check the urine so if there is any problem for instance if the BP is elevated or there is a problem in the urine we are able to detect it faster and address it for the mother. We also educate them on how to care for their breast. Being the mother once you deliver there is lochia and so we check whether it is subsiding or increasing. It helps detect and correct danger signs earlier after childbirth so they can be curbed right away or treated before they get out of hand.* (Midwife 3)

TBAs also made assertions regarding the importance of postnatal care to postpartum mothers.

*...it is very important to mothers and babies. When you come for postnatal care I can easily tell if you and your baby are well or not. Just by looking at the baby’s’ cord I can tell if it’s infected or not and sighting the mothers stomach I can tell if the uterus is shifting to its normal position.* (TBA 1)

*Family planning is very important so I educate postpartum mothers during postnatal visits on all the natural methods of family planning I know and refer them to the centre for education on the other methods.* (TBA 2)
Postnatal care from the comments of participants above is valuable to postpartum mothers and infants.

4.5 Barriers in Seeking Postnatal Care

Postpartum mothers faced some challenges in seeking postnatal care and this deterred them from successfully accessing postnatal care. They indicated that they encountered personal challenges, facility based challenges as well as challenges regarding negative attitude of health professionals who cared for them.

4.5.1 Personal Challenges

From the findings of the study, some of the challenges postpartum mothers faced were related to finance and restrictions from their spouses which made it difficult for them to access postnatal care successfully

*My house is far from this hospital and I don’t have money too because I am not working. Coming from my place to the hospital is a bit difficult because it is very difficult getting tro-tro so I always charter a taxi which costs a lot of money o hmmm... It is important to me so I have to come amidst the difficulties. I stay around Nungua Nautical and you have to walk for a very long distance so it’s necessary that you hire a taxi. It is important for me to come for postnatal care so as to check my health status and that of the baby’s. I have to come at all cost so I charter a taxi and its very very expensive* (Postpartum Mother 5).

In the voice of another postpartum mother:

*Oh, there is no other problem apart from money; if you don’t have money you can’t go anywhere. When you have money you can decide to go anywhere you see. If you are home and you are not working and you become pregnant and give birth and your child becomes ill you will have to wait for your husband before seeking for treatment* (Postpartum Mother 10).
Midwives also reiterated that financial constraint is a major challenge to postpartum mothers.

Money is a very big issue o...some of the mothers are unable to afford even picking tro-tro by themselves to get here how much more a taxi because a newborn is involved? They always complain that they do not have money to come for postnatal care. (Midwife 3)

Paying for little things like the stripes for checking urine and the record book is a big issue for mothers. After delivery money for other things becomes an issue so coming for postnatal care is very difficult for postpartum mothers. They want everything for free. (Midwife 2)

Challenges? One will be finance. Finance can hinder postpartum mothers’ movements. What to eat may even be a problem. So somebody might decide I don’t have money so I won’t come for postnatal care. (Midwife 4)

If a woman does not work there is trouble because there is no money. It is very difficult to come for postnatal care because the yellow tablet and other herbal medicines I prescribe need to be paid for. (TBA 1)

The study participants also identified restriction from spouses as a barrier to postnatal care utilization.

My husband is a very difficult person. He does not allow me to come to the hospital unless he thinks I need to come. If he does not give me permission, I cannot come for postnatal care. (Postpartum Mother 14)

If my head says do not go, then I cannot go. I do not go for postnatal care because my husband does not see me or my baby sick so what is the essence of going to the hospital? Unless myself or this baby is seriously sick, we do not go to the hospital for postnatal care. (Postpartum Mother 8)

Midwives and TBAs also emphasized that restriction of postpartum mothers by their spouses served as a challenge to effective postnatal care utilization.
Some of their husbands are overbearing and restrict their movement. They have the final say in whatever their wives do and wherever they go. Such mothers will not come for postnatal care if their husbands do not grant them the permission to do so. (Midwife 5)

They do not access postnatal care because their husbands do not allow them to come. The husbands do not see it as important, they see their wives and babies been healthy, they don’t see any sign of sickness that necessitates them visiting the hospital. (Midwife 4)

In the voice of Traditional Birth Attendants;

The husband is the head of the home so if he does not authorize the wife to come for postnatal care there is no way the wife can do so. This is exactly the situation these postpartum mothers encounter. (TBA 1)

Some of the postpartum mothers complain their husbands refuse their permission to come for postnatal care. Their husbands do not see the need for postnatal care; these women are at the mercy of their husbands. (TBA 4)

Financial constraints and restriction from spouses as barriers hindered the successful utilization of postnatal care.

4.5.2 Negative Attitude of Midwives

The negative attitude displayed by some midwives posed a challenge to some postpartum mothers. Postpartum mothers in the study complained that the impatience, indifference, intolerance and delay in answering questions asked by postpartum mothers on the part of midwives served as barriers preventing some postpartum mothers from accessing postnatal care. They further reiterated that the general rudeness and unfriendly nature of midwives made them very uncomfortable in their quest to access postnatal care.

Most of the times, some of the nurses are not patient with us at all. Even when you want to ask questions they are reluctant to answer because they think you should know. Even someone you might be older than will talk to
you disrespectfully, it makes it difficult coming here. (Postpartum Mother 11)

Midwives are here because of us but most times the least said about their attitude, the better o. eeiii...they treat us anyhow because we are at their mercy! And they know better than we do! (Postpartum Mother 7)

TBAs also substantiated postpartum mothers’ identification of the negative attitude of midwives as a barrier to postnatal care.

They complain that when they go to the hospital some nurses maltreat them and t push them around. So when we were requested by midwives from Jomo and Lekma to come for training, they asked us why mothers come to us for our services and we said the mothers complained when they go to the hospitals the midwives are rude to them and maltreat them. (TBA 1)

After delivery a women needs a lot of pampering. If you do not pamper postpartum mothers and their babies they will never return to you. I ask of their total wellbeing, their babies and the rest of their family back home when they come here. They always come to me for postnatal care because some midwives in the hospitals fail in this aspect; they complain they are disrespectful. (TBA 3)

Postpartum mothers and TBAs made these assertions regarding the negative attitude of midwives towards postpartum mothers.

4.5.3 Facility-based Challenges

Facility-based challenges which prevented postpartum mothers from accessing postnatal care included cost of service, inadequate equipment, space and seats to wait one’s turn before treatment and also staying in long queues for several hours before it got to their turn. In addition, there was also a challenge with the hospital facilities in terms of appropriate sequencing of activities since antenatal care and postnatal care is carried out in the same room leading to several obstructions and delays.
One challenge is the arrangement of the hospital record books. Sometimes you may come early but leave very late because the midwives mix up the postnatal record books with the antenatal ones because they are the same and both services are rendered in the same room, we always complain. (Postpartum Mother 13)

…when you get there, you have to join long queues before it gets to your turn. To worsen matters, there are limited seats as well so you need to stand long hours with your baby and hope to get a seat when someone finishes. (Postpartum Mother 6)

With regards to inadequate equipment, some postpartum mothers had this to say:

A major problem encountered is the midwives inability to attend to us on time because the same weighing scale, thermometer and other things used by postpartum mothers are shared with pregnant women. (Postpartum Mother 12)

One of the challenges is that you know babies are too young and tender especially when they are three days or one week old and this means when you come here they have to check on them quickly so that you come go back home early but they do not attend to you on time because of insufficient logistics to work. You can come here early in the morning like 7 am and you will leave at 2 pm. (Postpartum Mother 7)

The cost of postnatal care services was also identified by study participants to be a challenge in accessing postnatal care at the hospital.

Everything now is money. Nothing here is for free. When they check your urine, money. Even the washroom you pay before using the place. (Postpartum Mother 16)

Some postpartum mothers cannot afford the little charges here. They always complain. Even paying Ghc.1 for test stripes to test their urine and in special cases paying for scan is very challenging to them. (Midwife 3)
Midwives also confirmed that postpartum mothers faced some challenges at the facilities which hindered the successful utilization of postnatal care services.

*The hospital setting is a big challenge for us. We are faced with insufficient space, equipment and seats to sit on so that they can be attended to is inadequate. Postpartum mothers often wait in long queues with their infants just to await their turn.* (Midwife 1)

The above comments establish that facility-based challenges encountered by postpartum mothers affected their utilization of postnatal care at the health facilities.

### 4.5.4 Accessibility and Frequency of Visit

Regarding accessibility to the health facilities, some postpartum mothers indicated that the facilities were close to their place of residence and therefore was easily accessible to them, others indicated that the facilities were distant from their homes of residence and for that reason it was difficult for them to access postnatal care. In terms of accessibility of the facilities, a participant noted the hospital had little space to accommodate the large number of postpartum mothers who come to seek postnatal care. Midwives and traditional birth attendants added that some postpartum mothers were nearer to the facilities while some came from afar to access healthcare. The findings indicated that some of the postnatal mothers interviewed in Teshie frequently accessed postnatal care services however it depended on the schedules provided by the health professionals.

*The hospital is close to my house so sometimes even if I don’t have money it is very easy to get here. Because of this, I am encouraged to seek postnatal care.* (Postpartum Mother 1)

*Well, my frequency to this place depends on the medical professionals. I strictly follow their orders. When I am examined and asked to come on a specific date I do so because I don’t really know what they want. So, it*
depends on the schedule they give. I don’t frequently come for postnatal care unless the doctor has asked me to come. (Postpartum Mother 2)

Key informants also stated their opinions on accessibility and frequency of visits of postpartum mothers in order to access postnatal care

*Transportation is one of the main issues. Initially LEKMA wasn’t here. People travelled all the way from here to La and you can imagine the stress in it. Now that it’s here people are still travelling from let’s say Spintex to this place and all the way from Ashaiman to this place making accessibility difficult.* (Midwife 2)

*They come here frequently because am located in the community so postpartum mothers here can easily get access to me. Getting here is very easy because transportation is not involved unlike the hospitals where they need to hire a taxi.* (TBA 2)

*Some of them wish to come for postnatal care frequently but I think because of the distance they don’t come especially when they leave to their mothers’ residence.* (TBA 3)

Accessibility and proximity to health facilities had a positive impact on the utilization of postnatal care by postpartum mothers.

### 4.6 Strategies Adopted to Address Challenges

Postpartum mothers experienced some challenges in accessing postnatal care. Early or late attendance to the hospital, tolerance of the attitude of midwives and personal savings were the strategies adopted by postpartum mothers’ inorder to address challenges encountered in accessing postnatal care.

#### 4.6.1 Early or Late Attendance to the Hospital

According to some of the mothers, the strategies they adopted to overcome the challenges they encountered in accessing postnatal care at the hospital were early or late attendance for postnatal care to ensure that they were fewer people accessing care.
My strategy is that in the morning a lot of people come to the hospital so I just wait till 11 am to 12 pm thereabout before I come for postnatal care. By then the crowd of postpartum mothers would have reduced. (Postpartum Mother 1)

I usually leave home at dawn by 4:30 am in order to get to the hospital by 6 am so that I can be the first person the midwives attend to inorder to return home early. (Postpartum Mother 14)

Unlike the hospitals, we TBAs normally do not have a lot of postpartum mothers coming here at once for care therefore, they prefer coming to us instead of the hospitals where they need to join long queues inorder to wait for their turn. (TBA 4)

To cope with facility-based challenges, postpartum mothers resorted to early or late arrival to health facilities.

4.6.2 Tolerance of Attitude of Midwives

Some postpartum mothers stated that they tolerated the negative attitudes from the midwives by remaining calm and patient with them. Despite the unfriendly reception from midwives, postpartum mothers recognized the need for postnatal care due to the several advantages they derived from accessing postnatal care.

When I arrive at the hospital, I need the midwives to care for me so when they are being rude to me I remain patient with them because I need their help, I need them to care for me properly until a time when I am no longer in need of their help. (Postpartum Mother 11)

As for me when I access postnatal care and the midwives talk rudely and disrespect me I do not retaliate. I stay calm till I receive the needed care for myself and my baby. Aaahh we are at their mercy (Postpartum Mother 8)

Key informants also established their opinions on postpartum mothers’ views on their negative attitudes.
Some of the postpartum mothers come here already frustrated from their homes may be as a result of some challenges in the home, any unpleasant interaction, however trivial results in postpartum mothers reacting in anger towards we midwives (Midwife 4)

Childbirth is not an easy thing. Postpartum mothers need to be showed love and respect otherwise they will not come for postnatal care if they cannot tolerate your disrespect towards them. This is exactly what I do here so my clients keep coming back to access postnatal care (TBA 1)

Postpartum mothers tolerated the negative attitude of midwives at the hospitals inorder to successfully utilize postnatal care services.

**4.6.3 Savings**

According to a midwife some postpartum mothers try to overcome their financial challenges by saving money over a period of time. Savings typically starts from within the first trimester till delivery inorder for postpartum mothers to support themselves financially when accessing postnatal care. Another midwife indicated that personal savings is one of the significant topics taught in Pregnancy school, which is a special learning session conducted twice a week for pregnant women in order to educate them about critical issues concerning pregnancy and delivery.

The pregnancy school has really helped me, they encouraged us to save some money to support ourselves after delivery especially when coming for postnatal care inorder to pay for services and buy medications for our children when they are sick. (Postpartum Mother 3)

Savings is good. Throughout my pregnancy I have been putting some money away for after delivery. I do not spend all my chop money on food. I always put some aside because postnatal care is essential for my baby and I. (Postpartum Mother 8)
Midwives and TBAs also added their voice to the strategy of savings adopted by postpartum mothers’ inorder to overcome their financial constraints.

Some of them with no support from their husbands save some money for these times so that they can cater for themselves and their babies. Secondly, no matter the means they use to get here, at least when they come with the baby we will be able to sort them out medically. (Midwife 3)

An aim of the pregnancy school is to help postpartum mothers address some challenges like finance which hinders postpartum mothers from seeking postnatal care. We teach them to save money little by little inorder to cater for postnatal care and other emergencies after delivery. (Midwife 2)

The postpartum mothers who come here save little by little each day because after delivery inorder to access postnatal care they need money to take care of petty expenses. (TBA 1)

Saving of money was an important coping strategy adopted by postpartum mothers to ensure that they successfully assessed postnatal care.

4.7 Discussion of Findings

This study focused on the health seeking behaviors of postpartum mothers with regards to postnatal care. From the findings of the study, all the participants interviewed perceived postnatal care as good and beneficial in ensuring the wellbeing of the mother and proper growth of the baby. The study revealed that some postpartum mothers in Teshie understood postnatal care to mean care given to a mother and baby from delivery to about six weeks after delivery. Others also understood postnatal care as instructions regarding their health and that of their babies given by midwives that they needed to adhere to. Postnatal care was also understood as advice and education provided by the health professionals after delivery to postpartum mothers. Key informants’ opinion on
postpartum mothers’ knowledge of postnatal care indicated that postpartum mothers in Teshie had knowledge of postnatal care. Some postpartum mothers’ understanding of postnatal care meant undertaking routine vaccinations at the child welfare clinic for their babies while others also considered it as a routine activity that needed to be adhered to.

Postpartum mothers’ knowledge of postnatal care was as a result of influence from their relations to use other traditional services as compared to postnatal care services from the health facility. As part of the reasons for seeking care at the hospital, majority of the postpartum mothers indicated that the hospital was the best place to receive expert healthcare after delivery. This finding confirms findings from a study conducted by Abrams et al. (2009) that most often, postpartum mothers prefer seeking healthcare from a formal healthcare provider like a well-qualified physician, midwife or gynecologist with whom they are confident of his or her expertise.

A postpartum mother indicated that she sought for postnatal care from the particular health facility because she wanted a clarification on negative comments she had heard about the hospital but her experience with the facility was rewarding. Some postpartum mothers chose the health facility for postnatal care because the facility was government owned and therefore they considered it suitable in terms of appropriate care giving and the cost of services rendered as compared to other private owned facilities was cheaper. The findings further indicated that some postpartum mothers accessed postnatal care because of the need to avert health complications that would occur after birth. This confirms the findings of Miteku et al. (2016) that lack of awareness about postpartum complications and proper care of newborns, delivery by caesarean section and fatal delivery complications that occurred during birth were factors associated with postnatal care service utilization.
In addition, the Health Belief Model postulates that in order to access postnatal care 
dedicatedly; postpartum mothers must perceive the seriousness of a disease as well as the 
consequences that would be incurred if a contracted disease or complication is left 
untreated. Therefore, in relation, to the findings of this study, postpartum mothers in 
Teshie who participated in this study sought postnatal care to prevent severe delivery 
complications that could arise after delivery. Again, with regards to the Health Belief 
Model, postpartum mothers may take a health related action if they feel that a negative 
health condition could be avoided. This relates to the finding of this study that 
postpartum mothers saw the need for postnatal care in order to avert health complications 
herefore accessed care dedicatedly on their own free will. Some also stated that they were 
influenced into seeking postnatal care because they were inexperienced and needed to be 
enlightened on how to suitably care for their babies.

Regarding the need to seek postnatal care in order to be educated, Nankwanga’s (2004) 
study in Uganda and Agunka et al. (2014) similarly found in their study that mothers in 
Kenya sought postnatal care because of their lack of education and the skill to care for 
their newborns. It also confirms a study conducted in Nepal by Timilsina and Dhakal 
(2015) which revealed that through postnatal care, mothers became knowledgeable about 
infections and areas of danger for them and their babies. Postpartum mothers’ utilized a 
hospital facility because of its proximity to their homes. With regards to other postnatal 
services been sought, the midwives and traditional birth attendants mentioned that some 
postpartum mothers did not only seek postnatal care from the hospital but also from 
traditional birth attendants, concoctions from family members and some also engage in 
self-medication. This is in line with the work of Diamond-Smith et al. (2016) who 
emphasized that postpartum mothers sought postnatal care from both traditional and 
modern healthcare providers.
Moreover, the Health Belief Model emphasized that if an individual perceived a positive benefit in seeking healthcare from a particular healthcare provider; it increases the likelihood of ignoring all others to utilize one that is beneficial and convenient. Majority of the mothers delivered at LEKMA and La General Hospital except one who delivered at home because all her previous children were delivered at home. From the findings, all postpartum mothers accessed postnatal care at the hospital with the exception of a postpartum mother who in addition to the services from the hospital patronized non-prescribed drugs from the pharmacy shop to complement the prescribed ones from the hospital. She further indicated this was because the pharmacy shops did not involve any procedures of tests and examinations before treatment as compared to the hospital.

The key informants pointed out that postpartum mothers’ utilization of postnatal care may be well shaped through intensive education from health professionals and postpartum mothers educating each other as well. The postpartum mothers interviewed further indicated that postnatal care had some benefits for both mother and baby. Among the benefits for the mother was the fact that, it educated especially first time mothers on how to take proper care of their newborns with regards to appropriate breastfeeding practices and balanced diet for the mother. Chatterjee (2016) maintained that postnatal care enabled health professionals offer apt treatment for complications and advice in terms of suitable breastfeeding practices which helped to salvage the lives of mothers and newborns.

The study found that postnatal care helped to put the mother in excellent shape after delivery. The importance of postnatal care to mothers as aiding in the education and selection of appropriate family planning methods was also noted. This confirms the works of Timilsina and Dhakal (2015) in Nepal that, education on the selection of a suitable family planning method by women in Nepal was enhanced as a result of proper
postnatal care attendance. Additionally, the postpartum mothers noted that the baby also benefited from postnatal care since examinations carried out by midwives ensured a healthy life and proper growth, and prevention of diseases and infant mortality. In relation to maternal and infant mortality prevention, Akter et al. (2016) stressed that effective postnatal care services accessed by postpartum mothers would reduce the rate of neonatal mortality to its barest minimum.

Furthermore, the midwives stressed that postnatal care helped to run series of examinations on the mother and baby to avoid complications such as jaundice, postpartum haemorrhage, nipple crack, breast engorgement, and examining of the lochia inorder to detect any abnormality that needed referral to a gynecologist for further care. The National Institute for Health and Clinical Excellence [NIHCE] (2006) also noted that women who receive postnatal care services are able to protect themselves from life-threatening conditions such as postpartum haemorrhage, infections, pre-eclampsia, and thrombus embolism. Also, postnatal care helped to check the baby for any abnormalities for appropriate and prompt intervention.

The findings of the study established the importance of postnatal care in mitigating maternal and infant mortality. If properly adhered to, postnatal care would help detect early complications that a mother and her baby may experience, provide prompt treatment thereby preventing mortality. The midwives affirmed that well-structured postnatal care services would help reduce maternal and infant mortality. However, this feat needs to begin from antenatal care services during which the essence of postnatal care is emphasized to pregnant women. They further reiterated that the hospitals should be adequately enhanced with necessary adequate equipments to enable doctors and midwives deliver efficient healthcare to postpartum mothers and newborns in order to reduce maternal and infant mortality.
From the findings of the study, some of the challenges postpartum mothers encountered were personal challenges that related to finance and restriction from spouses, challenges with regards to the attitude of some midwives at the hospital who maltreated them and facility based challenges which included long queues, insufficient tools and equipments, and inadequate space and seats to rest on while waiting for service. Some midwives indicated that postnatal mothers’ challenges in seeking postnatal care also included being overburdened with domestic chores which resulted in lack of time for them to attend postnatal care services. High cost of postnatal care especially for those without health insurance and to others the loss of a previous child after all efforts to access postnatal care hinders postpartum mothers from accessing postnatal care.

Regarding proximity and accessibility to the health facilities, some postpartum mothers indicated that the facilities were close to their places of residence thereby accessing postnatal care was easy for them. Others said that the facilities were distant from their place of residence and for that reason accessing postnatal care got complicated for them. This accession is in tandem with the findings of Titaley et al. (2010) whose study revealed that postpartum mothers could not seek postnatal care because of the long distance between their homes and the health facilities. Midwives and traditional birth attendants added that some postpartum mothers lived close to the facilities while some came from far to access healthcare. The findings indicated that some of the postnatal mothers interviewed in Teshie frequently accessed postnatal care services however; it depended on the schedules provided by the health professionals.

In line with findings of this study on some challenges such as cost of care and distance to health facilities that prevented postpartum mothers from seeking postnatal care, the Health Belief Model further opines that after making a decision to access a particular healthcare provider, postpartum mothers may quantify the cost of accessing a particular
healthcare service and decide whether they can afford it or not. Also the theory further states that, how convenient and easy it is to access a particular healthcare provider also has an influence on its patronage. In this regard, challenges in accessibility of hospital based healthcare may compel postpartum mothers to develop other health seeking behaviors such as self-medication or seeking healthcare from other sources which may be less expensive, easily accessible and convenient.

According to some of the postpartum mothers, the strategies they adopted to overcome the challenges they encountered in accessing postnatal care at the hospital were to delay the attendance to the health facility to a later hour in the day to ensure that the long queues had reduced before they accessed care. Some also stated that they withstood the negative attitude from some midwives by remaining calm and patient with them. For some, patronage of pharmacies as an alternative was best for them to avoid challenges. According to another midwife, some postpartum mothers try to overcome their financial burdens by engaging in personal savings inorder to cater for the cost of accessing postnatal care.
CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS, RECOMMENDATIONS

5.1 Introduction

Chapter five marks the final section of the study. The first section presents the summary of findings of the study, this is followed by conclusions and finally recommendations are drawn based on the findings of the study.

5.2 Summary of Findings

Postnatal care is essential in the life of every postpartum mother and newborn in Ghana inorder to salvage their lives from maternal and infant mortality. In this regard, this study focused on the postnatal healthseeking behaviors of postpartum mothers in Teshie. It explored the factors that influenced postpartum mothers’ decision in seeking postnatal care in Teshie, benefits of postnatal care to postpartum mothers in Teshie as well as the barriers postpartum mothers in Teshie face while seeking postnatal care. Finally, the study also aimed at identifying strategies postpartum mothers adopt to address challenges in seeking postnatal care in Teshie.

Concerning the factors that influence postpartum mothers’ decision in seeking postnatal care in Teshie, the findings of the study indicated that some postpartum mothers went for postnatal care due to the need to prevent health complications that would occur after delivery. Some postpartum mothers also stated that they were influenced into seeking postnatal care because they were inexperienced and needed to be enlightened on how to properly care for their babies. In addition, some noted that postnatal care was good and beneficial for every postpartum mother. In relation with their knowledge on postnatal care, postpartum mothers in Teshie perceived it as good and beneficial for their own recovery after delivery, and proper development of their babies.
Postpartum mothers also understood postnatal care to mean all the activities a mother goes through at the health facility from delivery to six weeks after delivery. Moreover, some postpartum mothers also understood postnatal care to mean advice and education provided by health professionals after delivery. The key informants emphasized that postpartum mothers understood postnatal care to mean attending the child welfare clinic at the community health department where vaccinations are done; others also considered it as a routine activity commanded by the midwives. With respect to their knowledge about postnatal care in Teshie, the findings revealed that postpartum mothers had some knowledge about postnatal care.

Furthermore, concerning the benefits of postnatal care, participants of this study stated that it helped postpartum mothers’ especially first time mothers by educating them on how to properly care for their newborns. Findings revealed that postpartum mothers who sought postnatal care were educated on appropriate breastfeeding practices and balanced diets for themselves. The participants stressed that postnatal care helped to put the mother in good shape after birth while another participant stated that postnatal care helped in family planning education on suitable methods for each woman. Additionally, the postpartum mothers noted that the baby also benefited from postnatal care since examinations carried out by midwives ensures a healthy life and proper growth, prevent diseases and reduce infant mortality. From the study’s findings, the midwives stressed that postnatal care attendance by postpartum mothers enabled them run series of examinations on the mother and baby to avoid complications such as jaundice, nipple crack and breast engorgement, check the lochia for danger signs and to receive the services of a gynecologist if need be.

In addition, the findings of this study also revealed some challenges postpartum mothers in Teshie faced in their attempt to access postnatal care. These include financial
challenges, restrictions from spouses, negative attitude of midwives and facility based challenges making it difficult for them to access postnatal care successfully. Long queues, inadequate tools and equipments, and lack of adequate space and seats in the health facilities for resting while waiting ones’ turn for service were some facility based challenges stated by the participants. Cost of postnatal care services as well as long distances from their place of residence to the health facilities also served as a barrier for some postpartum mothers in Teshie to access postnatal care.

The findings of this study in addition established strategies adopted by some postpartum mothers in Teshie to overcome some of their challenges. These include delay in seeking healthcare at the health facility to a later hour in the day to ensure that the number of people seeking care had reduced before accessing care and buying medicines from the pharmacy as an alternative to hospital care. Savings by postpartum mothers also served as a strategy of coping with challenges associated with seeking postnatal care in Teshie. The study participants stated that they engaged in savings in order to support their financial obligations during postnatal care and not rely solely on support from spouses and family.

5.3 Conclusions

The postnatal healthseeking behaviors of postpartum mothers in Teshie have been highlighted through the findings of this study. The study concludes that the Ghanaian culture of women submitting to the authority of their partners influenced postpartum mothers in their decision making in accessing postnatal care. This is because postpartum mothers in Teshie decisions concerning postnatal care was influenced by their spouses and this served as a challenge to them. Postpartum mothers in Teshie encountered some challenges in accessing postnatal care but were resilient because they were conscious of
the benefits to be derived from its utilization and they were also aware of the complications that could occur if they did not access postnatal care to restore their health and also ensure the wellbeing of their infants after delivery.

5.4 Recommendations

Recommendations have been made after recognizing the factors that influence postpartum mothers’ decision in accessing postnatal care, benefits and barriers of postnatal care as well as strategies employed by postpartum mothers in order to address challenges in accessing postnatal care. These recommendations are vital in alleviating challenges encountered by postpartum mothers in order to ensure their wellbeing and that of their newborns. In line with findings of this study, some recommendations have been made for improvement in postnatal care seeking among postpartum mothers in the Teshie community.

Firstly, the findings indicated that postpartum mothers in Teshie perceived postnatal care to be good and understood the benefits to mean all the activities a postpartum mother undergoes at the health facility. Therefore it would be recommended that midwives in health facilities intensify education for postpartum mothers’ especially first time mothers’ in order to enlighten them on the usefulness of postnatal care to mothers and newborns. This effort could be coordinated by management of the health facilities with support from the Ministry of Health. Furthermore, community health nurses’ should extend and intensify their services to include postpartum mothers as well in the community. An appeal should be made to Non-governmental bodies interested in maternal and reproductive health such as Plan Ghana and CARE Ghana to increase their support on the education on postnatal care and its importance to postpartum mothers and
newborns. The mainstream and traditional media could be used as mediums to carry out this educational campaign.

Moreover, the findings of this study also revealed that some postpartum mothers in Teshie faced challenges such as financial challenges, long distances to health facilities and restrictions from their spouses to access postnatal care. In accordance, the study recommends that health care for postpartum mothers could be subsidized especially for postpartum mothers in the rural communities to make it affordable and accessible to them. This initiative could be taken up by the Government of Ghana through the Ministry of Health in collaboration with all health facilities in Ghana.

In addition, community fora could be organized by the health facilities especially the government hospitals to educate men who restrict postpartum mothers, on the vital benefits of postnatal care to postpartum mothers and newborns. This would encourage them to be supportive to postpartum mothers. Also, Inclusion of postnatal care in the National Health Insurance Scheme will help encourage its patronage by postpartum mothers in Teshie and also help minimize the financial constraints encountered by postpartum mothers.

Furthermore, the findings of this study pointed out that strategies adopted by some postpartum mothers in Teshie to overcome some of the challenges encountered in accessing postnatal care were, delay in seeking healthcare at the health facility to a later hour in the day to avoid long queues before accessing care, tolerance of the attitudes of midwives and saving money to overcome their financial constraints. Based on these, this study recommends that Education on the benefits of postnatal care should be intensified for postpartum mothers and their families, especially the men by community nurses and
midwives inorder to encourage financial and emotional spousal support in seeking postnatal care.

Again, management of the hospitals in collaboration with the Ministry of Health should ensure that the facility-based challenges such as inadequate equipment and seats would be solved inorder to minimize challenges encountered by postpartum mothers. Workshops and seminars should be organized regularly for midwives by management of the hospitals inorder to encourage them to have healthy interactions with postpartum mothers. This would encourage the postpartum mothers to utilize services.

5.5 Implications for Social Work Practice

Social Workers play a fundamental role in ensuring that the welfare needs of postpartum mothers are met. They serve as advocates, educators, counselors, clinicians and brokers for vulnerable groups in the society. They could ensure that the needed services and resources are available to postpartum mothers and newborns. Social workers as advocates should be at the forefront of providing information to the general public on the benefits of postnatal care to postpartum mothers and newborns. They could liaise with health professionals in various health facilities in the country to provide support and intensify education on the dangers of ignoring postnatal care as well as outlining the benefits that accrue as a result of accessing postnatal care.

Medical social workers should visit the health facilities and render services to postpartum mothers on the importance of seeking care from the hospital for mothers and their newborns. They could provide individual or group support to postpartum mothers in vulnerable communities in their homes to ward off negative mentalities regarding postnatal care. Social Workers as brokers could negotiate with the government and health facilities for improved policies and programs for postpartum mothers seeking
postnatal care to ensure their well-being. If these recommendations and measures are well implemented, it could go a long way to improve the postnatal care services rendered by health professionals to postpartum mothers and newborns as well as increase the attendance of mothers to health facilities for care considerably.
REFERENCES


Khanal, V., Adhikari, M., Karkee, R., & Gavidia, T. (2014). Factors associated with the utilisation of postnatal care service among the mothers of Nepal: Analysis of


APPENDICES

DEPARTMENT OF SOCIAL WORK

INFORMATION FOR POSTPARTUM MOTHERS

Research Title: Postnatal Healthseeking Behaviors among Postpartum Mothers in Teshie.

The researcher is Ago-Nortey Agbenohevi Solace an M. Phil student of the University of Ghana, Department of Social Work, conducting a research on the above topic. The researcher kindly asks for your participation in an interview to obtain information and insight into her research topic. Participation is voluntary and you can take a decision to opt out at any stage of the research.

Purpose of the Study

This study is aimed at exploring the postnatal healthseeking behaviors among postpartum mothers in Teshie. The specific objectives include to (a) explore the factors that influence postpartum mothers’ decision in seeking postnatal care in Teshie, (b) find out benefits of postnatal care to postpartum mothers in Teshie, (c) ascertain barriers postpartum mothers in Teshie face while seeking postnatal care and (d) identify strategies postpartum mothers adopt to address challenges in seeking postnatal care in Teshie. The study is solely for academic purposes and will contribute to the award of a Masters Degree in Social Work.

Participation

Your participation in this study is voluntary. You can however withdraw at anytime you want during the data collection process, however, any information given out should this happen will not be used.
Confidentiality

Information relayed about you will remain confidential. All quotes to be used in reporting the findings of this study will exclude information or names that can be connected to you. Transcripts and recordings will be accessible to only the researcher and her supervisors. Information given will be stored well to prevent unauthorized persons from gaining access. Findings from this research will be submitted as part of the researcher’s Master’s Degree thesis and may be published in journals.

Contact

You can contact the researcher on 0200723002 concerning any questions you may have.

Consent

I have fully understood what I have read or have been read to me. I agree to participate in this research and have received an exact copy of this form.

Participant’s Signature/ Thumbprint.................................

Date.............................................................

Researcher’s Signature.........................................

Date.............................................................
UNIVERSITY OF GHANA

DEPARTMENT OF SOCIAL WORK

INFORMATION FOR MIDWIVES

Research Title: Postnatal Healthseeking Behaviors among Postpartum Mothers in Teshie.

The researcher is Ago-Nortey Agbenohevi Solace an M. Phil student of the University of Ghana, Department of Social Work, conducting a research on the above topic. The researcher kindly asks for your participation in an interview to obtain information and insight into her research topic. Participation is voluntary and you can take a decision to opt out at any stage of the research.

Purpose of the Study

This study is aimed at exploring the postnatal healthseeking behaviors among postpartum mothers in Teshie. The specific objectives include(a) explore the factors that influence postpartum mothers’ decision in seeking postnatal care in Teshie, (b) find out benefits of postnatal care to postpartum mothers in Teshie, (c) ascertain barriers postpartum mothers in Teshie face while seeking postnatal care and (d) identify strategies postpartum mothers adopt to address challenges in seeking postnatal care in Teshie. The study is solely for academic purposes and will contribute to the award of a Masters Degree in Social Work.

Participation

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Confidentiality

Information relayed about you will remain confidential. All quotes to be used in reporting the findings of this study will exclude information or names that can be connected to you. Transcripts and recordings will be accessible to only the researcher and her supervisors. Information given will be stored well to prevent unauthorized persons from gaining access. Findings from this research will be submitted as part of the researcher’s Master’s Degree thesis and may be published in journals.

Contact

You can contact the researcher on 0200723002 concerning any questions you may have.

Consent

I have fully understood what I have read or have been read to me. I agree to participate in this research and have received an exact copy of this form.

Participant’s Signature/ Thumbprint..........................................

             Date..............................................................

Researcher’s Signature..................................................

             Date..............................................................
UNIVERSITY OF GHANA

DEPARTMENT OF SOCIAL WORK

INFORMATION FOR TRADITIONAL BIRTH ATTENDANTS

Research Title: Postnatal Healthseeking Behaviors among Postpartum Mothers in Teshie.

The researcher is Ago-Nortey Agbenohevi Solace an M. Phil student of the University of Ghana, Department of Social Work, conducting a research on the above topic. The researcher kindly asks for your participation in an interview to obtain information and insight into her research topic. Participation is voluntary and you can take a decision to opt out at any stage of the research.

Purpose of the Study

This study is aimed at exploring the postnatal healthseeking behaviors among postpartum mothers in Teshie. The specific objectives include to (a) explore the factors that influence postpartum mothers’ decision in seeking postnatal care in Teshie, (b) find out benefits of postnatal care to postpartum mothers in Teshie, (c) ascertain barriers postpartum mothers in Teshie face while seeking postnatal care and (d) identify strategies postpartum mothers adopt to address challenges in seeking postnatal care in Teshie. The study is solely for academic purposes and will contribute to the award of a Masters Degree in Social Work.

Participation

Your participation in this study is voluntary. You can however withdraw at anytime you want during the data collection process, however, any information given out should this happen will not be used.
Confidentiality

Information relayed about you will remain confidential. All quotes to be used in reporting the findings of this study will exclude information or names that can be connected to you. Transcripts and recordings will be accessible to only the researcher and her supervisors. Information given will be stored well to prevent unauthorized persons from gaining access. Findings from this research will be submitted as part of the researcher’s Master’s Degree thesis and may be published in journals.

Contact

You can contact the researcher on 0200723002 concerning any questions you may have.

Consent

I have fully understood what I have read or have been read to me. I agree to participate in this research and have received an exact copy of this form.

Participant’s Signature/ Thumbprint...........................................

Date.............................................................

Researcher’s Signature........................................

Date.............................................................
Interview Guide for Postpartum Mothers

In partial fulfillment of the requirement for Master of Philosophy Degree in Social Work, I am conducting a thesis on the topic; Postnatal Health Seeking Behaviors among Postpartum Mothers in Teshie. I would be pleased if you could spend some few minutes of your time to answer these questions.

NOTE: Information given is required only for academic purposes and strict confidentiality is assured.

Demographic Information

- Age
- sex
- Occupation
- Educational background
- Marital status
- Number of Children

Factors that Influence Postpartum Mothers Decision in Seeking Postnatal Care

1. Perceptions about Postnatal care.
2. Influences on decision to seek Postnatal care.
3. Impressions about Postnatal care the first time you heard about it.
4. Tell me your understanding of Postnatal care.
Benefits of Postnatal Care to Postpartum mothers

5. Please from the knowledge and experience you have had on postnatal care, your opinion about the benefits in seeking postnatal care:

a. Benefits for mother;

b. Benefits for the newborn.

6. Views about Postnatal care being one of the catalysts for mitigating maternal and infant mortality in Ghana.

Barriers Faced by Postpartum Mothers in Seeking Postnatal Care

7. Factors that prevent you from seeking Postnatal care.

8. Frequency of you and your child to the hospital for Postnatal care.

9. Healthcare providers (scientific hospital, herbal clinic, chemical or pharmacy shop, self-medication etc.) often visited when sick and reasons for choice.

10. Proximity and accessibility to an established health facility.

11. Place of delivery and influencing factors.

Strategies Adopted to Address Challenges in Assessing Postnatal Care

12. Challenges encountered in accessing Postnatal care at the hospital.

13. Strategies adopted inorder to address challenges.

14. Influences on the decision to seek either scientific hospital healthcare and or other health services.
Interview Guide for Midwives and Traditional Birth Attendants

In partial fulfillment of the requirement for Master of Philosophy Degree in Social Work, I am conducting a thesis on the topic; Postnatal Health Seeking Behaviors of Postpartum Mothers in Teshie. I would be pleased if you could spend some few minutes of your time to answer these questions.

NOTE: Information given is required only for academic purposes and strict confidentiality is assured.

Demographic Information

- Sex
- Age
- Position
- Educational background
- Years of Service

Factors that Influence Postpartum Mothers’ Decisions in Seeking Postnatal Care

1. Perceptions of Postpartum mothers about Postnatal care as a health worker.

2. Level of knowledge of Postpartum mothers in Teshie about postnatal care (low, moderate or high)
   a. Reasons for this.

3. Factors that may shape Postpartum mothers’ utilization of postnatal care.
Benefits of Postnatal Care to Postpartum Mothers

1. Importance of Postnatal care to mothers and their newborns.

2. Benefits of seeking Postnatal care from a scientific hospital other than other healthcare providers.

3. Opinions about a well-structured and delivered Postnatal care system and its impact on maternal mortality.

Barriers Faced by Postpartum Mothers in Seeking Postnatal Care

1. Factors that hinder Postpartum mothers from seeking Postnatal care.

2. Ideas regarding where some Postpartum mothers seek healthcare from if they do not come to the hospital.

3. Proximity and accessibility of health facility to Postpartum mothers and how it influences Postnatal care.

Strategies Adopted to Address Challenges in Assessing Postnatal Care

4. Challenges that may prevent postpartum mothers from accessing postnatal care.

5. Strategies used in order to address challenges.

6. Reasons that may influence some postpartum mothers to seek healthcare from other healthcare providers.

THANK YOU FOR YOUR TIME
TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

LETTER OF INTRODUCTION –
SOLACE AGBENOHEVI AGO-NORTFY (10177457)

The above-named is an Mphil student of Department of Social Work. She is undertaking her research work and needs to collect data from your outfit.

This is purely for academic purpose and should be treated as such. You may contact the Department on this number, 0542043922.

The Department would be grateful if the assistance she needs is granted her.

Thank you.

Yours faithfully,

Johnson Aduah
(Senior Administrative Assistant)
INTRODUCTORY LETTER

This serves to introduce to you the above named student, who has been granted permission to undertake her/his research work titled:

She needs to collect data from

The attached letter from the University is for your perusal.

I would be grateful if you give her/him the necessary support and assistance.

Thank you.

MR PETER MENSAH
DEPUTY DIRECTOR, ADMINISTRATION
FOR: REGIONAL DIRECTOR OF HEALTH SERVICES
GREATER ACCRA

Ghana Health Service
Greater Accra Regional Health
Directorate
P O Box 184
Accra.

20-09-17
Tel:0302 – 234225
INTRODUCTORY LETTER

Solace Agbenokwei Ago-Norky

This serves to introduce to you the above named student, who has been granted permission to undertake her/her research work.

She has to collect data from your facility.

The attached letter from the University is for your perusal.

I would be grateful if you give her/him the necessary support and assistance.

Thank you.

MR PETER MENSAH
DEPUTY DIRECTOR, ADMINISTRATION
FOR: REGIONAL DIRECTOR OF HEALTH SERVICES
GREATER ACCRA
LEKMA HOSPITAL
GHANA HEALTH SERVICE
PRIVATE MAIL BAG
TESHIE – ACCRA

4TH October, 2017

TO WHOM IT MAY CONCERN

INTRODUCTORY LETTER

RE: SOLACE AGBENORHEVI AGO-NORTEY (MPhil, STUDENT)

I write to introduce the bearer of this letter who is an Mphil student from University of Ghana, School Social Sciences who wants to do (14) working days Data collection at the facility on the Topic: Postnatal Health Seeking Behaviours of Postpartum Mothers in Teshie*

Kindly assist her with the necessary support that she may need to enhance her academic work.

Thanks for your co-operation.

Patriline Hayeh
Training Coordinator
For Med. Supt