# FACTORS AFFECTING THE UTILIZATION OF MATERNITY CARE SERVICES: A CASE OF APOPONG SUB-COUNTY, PALLISA DISTRICT.

**AN UNDERGRADUATE RESEARCH PAPER PRESENTED TO THE SCHOOL OF NURSING IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A BACHELORS DEGREE IN NURSING SCIENCE**

**INTERNATIONAL HEALTH SCIENCES UNIVERSITY**

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## DECLARATION

I **PAULINE AMUGE OKIA** declare that this research report on factors affecting the utilization of maternity care services: a case of Apopong sub-county, Pallisa district, Uganda has been composed and written by me. Full acknowledgement is given where assistance has been sought most especially from my supervisor or where other views are quoted. It is a requirement by the school of nursing in partial fulfillment of the academic requirement for award of Bachelor of Science in nursing degree, International Health Sciences University.

Signature ……..

Approved for submission by

SUPERVISORS:

……. Date……..

**MRS. WAFULA ELIZABETH**

## DEDICATION

This piece of work is specifically dedicated to my husband Mr. Godfrey Esiru and family, Jemima, Jacinta, Anthony for the love, moral and tolerance they accorded me during my study period.

## ACKNOWLEDGEMENT

Special thanks go to my supervisor Mrs. Elizabeth Wafula, for her tireless academic, moral support and guidance during my study period and most especially during this research. I also thank my friends James Okia, Mr. and Mrs. Okiria, Sr. Deborah, and Sr. Fatuma for the support and guidance accorded during the research.

Special gratitude goes to Mrs. Okia Antonia who was my research assistant.

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## DEFINITION OF TERMS

**Utilization of maternity care services**: in this context it refers to accessibility and usage of skilled birth attendants during labour and immediate postpartum period.

**Maternal health services:** involve antenatal care, delivery services and management of all maternal conditions related to pregnancy and delivery.

A **skilled birth attendant** is an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns.

## LIST OF ABREVIATIONS

ANC - Antenatal Care

UDHS - Uganda Demographic and Health Survey

DISH - Delivery of Improved Services for Health

DFID – Department For International Development.

GDP - Gross Domestic Product

HSD - Health Sub District

HSDP - Health Systems Development Programme

HSSP - Health Sector Strategic Program

MCH - Maternal and Child Health

MMR - Maternal Mortality Ratio

PHC - Primary Health Care

SMP - Safe Motherhood Programme

SWAP - Sector Wide Approach

TBA(s) - Traditional Birth Attendant(s)

WHO - World Health Organization

MoH – Ministry of Health.

PNC – Post Natal Care

## ABSTRACT

Utilization of maternal health services is associated with improved maternal and neonatal health outcomes. So this study set out to determine the factors affecting the utilization of maternity care services in Apopong Sub-county, Pallisa district.

**Methodology:** A cross sectional study design was used employing both quantitative and qualitative approaches to data collection using a semi- structured questionnaire. Data was analysed using Statistical programme, SPSS version 17 and presented using tables, pie charts and bar graphs. Additional analyses for qualitative data were also done.

**Result**: All respondents were females, in the age range of 15 to 45 years and mean age of 28.75 (S.D = 0.815). Majority (79.4%) of the respondents were married, (60.8%) had more than three children, 53.6% were Catholics, 61.9% were housewives and 60% travelled over 5 or more kilometers to reach the maternity center for services. Majority (62%) of the respondents delivered from maternity care center and over 60% of the respondents were delivered by midwives or nurses. Majority (97%) knew the importance of delivering from a maternity care center and had their main source of information (57%) from either multiple sources including maternity center or maternity center alone. Mothers perceived utilization of maternity care as very useful (94%), they rated the behavior of health workers as friendly although 25% said midwives are rude and majority (78%) said that they received good treatment at maternity care center.

This study also found that women aged between 25 – 34 utilized maternity care services than other age groups. Majority (60%) of the respondents travelled over 5 or more kilometers to reach the maternity center for services. 80% of the respondents lived with their husbands. 96.9% of the respondents knew the importance of delivering from a maternity center. 94% of the respondents perceived maternity care services as being useful and more than half (52%) perceived health workers' behavior as been friendly although over 26% of mothers perceived the health worker as rude. Mothers also felt that maternity care should be free of charge and that maternity centers should be built in the villages to avoid moving long distances when going for ANC and delivery.

**Conclusion**: This study revealed that age, parity, and cost of care influence the utilization of maternity services in Apopong Sub County. On the other hand long distance and low education levels were not barriers to utilization of maternity services. The mothers knowledge of the importance of delivering from maternity or health facility and good health workers attitudes towards mothers in the maternity, positively influenced the utilization of maternity care services.

**Recommendations:** Midwives and doctors in charge of maternal health need to equip themselves with good customer care services skills so that they can positively influence and change pregnant mothers' attitudes towards health professionals and service delivery.

# CHAPTER ONE

## 1.0 INTRODUCTION

Utilization of maternal health services is associated with improved maternal and neonatal health outcomes. It is also a recognized fact that all pregnant women face some level of maternal risk. According to the WHO, (2005) about 40% of pregnant women will experience delivery complications, while about 15% need obstetric care to manage complications which are potentially life threatening to the mother or infant. Despite the importance of antenatal care to predict and prevent some complications, many are sudden in onset and unpredictable (WHO, 2000).

According to WHO, (2005), each year, approximately 536,000 women die from complications related to pregnancy and childbirth, with 99% of these deaths occurring in Africa and Asia. Slightly more than half of these deaths (270 000) occur in sub-Saharan Africa (WHO, 2005). According to Uganda health demographic health survey, (2006), maternal mortality is estimated 435 per 100,000 live births. A report by WHO, (2005), shows that 24% of maternal deaths occur during antenatal period, 16% during delivery and 61% during pueperium. The main direct cause of maternal death is obstetric hemorrhage which accounts for 25% of maternal deaths, infections (15%), unsafe abortion (13%), eclampsia (12%), and obstructed labour (8%) (Ronsmans, & Graham, 2006). All these causes of maternal deaths and morbidity can be overcome by early diagnosis of the conditions during pregnancy, delivery and or/ immediate postpartum period in a health facility. This calls for utilization of maternity care services during antenatal, labour and pueperium.

The utilization of maternity services varies worldwide like other health services (Pankhurst & Ssengooba, 2009). A report by WHO, 2005, also showed that there is a very low maternal and /or infant morbidity and mortality rates in developed countries compared with the extremely high figures in developing countries which are attributed to the higher utilization of modern obstetric services by developed countries. Utilization of maternity services includes skilled birth attendance during delivery, management of obstetric complications and immediate postnatal care. However, globally, one third of births take place at home without the assistance of a skilled attendant (WHO, 2008). In Africa, less than 50% of births are attended by a skilled health worker despite an increase from 43% to 57% between 1990 and 2005 in all developing regions (WHO, 2006).

According to Kenya Demographic Health Survey (2008/9), the percentage of medically assisted deliveries has fallen consistently from 50% in 1993 to 44% of births in 2008. In the same report, it is reported that 28% of the mothers had traditional birth attendant, 21% of mothers were assisted by relatives and/or friends and 7% delivered alone. According to UDHS, 2006, 41% of births occur at health facilities and 58% of births take place at home.

A number of factors have been reported in different parts of the world to influence utilization of maternity services. For example, Studies done in countries like Turkey, India, Australia, Jordan, and others, on utilization of maternity care services indicated that husband's occupation, level of education , socio – demographic/economic factors, knowledge, socio-cultural factors, previous life experiences, marital status and quality of health care deliveries were the major associating factors impacting on utilization of maternal health services (Duong, Binns & Lee, 2004; & Kaurchoudhry, 2006). Other factors that influence utilization of maternity services include place of residence, birth order, region, women's education and wealth index are the most important

determinants in maternity care services utilization (Mostafa, 2009 & UDHS, 2006). Some of that factors that influence poor utilization of maternity care services are; unfriendly services in terms of negligence and poor attitudes of midwives, lack of privacy during delivery, rudeness of midwives, distance from maternity centres and the cost of transport among others (Makerere University school of public Health, 2010)

The research is therefore interested in determining the factors affecting the utilization of maternity services in Apopong sub-county, Pallisa district, Uganda.

## 1.1 PROBLEM STATEMENT

According to WHO, Health and the Millennium Development Goals Report, (2005), more than 99 percent of maternal deaths occur in developing regions, and more than 85 percent occur in the poorest countries of Sub-Saharan Africa and South Central Asia and yet all of them could be prevented and /or controlled. Uganda is one of those sub-Saharan countries with a high maternal morbidity and mortality rates of 435/100,000 live births of which Pallisa district is no exception as well as the rapidly growing population (3.2%), (Nalwadda, Nabukere, Salihu, 2005; & UBOS, 2007). This is still compounded and facilitated by the persistently high fertility rate of 6.7 children per woman yet the use of contraceptives is low (World development Report, 2007).

Utilization of maternity services is still low worldwide. Globally, one third of births take place at home without the assistance of a skilled attendant (WHO, 2008). In Africa, less than 50% of births are attended by a skilled health worker despite an increase from 43% to 57% between 1990 and 2005 in all developing regions (WHO, 2006). In Uganda, 41% of births occur at health facilities and 58% of births take place at home (UDHS, 2006). A report from the Pallisa district health officer shows that many mothers still deliver from the villages in their homes. This has

contributed to a high maternal mortality and morbidity and is why the researcher is interested in finding out the factors affecting utilization of maternity services in Pallisa District so as to encourage mothers to use health facilities.

Improving the health of women during pregnancy and childbirth should be a priority in Uganda and given the fact that maternal mortality is still high. Therefore, there is need to assess the factors that determine utilization of maternal health care services in Uganda but most importantly the maternity care services.

### 1.2 Broad objective

To determine the factors affecting the utilization of maternity care services in Apopong sub-county, Pallisa district, Uganda.

### 1.3 Specific objectives.

1. To determine the demographic factors that influence utilization of maternity care services in Apopong sub-county, Pallisa district, Uganda.
2. To establish the level of community awareness on the availability of maternity care services in Apopong sub-county, Pallisa district, Uganda.
3. To explore the perceptions and attitudes of child bearing women towards utilization of maternity care services in Apopong sub-county, Pallisa district, Uganda.

## 1.4 RESEARCH QUESTIONS.

1. What are the demograghic factors that influence utilization of maternity care services in Apopong sub-county, Pallisa district, Uganda?
2. What is the level of community knowledge on the availability of maternity care services in Apopong sub-county, Pallisa district, Uganda?
3. What are the perceptions and attitudes of child bearing women towards utilization of maternity care services in Apopong sub-county, Pallisa district, Uganda?

## 1.5 JUSTIFICATION OF THE STUDY

In Uganda and Pallisa district in particular, women are the most vulnerable to the reproductive health risks including HIV infection, unsafe abortion and life threatening obstetric complications during child birth. Limited research had been done to assess the factors affecting utilization of maternity care services in Pallisa district and Apopong subcounty in particular, thus the need to carry out the study.

## 1.6 SIGNIFICANCE OF THE STUDY

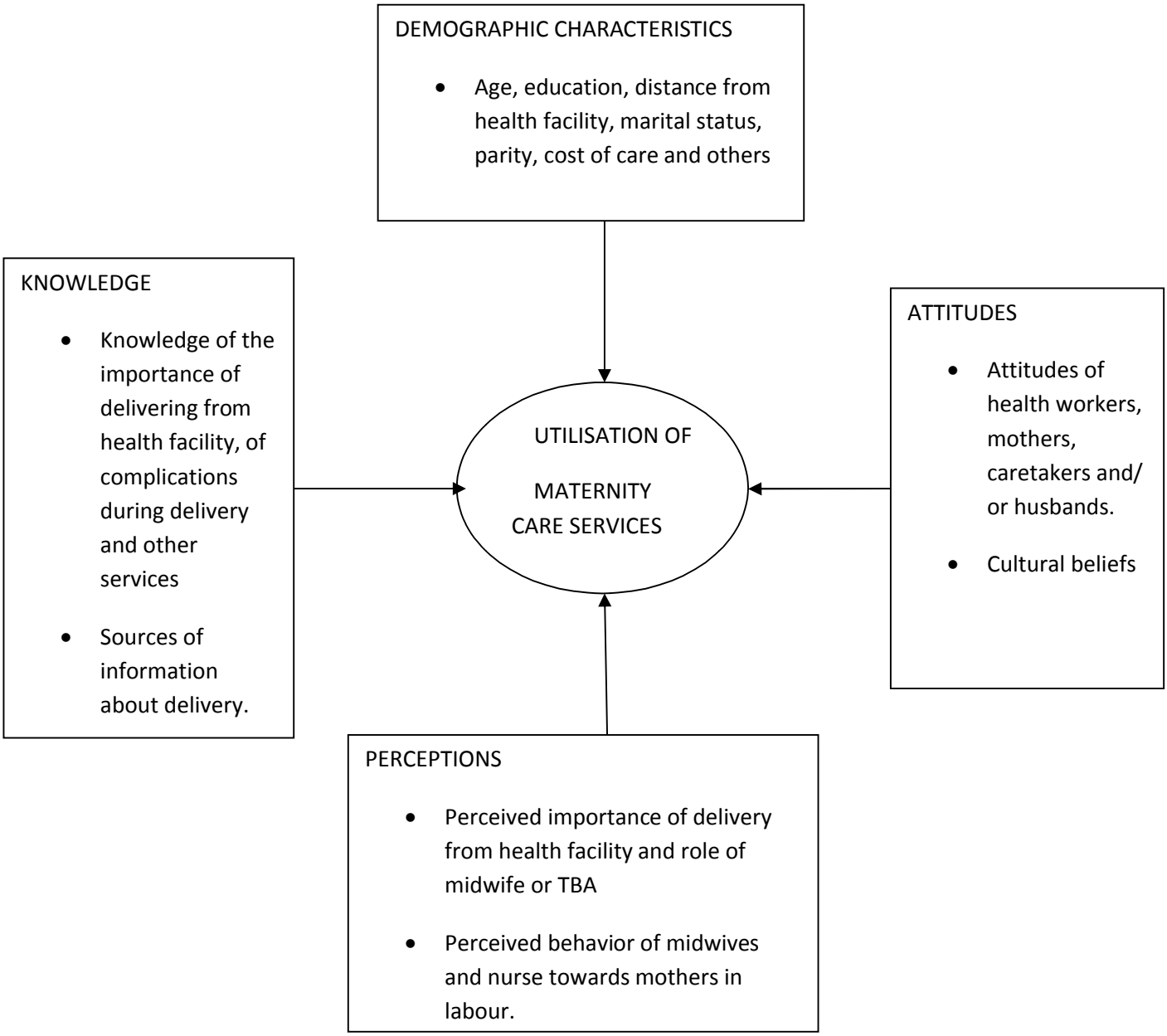
The findings will help the district health officer and authority of Pallisa district to be informed so as to improve in the maternal health care services delivery in the area. The findings of the study will also lead to the development of strategies and interventions to address the factors that affect utilization of maternity care services in the health centers in the whole district at large.

The Ministry of Health will also use the findings to lay strategies on how to improve the utilization of maternity care services in Pallisa District and Uganda in general.

The people of Apopong Sub County will benefit from the improvements in the maternity care services delivery that may be brought by the district health officer or Ministry of Health and/ or NGOs.

The findings will also be used by other researchers for literature review.

## 1.6. CONCEPTUAL FRAME WORK



# CHAPTER TWO: LITERATURE REVIEW.

## 2.0 Introduction

This chapter reviews existing literature related to factors affecting utilization of maternity care services from different writers and sources including peer reviewed journal articles or other articles from organizations. This chapter points out and highlights the existing information on factors affecting utilization of maternity services in Apopong sub-county, Pallisa district under the following headings: demographic factors, knowledge of maternity services, perception towards maternity care services.

## 2.1 Demographic factors that influence utilization of maternity services.

***Age:*** Age and parity of mother, determines the health seeking behavior during pregnancy and child birth (van Eijk, Bles, Odhiambo, Ayisi, et al, 2006). A study by Magadi and colleagues, (2002), showed that younger women were more likely to utilize formal maternity services during labor and delivery unlike the older women.

***Parity***: A study by Wanjira and colleagues, (2011), showed that increase in the number of deliveries was predictive of the delivery practice where mothers who had three children and above were found to practice unsafe delivery as compared to those who had delivered less than 3 children. Other studies have also confirmed the significance of parity with utilization of modern maternity services where older, higher parity mothers tend to use a health facility lesser than younger, lower parity mothers (van Eijk, Bles, Odhiambo, Ayisi, et al, 2006; & Mwaniki, Kabiru, Mbugua, 2002).

***Distance from the health facility:*** distance to the health facility affect the utilization of maternity care services (Atuyanbe, Mirembe, Anni, Kirumira, et al, 2009). There is a need for an efficient transport system to cater for any eventualities in pregnancy. A study done by Thaddeus and Maine, (1994), showed that delays in reaching a treatment facility poses key life-threatening obstacles for women who experience an obstetric emergency. Such delays can be the result of physical accessibility factors such as distance to a facility, the availability and cost of transport, and the condition of roads, all of which affect the time required to get a mother to a facility once the decision to seek care has been made.

In rural Tanzania for instance, 84% of women who gave birth at home intended to deliver at health facility but did not because of distance and transportation problems (Bicego, Curtis, Raggers, Kapiga, et al, 1997). Access to appropriate, affordable and timely transport affects women's ability to receive preventative and emergency obstetric care that is essential for their survival. The World Health Organization estimates that 75 per cent of maternal deaths can be prevented through timely access to child-birth related care (WHO 2001).

***Education***: Women's empowerment factors such as education, exposure to mass media and household autonomy also play a major role in the utilization of maternal health care (Yesudian, 2005). In a survey done in Indonesia by Beegle and colleagues, (2001), it was showed that women who were more educated than their husbands were more likely to obtain prenatal care and, generally, that education enables a woman to make decisions regarding her reproductive health care.

In another study done in Nigeria by Babalola and Fatusi, (2009), it showed that there is a significant positive association between education and utilization of maternal health care

services. The mothers' level of education as one of the factors that determines choice of delivery place as well as of birth attendants (Kabir, 2007 & van Eijk, Bles, Odhiambo, Ayisi, et al, 2006). A study done by Wanjira and colleagues (2011) showed that mothers with low primary education (class 1-3) were found to have 19.2 probability of being attended to by unskilled attendants compared to those with tertiary education. The UDHS report, (2006), showed that women who attained secondary education were almost three times more likely to be assisted at childbirth by a skilled provider than women with no education at birth.

***Attendant at delivery***: The utilization of maternity health services is similar to utilization of other health care services such as paediatrics and medicines (Parkhurst, Penn-Kekana, Balabanova, Danisheoski, et al, 2009). The majority of child birth carried out in the rural communities is done in deplorable conditions by relatives or traditional birth attendants (Mand, Mugisha & Oryem-Origa, 2007). A study done in Bangladesh showed that only 11% of maternal deliveries were performed by trained health workers and 89% were done by traditional birth attendants (Bunalkanti & Debora, 2002).

A study done in the rural districts of Hoima, Kiboga, Soroti and Luwero in Uganda, showed that over 60% of the mothers who deliver in the communities are not assisted by skilled health workers yet about 80% of these attend ANC clinics (MOH, 2000). A study done by Kapiriri, 1996 in Kampala city showed that there was variation in utilization patterns between the rural and urban population. In another study done in rural Western Kenya by van Eijk, Bles, and Odhiambo, (2006) showed that eighty percent of women delivered outside a health facility; among these, traditional birth attendants assisted 42 percent, laypersons assisted 36 percent, while 22 percent received no assistance. Factors significantly associated with giving birth outside

a health facility included: being aged over thirty, low socio-economic status, having less than eight years of education, and being over an hours walking distance away.

***Cost of care:*** Study done by Talia, (2004) showed that the socio-economic factors have a great impact on low utilization of maternity health services. The community uses traditional healers because fees are negotiable, credit is allowed and payment in kind can be accepted. This encouraged people to use their services rather than health facility which do not have flexible protocol (Lubbock & Stephenson, 2008).

A study done by WHO, (2004), showed that the introduction of fees results in the reduction in Out Patient Department (OPD) attendance in Kenya by 27% at provincial hospital, 46% at district hospital and 53% at health centers. In Zambia OPD attendance dropped by 35% after introduction of fees and in Ghana a 40% decrease was noted. There are disparities in utilization of maternity services that exist between the rich and the poor individuals as well as the rich and the poor countries (Gwatkin, et, al, 2000). In the Uganda Demographic Health Survey report, (2006), disparities between the rich and urban, and the poor and rural are shown to affect utilization of maternity care. The survey report showed that the likelihood of receiving skilled birth attendance increases with wealth quintile from 28% of births in the lowest quintile to 77% in the highest quintiles.

A 55-country analysis of the Demographic and Health Survey in the mid-1990s found that women in the richest quintile were 5.2 times more likely to give birth with a doctor, nurse or midwife in attendance than the poorest quintile (O'Donnell, 2007). In all regions except Europe and Central Asia, less than 50% of women in the lowest wealth quintile deliver with support from a medically trained person. However, with the exception of South Asia, 80% or more of

women in the highest wealth quintiles have their deliveries attended by trained personnel. On average, just about 22 percent of women in South Asia and less than half in Sub-Saharan Africa deliver with medically trained staff and in the lowest income quintiles just 7 percent in South Asia and a quarter in Sub-Saharan Africa do (McNamee, Ternent, and Hussein, 2009).

Cost is a key factor accounting for the low rates of utilization of maternal healthcare services among poor women. The costs of emergency care in the event of obstetric complications can be even higher. Thus, for many poor women, costs can be prohibitively high and prevent them from getting the maternal health care they need (Ensor, and Ronoh, 2005).

**2.2 Knowledge of utilization of maternal services**

The knowledge of the benefits of health services increases utilization of such services. Preparing for child birth consists of finding a child birth setting and setting up birth expectations. These are mediated by knowledge, beliefs, finance, reputation, imaginations and education, birth stories, and previous experiences (Hannah, Dohlen, Barclay, Homer, et al, 2008).

In a study done by Abdel and colleagues (1997) about the sources of information among women about child bearing indicated that only 34% of women interviewed had heard about reproductive health. Some of the sources that were sighted were television (56%), radio (12%), words of mouth, stories, tales, and other sources (32%). Many women described their concern about child birth classes carried out during antenatal care as not providing enough information needed for them to make informed choices during labour and child birth. Child birth education done in ANC clinics and health facility are made for ensuring that women have knowledge about birth preparedness, early risk identification, care and making careful decision during labour and child birth.

According to Lothian and Facce, (2007), women's lack of knowledge has led to miss information and making wrong choices that always result in increased maternal and infant mortality. A study done by Wanjira and colleagues, (2011) showed that knowledge of risks involved during delivery is significantly associated with the delivery practice. In the same study, majority (94.4%) of the mothers who had no correct information on safe delivery were found to get information on delivery from elderly women who may have been misinformed and they practiced unsafe delivery compared to 18.5% who had knowledge of risks involved in unskilled birth attendance.

According to the DISH II project, (2000), done in Ugandan districts, it was noted that rural women did not know the importance of using sterile instruments to cut umbilical cord, had a poor understanding of pregnancy, ANC, delivery, PNC services & Poor knowledge of pregnancy danger signs.

**2.3 Perception towards maternity care services.**

Negative perceptions of women and their families about the quality of care and attitudes of health care providers are barriers to seeking care during labour. Perception of complaints of abuse, neglect and poor treatment at maternity care facilities is one of the cause of under utilization of maternity services (Bantebya, 2003; Sheiner, Hershkovitz, et al, 2000). Some mothers think that health workers are ignorant about health service proceedings during labour. This is more common among rural mothers who are unwilling to deliver in the health facility (Bantebya, 2003).

The cultural belief that placenta needs to be disposed of properly or the child will be unlucky, sickly or even die, and that the mother will become infertile has a significant implication to

deliveries in health facility. The community has a strong attachment to cultural practices and beliefs that leads to unfavorable perception towards health services that can lead to low utilization (DISH, 2000; Penn-Kekara, Parkhurt & Balaaum, 2009). Under utilization also appears to be due to negative perceptions among the public about the quality and cultural acceptability of these services as well as traditional beliefs and practices, poverty and poor roads that prevent women from using maternity services (DISH II, 2001).

It is a fundamental role of midwives to facilitate satisfying birthing based on women's perception of pain and culturally bound behavior (Lynncclark, Inaam, Sonia, Kartchner, et al, 2003; Janne, 2007). Another study found that mothers do not enjoy relocating to a health facility by having to carry food, light, and bedding from home. Lack of privacy and confidentiality in the health facility has a serious effect on utilization of maternal services. Mothers believe that service providers do not offer physical support during labour and they are unfriendly and arrogant (Albertina, Conde, Figueiredo, Costa, et al, 2008).

According to the DISH II project, (2000), it showed that community and women's 'attitudes need to be established about paternity. There are negative attitudes towards women who have miscarriages or obstructed labour, men think women nag a lot when pregnant, men and women fear health facilities, thinking that providers don't care, and are rude. The DISH project report also showed that women prefer assistance during delivery when someone they know is present.

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.0 Introduction.

This chapter describes the materials and methods that were used to examine the factors affecting utilization of maternity services in Apopong Sub-county, Palisa District. The chapter is organized in the following sections; study design, study setting, study population, definition of variables, samples, and study instruments, procedure for data collection, data management, data analysis, ethical considerations, study limitations and dissemination of results.

## 3.1 Research Design.

A cross sectional descriptive study design was used, and quantitative and qualitative approaches of data collection were employed to obtain data about factors affecting utilization of maternity care services in Apopong Sub-county, Pallisa District. Qualitative method was used to gather information from the study population while the quantitative method was used to determine the contribution of these factors to the utilization of maternity services in Apopong Sub-county, Pallisa District.

## 3.2 Study Setting

The study was conducted in Apopong Sub-county, Pallisa District, Uganda. Pallisa was cleaved from Tororo Disrict in 1990 and is located in Eastern Uganda. It is bordered by Serere, Ngora, Kumi and Bukedea districts to the north, Mbale district to the east, Budaka district to the southeast Kibuku district to the south west and Kaliro district to the west. It has a total of 20 subcounties. Apopong sub-county has a total of five parishes namely; Obwanai, Kapala,

Apopong, Kaukura, and Adal, all of which have a total population of 27,002 with 12,960 females and 14,042 males (Pallisa district planning unit, 2007). The population is a Nilotic speaking tribe with mainly Iteso and a few Bagwere

### 3.3 **Study population**

The study was conducted among women of child bearing age between 13 to 45 years and who had ever been pregnant, and are residents of Apopong, Obwanai, Kapala, Kaukura, and Adal parishes, in Apopong sub-county, Pallisa district. The women were got from the communities within these parishes

### 3.4 Sample size determination

A purposive and convenient sample of 100 participants was sampled comprising of child bearing women. This was due to the limited time available and other limiting resources. A total of 20 participants were sampled from each of the five parishes that make up Apopong sub- County.

### 3.5 Inclusion criteria.

In order for the participants to be included in this study, women had to meet the following inclusion criteria; must have been a woman who had ever been pregnant and are between ages 13 and 45 years old and consent to participate in the study. According to WHO, the women of child bearing age start from 13 years to 45 years old with the average age of menarche at 12 years and menopause at 45 years. They must also have been able to comprehend ateso very well and are residents of Apopong, Obwanai, Kapala, Kaukura, and Adal parishes in Apopong sub-county.

### 3.6 Exclusion criterion.

The following participants were excluded from the study; all women below 13 years and above 45 years of age, those who could not comprehend or understand ateso language clearly or were sick to answer the questions. Those who did not consent or declined to participate in the study and mothers who were visitors and not from Apopong were also excluded from the study

### 3.7 Sampling Procedure.

A purposive and convenient sampling procedure was used to obtain a sample of 100 participants consisting of women of child bearing age from the five parishes of Apopong, Obwanai, Kapala, Kaukura, and Adal. All participants who met the inclusion criteria above, consented and voluntarily agreed to participate in the study. They were selected consecutively from the five parishes in Apopong sub-county until a sample of 100 participants was attained. However, only 97 questionnaires were analyzed as 3 questionnaires got lost due in unpredictable circumstances.

### 3. 8 Definition of Variables

***Dependant variables***: In this study, there is one dependent variable; Utilization of maternity care services. For the purpose of this study **utilization of maternity care services** was defined as accessibility and usage of skilled birth attendants during labour and immediate postpartum period.

***Independent Variables****:* The independent variables in the study were demographic characteristics and these were obtained for the purpose of describing the sample and additional analyses. The demographic characteristics for which data were obtained include; age, occupation, marital status, education level, religion, parity, gestational age, distance from the

health facility, and the next of kins and his occupation. Other independent variables are, knowledge of maternity care services, and perceptions and attitudes of mothers towards maternity care services,

### 3.9 Study Instruments

The researcher used only a questionnaire which was composed of questions that included demographic characteristics such as age, and marital status, level of education, parity and distance to capture the data. Closed and open ended questions about demographic characteristic and utilization of maternity care services were included. The questionnaire was used to collect data about factors affecting utilization of maternity care services.

### 3.10 Validity and Reliability of the instrument.

The participants in this study were 13years to 45 years of age who had ever been pregnant, meaning that they consented to the pregnancy and are mature enough to give valid consent and were able to understand and comprehend the local language. The questionnaire consists of 27 semi- structured questions simple and easy to understand. These questions were asked by the researcher directly from the questionnaire in simple and easy local language which could easily be understood by the respondent. The answers were recorded onto the questionnaire by the researcher directly.

The questionnaire was first pretested on five child bearing women in Gogonyo sub-County. Pre-testing was done to find out how easily the respondents could understand and interpret the questions, and their perception about the study questionnaire. The necessary adjustments were made after pre-testing to adjust for irrelevant and ambiguous questions.

### 3.11 Data collection procedure.

After obtaining approval of the proposed study from International Health Sciences University Review Board and the School of Nursing, the researcher obtained introductory letters from the school of nursing to the District health officer (DHO) and the Assistant Health officer in charge of maternal health and reproductive health in Pallisa district and also to the local authorities in the Apopong sub-county. Then the researcher through LC1 proceeded to conduct the research in the villages selected after introducing herself to the child bearing women. Verbal Consent was sought after explaining the topic of study, aims, and benefits of the study to the respondent before data collection commenced. After the interviews, missing data and mistakes were checked immediately.

### 3.12 Data management.

Data was cleaned on a daily basis; questionnaires were coded manually before entering the information in the computer to avoid reentering the data during data entry. After data collection, questionnaires were kept under lock and key in a locker that was accessible to the researcher only and supervisor on request. All coded questionnaires were then entered directly into SPSS version 17 programme ready for analysis. They will be kept for a year after which it will be destroyed.

### 3.13 Data Analysis and presentation.

The raw data was entered into SPSS version 17 programme. The demographic data analysis was used to describe the sample. The description of the sample was presented using frequencies, percentages, means, and standard deviation.

For the three research questions, descriptive statistics and statistical diagrams such as frequencies, means, percentages and standard deviation were used to answer these research questions.

### 3.14 Ethical Considerations

This proposal was submitted to the school administration of the University for Approval and an introduction letter was obtained. This was used to obtain permission from the DHO and other relevant authorities in the district and Apopong Sub-county. The researcher created rapport and explained the importance of study, procedures, purpose, risks and benefits to the participants before written informed consent was obtained before participating in the study.

The autonomy of the participants was highly respected when signing the informed consent and during the study. Participants were free to opt out of the study if they felt uncomfortable finishing answering the questionnaire.

Information from the participants is kept confidential under custody where is only accessible to the researcher and the supervisors if need arises. A verbal appreciation was made for each respondent at the end of filling the questionnaire.

# CHAPTER FOUR

# RESULTS

## 4.0 Introduction

This chapter presents the results of the study of the factors affecting the utilization of maternity care services in Apopong sub-county, Pallisa district, Uganda. A total of 97 respondents were interviewed. The results obtained from the study are represented in forms of tables, bar graphs, pie chart and narrative. The order of presentation is according to the order of study objectives.

## 4.1 Description of the respondents utilizing of maternity care services in Apopong sub-county, Pallisa district, Uganda.

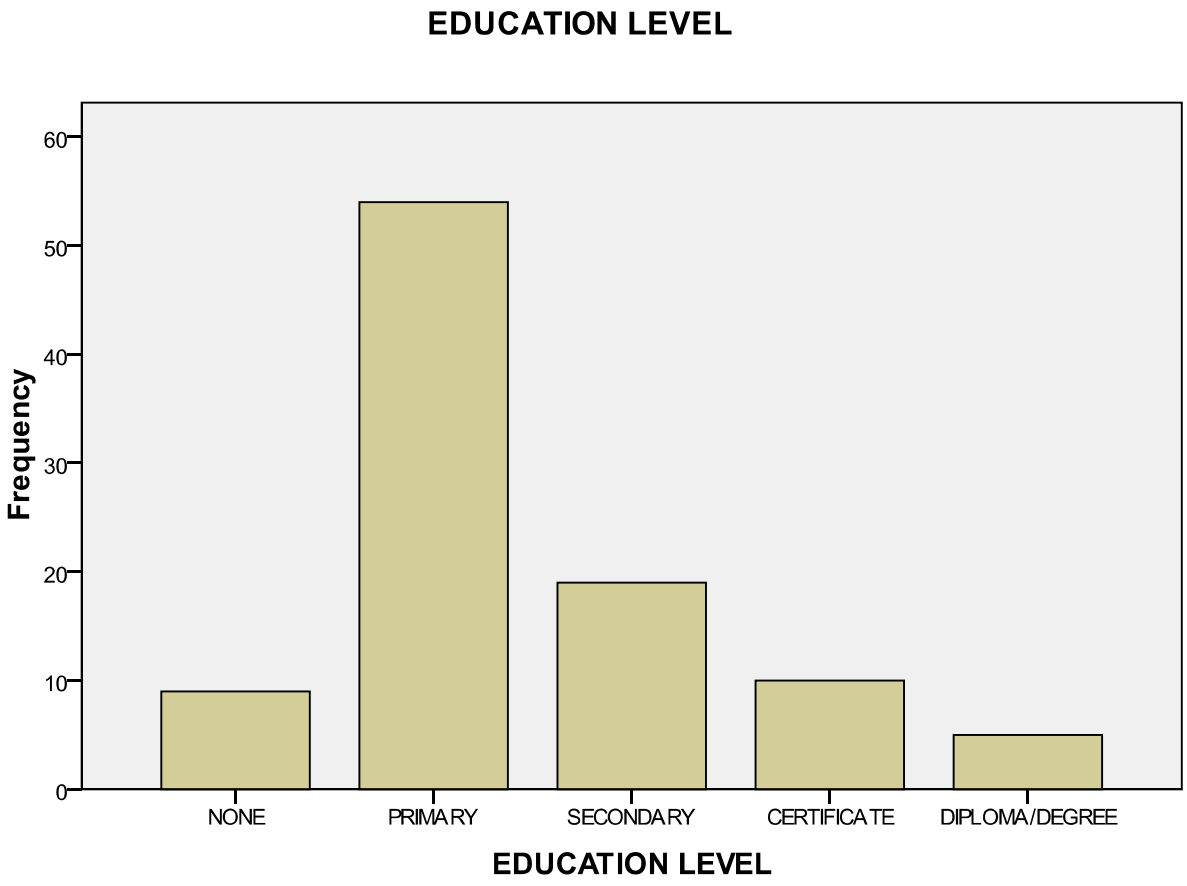
As shown in table 1 below, all respondents were females and were in the age range of 15 to 45 years with the mean age of 28.75 (S.D = 0.815). A large percentage of participants77 (79.4%) were married, with majority of them 61(60.8%) having more than three children and were mainly Catholics (53.6%). Most of the respondents 60(61.9%) were housewives and majority 58(60%) of the respondents travelled over 5 or more kilometers to reach the maternity center for services.

**Table 1: Distribution of Respondents by Demographic Characteristics**

| **Variables** | **Frequency (N= 97)** | **Percentage (100%)** |
|---|---|---|
| **Age group in years** (mean =29.83, S.D = 0.815) | | |
| 15 – 24 | 23 | 23.7 |
| 25 - 34 | 44 | 45.4 |
| 35 – 45 | 30 | 30.9 |
| **Marital status** | | |
| Single | 9 | 9.3 |
| Married | 77 | 79.4 |
| Divorced/separated | 5 | 5.2 |
| Widowed | 6 | 6.2 |
| **Gravidae (mean = 4.34, S.D = 2.595)** | | |
| 1 – 2 | 29 | 30.5 |
| 3 – 4 | 27 | 28.4 |
| 5 – 6 | 19 | 20 |
| 7 and above | 20 | 21 |
| Missing Value | 2 | 2.1 |
| **No. of children** | | |
| None | 2 | 2.1 |
| 1 – 2 | 36 | 37.1 |
| 3 – 4 | 17 | 17.5 |
| 5 and above | 42 | 43.3 |
| **Type of work** | | |

| | | |
|---|---|---|
| **Housewife** | 60 | 61.9 |
| **Businesswoman** | 17 | 17.5 |
| **Teacher** | 10 | 10.3 |
| **Farmer** | 8 | 8.2 |
| **Civil servant** | 2 | 2.1 |
| **Religion** | | |
| Catholics | 52 | 53.6 |
| Anglican | 32 | 33.0 |
| Moslem | 4 | 4.1 |
| Pentecostals/ saved | 4 | 4.1 |
| Others | 5 | 5.2 |
| **Distance to Health Facility/maternity center** | | |
| 1 – 2 km | 5 | 5.2 |
| 3 – 4km | 34 | 35.0 |
| 5 – 6km | 26 | 26.8 |
| 7km and above | 32 | 33.0 |

**Figure 1. Percentage representation of Respondents by their level of education**



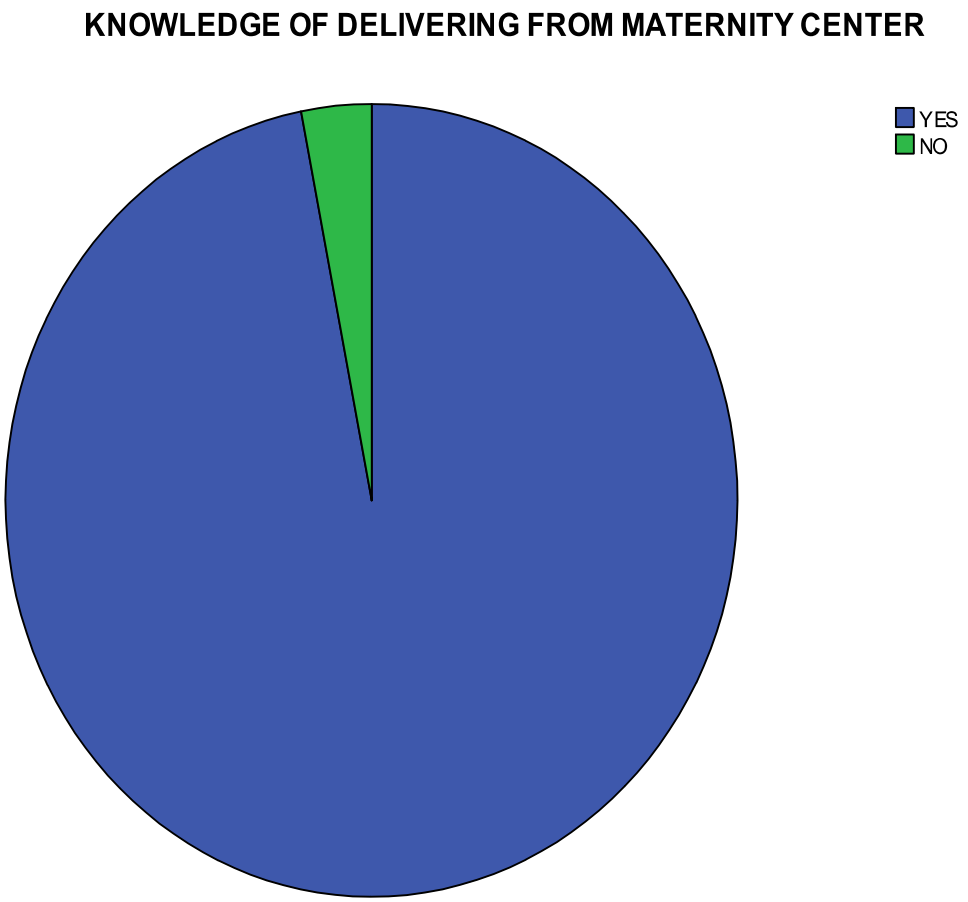

Findings summarized in Figure 1 above show that more than half 52(54%) of the respondents had attended primary level of education. The findings show that mothers who give birth in Apopong Sub-County health facility are less educated compared to the more educated as shown in the figure above.

**Table 2. Distribution of Respondents by utilization of maternity care services**

| Variable | Frequency (N= 97) | Percentage (100%) |
|---|---|---|
| **Place of delivery** | | |
| Maternity center | 60 | 61.9 |
| TBA's place | 18 | 18.6 |
| Home | 15 | 15.5 |
| Relative/Friend's home | 4 | 4.1 |
| **Person delivering the baby** | | |
| Midwife/Nurse | 58 | 59.8 |
| Relative | 20 | 20.6 |
| Friend | 2 | 2.1 |
| TBA | 17 | 17.5 |

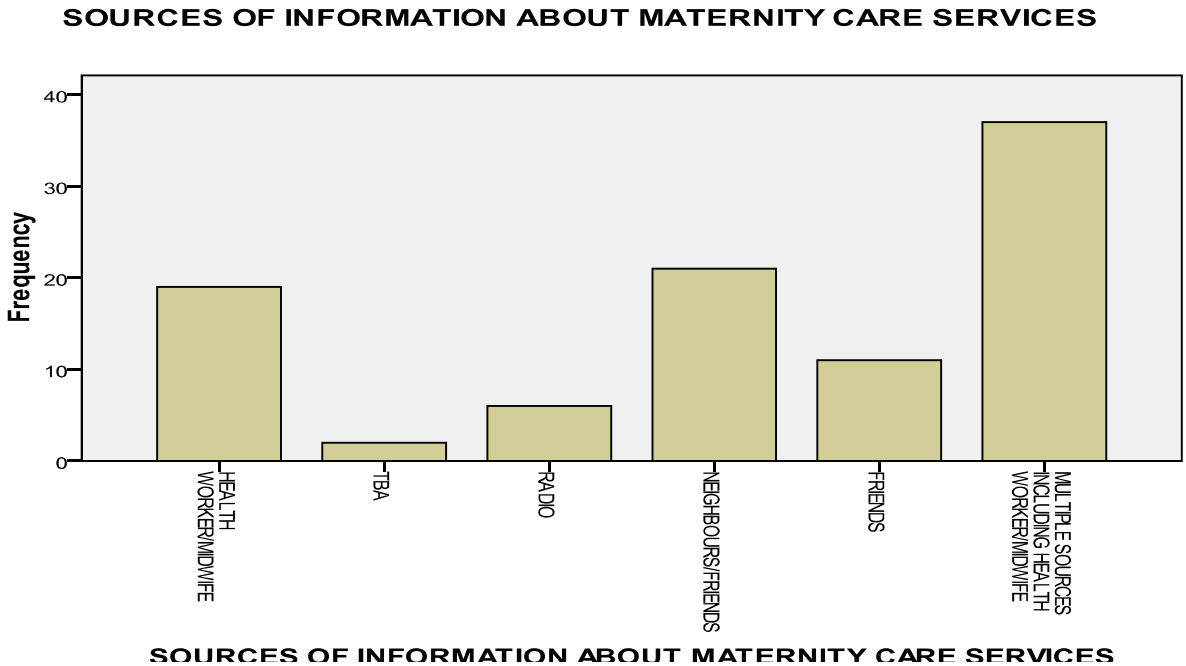
Findings summarized in table 2 show that majority 60(61.9%) of the respondents delivered from a maternity center with very few (4.1%) delivering from home. Additionally, majority 58(59.8%) of these mothers were delivered by professional midwives and/or nurses.

**4.2 Figure 2: Knowledge of utilization of maternity care services:**




From figure 2, it shows an overwhelming majority 94(96.9%) of the respondents said that they knew the importance of delivering from a maternity center. Additional analysis of some of the importance mentioned by the mothers include; to be checked before delivery and assessed for the progress of labour, safe delivery by midwives and nurses, midwives/nurses can cut the umbilical cord properly to avoid mixing of blood and thus prevent transmission of HIV in case the mother is HIV positive, bleeding can be controlled by Midwives/Nurse in case the mother bleeds a lot and to be given treatment after delivery.

**Figure3. Histograph showing sources of information about maternity care services**




Findings summarized in figure 3 show that mothers got more information about maternity care services from multiple sources including health workers 37(38.5%) than any other sources.

**4.3 Perception towards maternity care services.**

**Table 3. Distribution of Respondents by Perception towards maternity care**

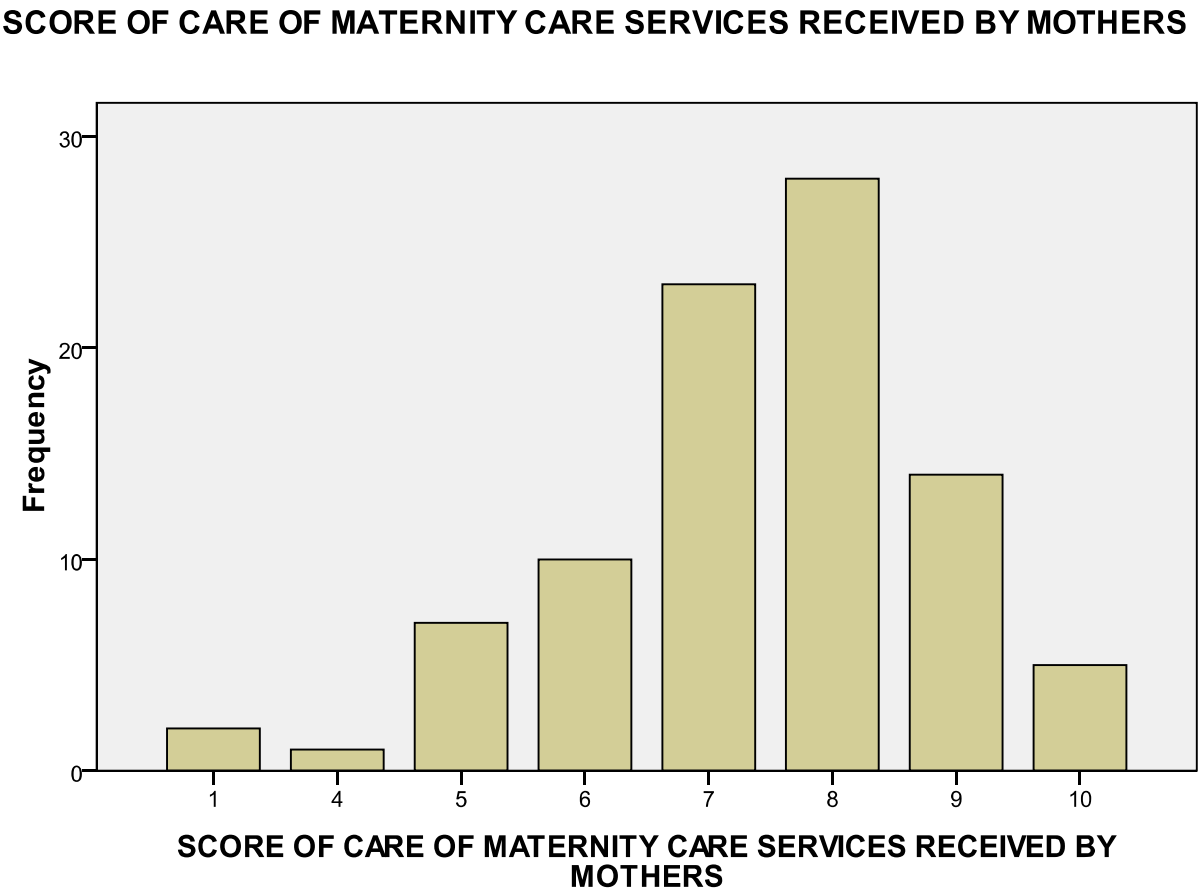
| Variables | Frequency (N = 97) | Percentage (100%) |
|---|---|---|
| Mothers' perception of the usefulness of utilizing maternity | | |
| Useful | 91 | 93.8 |
| Useless | 2 | 2.1 |
| I do not know | 4 | 4.1 |
| Mothers perception of health worker's behavior towards them | | |
| Very friendly | 10 | 10.3 |
| Friendly | 50 | 51.5 |
| Rude | 25 | 25.8 |
| Very rude | 5 | 5.2 |
| Missing responses | 7 | 7.72 |
| Mother's views about the waiting time before they are reviewed at the maternity center | | |
| Very long | 18 | 18.3 |
| Long | 41 | 42.3 |
| On time | 31 | 32.0 |
| Missing response | 7 | 7.2 |
| Mothers perception on the treatment received | | |
| Very good | 11 | 11.3 |
| Good | 55 | 56.7 |
| Poor | 21 | 21.1 |
| Very poor | 2 | 2.1 |
| Missing response | 8 | 8.2 |

Findings summarized in Table 3 show that an overwhelming majority 91(94%) of the respondents perceived maternity care services as being useful and more than half 50( 52%) perceived health workers' behavior as being friendly although a significant number 25(26%)of mothers perceived the health worker as rude. Majority 55(57%) of respondents said that they received good treatment and a good number 41(42%) of respondents viewed the waiting time before being seen by health worker as long.

Additional analyses about ways in which mothers can be encouraged to utilize maternity care services revealed the following; respondents proposed that LCs and church leaders should be involved in dissemination of such information, mothers should be taught the usefulness and safety of delivering from a health facility, they should also be supported with some necessities and offered free services instead of paying for some which makes it hard for mothers. Mothers also suggested that they should build health facilities in their villages so that they avoid moving long distances.

In another analysis respondents preferred delivering from maternity centre to delivering from TBAs or home because in maternity centre, there is good care by skilled personnel, mothers get medical help in case of any problem or complications and some delivered from maternity center because they knew it was the only sure and safe way. Mothers reported some of the hinderances to utilization of maternity care services as lack of money for transport to maternity centers which is far and some due to lack of support from the family.

**Figure 4: Histograph showing Quality of Maternity care services**




From the figure 4 above, taking a scale of 0 to 10, and assuming a score of 7 and above to be a good service, up to 78 of the respondents said that the care they received was good. This is good indicator on the behaviour of the medical services and needs to be encouraged.

# CHAPTER FIVE: DISCUSSION

## 5.0 Introduction

This study set out to determine the factors affecting the utilization of maternity care services. This discussion presents responses from 97 participants in Apopong sub-county, Pallisa district, Uganda according to research questions.

## 5.1 Description of the demographic factors affecting utilization of maternity care services.

Age has been described in many studies as a contributing factor to either under-utilization or utilization of maternity services. In this study the age range of 25 – 34 years had more respondents (45%) than other age groups. This is the age range that was showed to be utilizing maternity care services in Uganda (UDHS, 2006). Therefore it is not surprising that in this study it has been showed that over 60% of mothers are delivered by midwives or nurses. This study is still in conformity with a study by Magadi and colleagues, (2002) that showed that younger women were more likely to utilize formal maternity services during labor and delivery unlike the older women. In this study about 69% of mothers were in the age range of 15 to 34 and these are young and middle aged mothers.

The average number of deliveries for the studied group was 4.23 which is lower than the national fertility rate of 6.7. However, according to a study by Wanjira and colleagues, (2011), increase in the number of deliveries was predictive of the delivery practice where mothers who had three children and above were found to practice unsafe delivery as compared to those who had delivered less than 3 children. In contrast, results from this study show good utilization of maternity care services of about 60% despite the fact that mothers had high parity. This shows that there are other factors that influence the utilization of maternity care in Apopong which may

not be in other areas, say perception and attitudes of mothers towards health facility delivery which was overwhelmingly high (94%).

The level of education of a mother has been showed in many studies to influence utilization of maternity care services (Babalola & Fatusi, 2009). In this study majority (56%) of the respondents had reached primary level of education compared to 35% of the respondents who had attained secondary level, certificate and degree all combined. In the same study it is showed that over 62% of mothers delivered from maternity center or health facility and over 60% were delivered by a skilled attendant. This does not agree with many studies which show the reverse. A study done by Wanjira and colleagues (2011) showed that mothers with low primary education (class 1-3) were found to have 19.2 probability of being attended by unskilled attendants compared to those with tertiary education. The UDHS report, (2006), shows that women who attained secondary education were almost three times more likely to be assisted at childbirth by a skilled provider than women with no education or primary level at birth. This is still fascinating and needs more studies to be done in order to explore factors that might be causing controversies.

Majority (60%) of the respondents travelled over 5 or more kilometers to reach the maternity center for services. This is common in most of the parts of the country and this is not theoretical. In a study done in rural Tanzania for instance, 84% of women who gave birth at home intended to deliver at health facility but did not because of distance and transportation problems. (Bicego, Curtis, Raggers, Kapiga, et al, 1997). However, this is not the case for Apopong, despite the fact they had problems with the distance, majority 60(%) of them delivered from maternity or health center. This could have been due to the fact that 80% 0f the respondents lived with their husband who were supportive in terms of providing transport to them or taking the mothers to the

hospital for antenatal and during delivery. This calls for the need to sensitize husbands on supporting their wives during pregnancy and delivery.

### 5.2 Knowledge of mothers towards utilization of maternity care services

An overwhelming majority (96.9%) of the respondents knew the importance of delivering from a maternity center. This is not surprising because majority (62%) of them delivered from maternity center and also over 57% of the mothers got information about maternity care services from multiple sources including health worker (38.5%) or from health workers alone (18%). This study is in contrast to a study done by Abdel and colleagues (1997) about the sources of information among women about child bearing that indicated only 34% of women who had heard about reproductive health and some of their sources were television (56%), radio (12%), words of mouth, stories, tales, and other sources (32%). Getting information about maternal care services from health workers is far more important than other sources since this includes health education about the pregnancy and labour process and also health workers are the experts in this field not relatives or TBA. Child birth education done in ANC clinics and health facility are made for ensuring that women have knowledge about birth preparedness, early risk identification, care and making careful decision during labour and child birth (UDHS, 2006).

Additional analysis of the importance of delivering from maternity care center revealed the reasons why mothers went to maternity centers and these included to be checked before delivery and assessed for the progress of labour, safe delivery by midwives and nurses, midwives/nurses can cut the umbilical cord properly to avoid mixing of blood and thus prevent transmission of HIV in case the mother is HIV positive, bleeding can be controlled by midwives/nurse in case the mother bleeds a lot and to be given treatment after delivery. A study done by Wanjira and

colleagues, (2011) showed that knowledge of risks involved during delivery is significantly associated with the delivery practice. Mothers in Apopong could have been delivering from maternity center because they had knowledge of the importance of delivering from there as explained earlier.

**5.3 Perception of mothers towards maternity care services.**

Negative perceptions of women and their families about the quality of care and attitudes of health care providers are barriers to seeking care during labour (Sheiner, Hershkovitz, et al, 2000). However, in this study an overwhelming majority (94%) of the respondents perceived maternity care services as being useful and more than half (52%) perceived health workers' behavior as been friendly although over 26% of mothers perceived the health worker as rude. The general over view is good and needs to be encouraged and there is a need to intervene and counsel those mothers who are described as being rude to mothers. A study by Bantebya, (2003), revealed that mothers' Perception of complaints of abuse, neglect and poor treatment at maternity care facilities is one of the causes of under utilization of maternity services.

Majority (61%) perceived health workers behavior as either being very friendly or friendly. This could be one of the main reasons as to why over 62% of the mothers delivered from health or maternity center. Other studies done elsewhere indicate that mothers believe that service providers do not offer physical support during labour and they are unfriendly and arrogant (Albertina, Conde, Figueiredo, Costa, et al, 2008), which is in contrast to this study. Majority (57%) of respondent said that they received good treatment although a good number (42%) had to wait for a long time before they were seen by health worker. This is very common in Ugandan

health care setting since there are few health center and health worker yet there are many people who need the services

### 5.4.0 Conclusions

If mothers have the knowledge of the importance of delivering from maternity/ health centers, they are most likely to deliver from there.

Creating a conducive environment for pregnant mothers maternity care service delivery creates positive attitudes of pregnant women towards place of delivery, skilled personnel involved in maternity care services and the services themselves.

Husband's support to the mother during pregnancy and at the time of delivery influences mothers utilization of maternity care services.

### 5.4.1 Recommendations.

Ministry of health and other responsible bodies including the health worker should strive to increase the knowledge of mothers about the importance of delivering from maternity center.

Midwives and doctors in charge of maternal health need to equip themselves with good customer care services skills so that they can positively influence and change pregnant mothers' attitudes towards health professionals and service delivery.

Ministry of health should plan and implement routine campaigns for health education of mothers about issues related to pregnancy and maternity care services using all the available avenues for dissemination of information so that women's general knowledge about maternity is increased.

### 5.4.2 Implication to Nursing Practice.

Midwives and nurses have a very significant role to play in the implementation of maternal health programmes and in most cases, they spend more time with pregnant mothers and also during delivery. So midwives ought to have a good attitude in order to improve the midwifery image and also have better results since mothers will be more productive.

This research shows that most of the mothers get information about maternity care services from multiple sources including midwives and nurses, and /or maternity care centers therefore intensifying nursing and midwifery interventions through empowering clients with knowledge about maternal health care will increase their attendance during delivery.

### 5.5 Limitations of the Study

Time to collect data for the ideal sample size was not enough and therefore a convenient sample of 97 participants was recruited. This could have affected the quality of research.

The questionnaire used in the study was not a standard questionnaire since it was formulated by the researcher. It could have had an error which might have affected the result.

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## APPENDIX I

## CONSENT FORM

**Introduction**

Dear participants,

I am Pauline Amuge, a Bachelor of Science in Nursing student from the school of nursing at International Health University. I am conducting a study about factors affecting the utilization of maternity care services in Apopong Sub-county.

The purpose of this study is; to determine the factors that affect utilization of maternal care services. By participating in this study, you will help in increasing our understanding about the factors that affect utilization of maternal care services Apopong Sub County and Uganda as a whole and this will contribute to enhancement of maternal education, sensitization and lobbying for improvement in the maternal health service delivery.

**Confidentiality;** if you agree to participate in this study, the information obtained during the study will be kept confidential and will only be accessible to the researcher and the supervisors. Your name is also not needed in order to participate in the study.

**Benefits;** Information obtained from you will be used by the health care providers, maternal and Child health care department at the district and Ministry of Health to improve on maternal health care delivery. However, there will be no monetary compensation for your participation in this study.

**Voluntary Consent**; you are free not to participate in the study and you have the right to refuse answering any questions that you feel uncomfortable with. You are also free to withdraw from the study at any time without fear of any consequences.

By signing below, you indicate that you have understood the information presented to you concerning this study and you voluntarily give your consent to participate in the study.

Signature of the respondent…….. Date……..

Signature of the researcher…….. Date……..

APPENDIX II: QUESTIONNAIRE

SERIAL NO……..

**TOPIC: FACTORS AFFECTING THE UTILIZATION OF MARTERNAL HEALTH SERVICES: A CASE OF APOPONG SUB-COUNTY, PALLISA DISTRICT.**

This questionnaire is to help the researcher in data collection for the above mentioned study .All information will be kept confidential.

SECTION A

DEMOGRAPHIC DATA

1. Age a) 15-24 b) 25-34 c) 35-44 d) 45-49

2. Marital status

a) Single b) Married c) Divorced/separated d) widowed

3. If married, are you currently staying with your husband

a) YES b) NO

if YES, state how he was supportive during maternity

……..……

4. How many pregnancies have you ever had (Gravidae)?……..

5. Number of children

a)None b) 1 c) 2 d)3 e) 4 and above

6. Education level

a) None b) Primary c) Secondary d) certificate e) Diploma/Degree

8. What type of work do you do?

a) Housewife b) Business woman c) Teacher d) others(specify)…….

9. Religion a) Catholic b) Anglican c) seventh day Adventist d) Moslem

e) Pentecostals or saved f) Others…….

10. who accompanied you to the chosen place of delivery? (Next of Kin)…….

11. His or her occupation…….

From where did you deliver?

a) Maternity center b) traditional birth attendant.

c) home d) relative/friend's home

who delivered your baby at the place of birth during your last delivery?

a) midwife/nurse b) relative c) friend e) TBA d) unrecognized person

12. what is the estimated distance of your home to the nearest health facility/maternity center?

a) 1 – 2 km b) 3 – 4 c) 5 – 6 d) 6 and above

SECTION B: KNOWLEGDE

Do you know the importance of delivering from a maternity center/ health facility

a) YES b) NO

if YES, can you mention some of the importance of delivering from a maternity center?

…….

…….

…….

What are your sources of information about maternity care services?

a) Health worker/midwife b) TBA c) TV d) Radio

e) Neighbours/ friends f) relatives

ATTITUDES/ PERCEPTION.

20. What do you think about utilization of maternal health services?

a) useful b) useless c)I do not know

21. How do health workers behave towards you at your nearest maternity center?

a) very friendly b) friendly C) Rude d) very rude

22. At the maternity center, how long do wait to see the health worker?

a) Very long b)on time c) Long

23 . How were you treated the last time you went to any of the maternity center for services?

a) very well b)well c)poorly d)very poorly

24 .How do you think mothers can be encouraged to utilize maternity care services in Apopog Sub County?

…….

…….

25. ONn a scale of 0 to 10, how would you rate the maternity care services offered to you in Apopong Sub County?

0 - 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Why did you seek maternity care services from the place of your last delivery?

……..

……..

Give reasons why you did not deliver from the other places of delivery? (Maternity center vs TBA vs home) ……..

……..

25. In your own words, how do you want to be treated at maternity center?

……..

……..

END

THANKYOU!