

**CLIENT RELATED FACTORS INFLUENCING POST-NATAL CARE
UTILIZATION AMONG WOMEN AGED 18-49 YEARS IN NGONG WARD,
KAJIADO COUNTY, KENYA**

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Abstract

In spite of evidence showing that Post Natal Care (PNC) reduces mother and baby mortality and morbidity, it is underutilized. In Kenya, only around 51% of women have access to these kinds of treatments from a trained professional. Limiting our understanding of the variables that influence the frequency with which these services are used. The objective of the study was to investigate client related factors that influence postnatal care services utilization. 354 mothers were surveyed using a cross-sectional descriptive research design in the Ngong ward. Household mothers who had a kid less than one year old were considered for participation. Quantitative data was examined using SPSS version 21, and information was gathered via the use of a structured questionnaire. At the 95% confidence level, the differences were seen as meaningful. Fisher's Exact Test and Chi-Square Test Chi-squared test was used to determine associations between independent variables and postnatal care utilization. PNC utilization was positively associated with those who have ever heard about postnatal care services (Fischer's exact= 0.000), information about postnatal care services (p=0.003), and if postnatal care services are important (0.008) However PNC utilization and postnatal care visits attended (Fischer's exact= 0.099), duration of waiting to be attended by the nurse midwife (0.204), and the reasons why PNC is important (p=1.000) showed no association. Through community-based methods, the county government should increase the use of PNC services; these initiatives should concentrate on those with low levels of education and socioeconomic status. The patients must be told about PNC services, and appointments must be made, by the healthcare professionals. There has to be better communication inside the facilities regarding PNC services.

Keywords: *Client Related Factors, Post-Natal Care Utilization*

INTRODUCTION

Postnatal period is the period following the birth of the baby and removal of the placenta which carries on for six weeks, and whereby the mothers enter a period of physical and psychological recuperation (Fraser and Cooper, 2009), postpartum which refers to the 'mother' is another commonly used term. The (Ministry of Public Health and Sanitation and Ministry of Medical Services [MOPHS & MOMS], 2013), define postnatal care as care provided by a trained caregiver to provide for the mother's requirements beginning at birth in order to lower her risk of morbidity and death and to advance her health and wellbeing.

Therefore, postnatal care is essential to check health, address any delivery-related issues that may arise, and provide the mother crucial knowledge on how to take care of herself.

A vital part of maternity and neonatal health care is providing for the mother and newborn in the first six weeks following delivery. Both the mother and the newborn are more vulnerable to disease and death during the postnatal period. Postnatal care, which enables the early detection and treatment of postpartum disorders, is seen as crucial by the World Health Organization (WHO) for reducing mother and infant mortality rates. Despite the well-recognized benefits of postnatal care, use of postnatal care services remains low in many nations, especially in low- and middle-income countries (LMICs) (WHO, 2013).

Globally, approximately 2.5 million neonates die before they reach 28 days of age, with 47% of all deaths under 5 years occurring during the neonatal period (Irimu et al., 2021; Gul et al., 2014). Among neonatal deaths, 75% occur within the newborn period. Sepsis is an important contributor to neonatal mortality, accounting for a considerable percentage of the estimated 33.3% of neonatal deaths that occur annually, with other major causes including birth asphyxia (45.5%), prematurity (12.5%), and hypothermia (11%) (Olack et al., 2021).

In sub-Saharan Africa, the utilization of postnatal care services is particularly low. A study conducted in Ethiopia found that only 34% of women received postnatal care within the recommended timeframe of 48 hours after delivery (Berhe et al., 2019). In Nigeria, a study reported that only 32.8% of women received postnatal care within the first six weeks after delivery (Oladokun et al., 2019). Similarly, in Ghana, only 44% of women received postnatal care within six weeks after delivery (Ghana Statistical Service, 2015).

Low postnatal care utilization is also evident in Nigeria and Malawi, which are low-income countries in Africa. In Nigeria, a study conducted in Southeast Nigeria found that only 14.5% of women received postnatal care within the first week after delivery, with lack of awareness and perceived good health being the main reasons for not seeking care (Ononokpono & Odimegwu, 2014). Similar findings were seen in Malawi, where only 24.4% of women obtained postnatal care within six days after birth. The primary obstacles to utilization were a lack of knowledge, protracted wait times at health facilities, and a shortage of transportation (Kamalizad et al., 2019). These findings suggest that there is a need for interventions that focus on improving awareness and accessibility of postnatal care services to increase utilization in these low-income countries.

In Kenya, the Ministry of Health has established guidelines for postnatal care that recommend at least four postnatal visits for all women and additional visits for those with complications (Ministry of Health, 2016). However, only about half of women get the recommended number of postpartum visits, and postnatal care utilization rates continue to be low (KNBS, 2015). This can be attributed to factors such as limited access to health facilities, cost of services, and lack of awareness among women (Ndirangu et al., 2021).

Low rates of postnatal care service consumption are reported by the World Health Organization in 2013, Only 49% of women worldwide attend postnatal care appointments within two days after giving birth, compared to 45% and 42% in Africa and Kenya, respectively. The Kenya Demographic Health Survey (KDHS) (2008-2009) found that 53 percent of mothers did not get any postnatal care after giving birth. According to the survey's findings, just 6.8% of women in Rift Valley Province have a postnatal check-up within two days after giving birth, which is also true of the national average.

Lack of knowledge, travel time to medical facilities, and perceived low quality of care have all been cited as obstacles to postnatal care utilization in Kenya (Kanyangarara et al., 2018; Gitobu et al., 2018). Additionally, it has been shown that postnatal care utilization is

correlated with maternal characteristics including socioeconomic level and education (Kinuthia et al., 2018; Kabakian et al., 2018). Community-based education and awareness campaigns, as well as initiatives to enhance the quality and accessibility of postnatal care services, have all been used as interventions to increase postnatal care utilization in Kenya (Warren et al., 2017; Kimani-Murage et al., 2016). Despite these efforts, further study is required to fully grasp the factors that influence postnatal care utilization in Kenya and to create efficient plans for increasing access to these crucial services.

Problem Statement

According to the World Health Organization (WHO), (2019), maternal mortality is a critical public health concern, with the majority of fatalities occurring after delivery and the postpartum period. Targeted postnatal care is one of the key components of the Safe Motherhood Initiative, which aims to ensure the well-being of mothers throughout the postnatal period (WHO, 2018). The WHO has made significant efforts to address gaps in postnatal care by frequently reviewing and updating guidelines to provide the best practices for positive maternal and neonatal outcomes (WHO, 2021).

In Kenya, the Ministry of Health has established guidelines for quality obstetrics and perinatal care that recommend a set of four focused postnatal visits with specific care services delivered to the mother (Ministry of Health, 2016). Despite these efforts, the utilization of postnatal care services remains low in many parts of the country (Kenya National Bureau of Statistics (KNBS, 2015), prompting interest in further investigation of factors that influence the use of postnatal care services. One such study aims to investigate the determinants of postnatal care utilization among women aged 18-49 years in Ngong Ward (Ndirangu et al., 2021). The study, therefore, aims at investigating factors that determine utilization of postnatal care among women aged 18-49 years in Ngong Ward

LITERATURE REVIEW

Theoretical Framework

Health Promotion Model (HPM)

According to Pender, Murdaugh, and Parsons (2006), the Health Promotion Model (HPM), which was first conceived of by Nola J. Pender and put into practice for the first time in 1982, has evolved into an essential part of the investigation into health promotion. The writers came to this realization towards the end of the study. The approach, as interpreted by Pender, Murdaugh & Parsons (2015), places a focus on the impact that self-efficacy, perceived barriers and rewards, and social support have in shaping health behaviors. It offers a comprehensive framework for understanding the dynamics of these components and their role in promoting health by stating that health behaviors are impacted by this interaction. It argues that health-related behaviors are impacted by a combination of internal and external factors. In this line of thinking, the various elements that have been discussed above all work together to affect people's health-related behaviors.

Empirical Literature

According to the World Health Organization (2013), the percentage of women in Africa and Kenya who obtain their first prenatal visit is substantially lower than the proportion of women worldwide who get postnatal care within two days of giving birth. This is in contrast to the proportion of women who receive postnatal treatment within two days of giving birth. Only 49% of women throughout the globe attend a postnatal care visit during the first two days after giving birth, in contrast to the 81% of women who attend their first prenatal clinic session. Despite the knowledge that postnatal care visits are linked to improved health outcomes, this difference still remains. According to the findings of a research that was

conducted in 2010 by the Kenya National Bureau of Statistics, around 53 percent of Kenya's female population does not obtain postnatal care. This statistic was derived from an examination of the country's population. Only 37 percent of women who do get postnatal care receive it from a medical professional such as a nurse, doctor, or midwife. This percentage is much lower than the national average. This percentage is much lower than the national average. In comparison, just 47 percent of women actually obtain postnatal care after giving birth. Although only a small percentage of women get postnatal care from community health professionals, this number is far higher than the percentage of women who receive postnatal care from traditional birth attendants, which is just ten percent.

One of the factors that affects the usage of postnatal care (PNC) services is the consumption of prenatal care services, also known as antenatal care (ANC). A person's socioeconomic status, access to healthcare resources, cultural and societal norms, and their history of using PNC services are some of the other factors that influence their usage of these services. According to the findings of a number of different research, one of the most important things that women can do to increase their usage of PNC is to make use of ANC services.

According to Chakraborty et al. (2002), which was cited by Nankwanga (2004), it was discovered that the use of PNC services may be substantially affected by the quality of ANC services, particularly with regard to health education and counseling on PNC. Nankwanga (2004) cited these findings. When mothers get the right counseling and education during their ANC visits, they become more knowledgeable about probable postnatal issues and where to obtain high-quality healthcare facilities to address them. This allows them to better prepare themselves for the time after giving birth. This gives them the ability to make better choices for themselves as well as the children they are raising. During ANC visits, it is very essential to provide mothers with health education and counseling in order to raise the mothers' levels of knowledge of PNC services.

Tesfahun et al. (2014) reported that past contact with community health agents was associated with an increased chance of being aware of postpartum maternal health care services. These results were based on the findings of a study that was conducted in Ethiopia. Women who were given ANC follow-up were more likely to be aware of PNC services than women who were not given such services. This was the case regardless of whether or not these services were offered to the women. As a direct result of this finding, it is abundantly evident that ANC services are of the highest relevance with respect to enhancing both understanding of and involvement in PNC programs. This is abundantly obvious due to the fact that it is abundantly obvious that ANC services are of the utmost significance.

In addition, studies have showed that when women reach greater levels of ANC, they are more likely to make use of PNC services. This association was shown to hold true regardless of the kind of ANC. In their research, Berhe et al. (2013) emphasized how important it is to educate women about PNC services during ANC visits in order to increase their level of understanding of these services. This was done in order to boost the level of awareness among women. This indicates how essential it is to include PNC education within ANC programs in order to raise the percentage of women who make use of PNC services.

In addition to the availability of ANC services, there are a number of other factors that influence the frequency with which women use PNC. The study conducted by Kyei et al. (2018) indicates that certain socioeconomic factors, such as the degree of education possessed by the mother and the wealth of the household, are key determinants of PNC consumption. According to the findings of Titaley et al. (2017), the frequency with which

women make use of prenatal care may be significantly impacted by factors such as access to healthcare facilities and the availability of skilled delivery attendants.

When trying to decide whether or not a woman would seek medical treatment after giving birth, one of the most important factors to take into account is the environment in which the delivery took place. research have shown that women who give birth at home are much less likely to seek postnatal care in comparison to women who give birth in a medical institution. This research were carried out in a variety of nations throughout the world. This is the conclusion that can be reached from research that was carried out on mothers who had their babies at home. Investigations that have been carried out in the countries of India, Bangladesh, Ethiopia, Nigeria, Tanzania, and Nepal have all arrived at identical findings, all of which go in this general direction.

According to the findings of a research that was carried out in the Indian state of Uttar Pradesh (Singh et al., 2012), only 38.2% of women in India got postnatal care during the first 48 hours after giving birth. This information was gleaned from the observations of postnatal care recipients in India. Singh and his colleagues were the ones who carried out the research. In a research that also reached the same result, Islam et al. (2015) found that just 22 percent of mothers in Bangladesh got postnatal care during the first 48 hours after giving birth. This was the finding that led to the study's conclusion. The results of this study shed light on the low rate of postnatal care service use among women who live in situations like those described above.

According to Paudel et al. (2013), the vast majority of births in Nepalese communities take place inside the woman's own private residence. This is the case in the vast majority of cases. In addition to this, it is common practice to confine the new mother to her room for a period of one month following the birth of her kid. As a result of this cultural practice, there is a lesser possibility of the mother establishing contact with health care professionals during the postnatal period.

RESEARCH METHODOLOGY

A descriptive cross-sectional survey was employed for this investigation. The study was conducted in Ngong Ward, Kajiado North Sub-County. The potential respondents included all women of reproductive age (18-49 years), who were residing in the study area during the study period. Women who had had a delivery less than 12 months before the study provided the study population if they met the desired study criteria.

The sample size of 322 was determined by computation using the Kish and Leslie's Formula as specified in Mugenda and Mugenda (2003) as follows:

$$n = \frac{z^2 pq}{d^2}$$

Systematic random sampling technique was used to select women who had delivered in the past 12 months, which ensured that the sample was representative of the population of interest.

The inclusion criteria for respondents to qualify to be included in the study was that: they were females, aged 18- 49 years, those who were able to communicate in English or Kiswahili, they must have lived or have been in the study area for at least 12 months, they had had a delivery within the last 12 months prior to the study, and their babies are aged between 8weeks-12months. Those respondents who did not meet the above criteria were excluded from the study.

Secondary data were acquired from the literature as part of the research and were used to assess the validity of the responses to the questionnaires. A questionnaire which contained

both closed and open-ended items was used. SPSS version 21 was used to examine the obtained data for trends and patterns. Absolute numbers, a frequency table, bar charts, simple percentages, and measures of central tendency were used to display the descriptive statistics. Fisher's Exact Test and Chi-Square Test Chi-squared test was used to determine associations between independent variables and postnatal care utilization.

In order to facilitate fair and free interactions, the researcher provided the participants with conditions that were both free and fair, which helped to put them at ease. The researcher encouraged people to share information freely and expressed appreciation for their sentiments if they were unable to reveal some sensitive details. The respondents were assured by the researcher that the information they provided would be handled with the strictest confidentiality. The researcher reassured them that the information would be utilized only for the purposes outlined in the study and that no uninvited individuals would come into contact with it in any way at any point in time.

FINDINGS AND DISCUSSIONS

Response Rate

The survey used a sample of 354 respondents, and 326 of them filled out and returned the questionnaires, resulting in a high response rate of 92.1%. This response rate indicates a high level of willingness and interest among the participants to provide the required information for the study. According to Fowler (2014), response rates of 90% or higher are considered excellent, while those between 60% and 80% are generally considered good.

Social-Demographic Characteristics of the Respondents

Table 2 presents the socio-demographic characteristics of the participants. The data indicates that the majority of the respondents fell within the age range of 25 to 34 years, accounting for 52.4% of the total. On the other hand, the smallest proportion of participants, at 0.9%, belonged to the 45 years and above age group. In terms of education, approximately 43.3% of the female respondents had completed secondary school, while 27.7% had tertiary education, and 29.0% had primary education. Religiously, the majority of the respondents identified as Christians, comprising 83.5% of the sample. Regarding family size, over three-quarters (89.3%) of the participants had between one to three children. Marital status analysis reveals that 58.5% of the respondents were married. Among the married women, most of their spouses were self-employed (25.9%), while 20.4% and 16.2% of spouses were either employed by the government or private sector and casual laborers respectively.

A total of 326 women within the age range of 18-49 were interviewed. Majority of the women were married (58.5%) with secondary education (43.3%) and majority aged between 25-34 (52.4%).

Table 1: Baseline Characteristics of the Respondents

Variable	Frequency N=326	Percent
Age	18-24	122
	25-34	172
	35-44	31
	45 and above	3
No. of years lived in Ngong Ward	0-20 years	286
	21-40 years	38
Highest level of education	41 and above	4
	Tertiary	91
	Secondary	142

Marital status	Primary and below		95	29.0
	Single		90	27.4
	Married		192	58.5
	Divorced/widowed/separated		46	14.0
Religion	Christian		274	83.5
	Muslim		54	16.5
Occupation	Employed	by	60	18.3
	Government/Private sector			
	Self employed		109	33.2
	Casual laborer		110	33.5
Husband occupation	House wife		49	14.9
	Employed	by	67	20.4
	Government/Private sector			
	Self employed		85	25.9
No of children	Casual laborer		53	16.2
	1-3 children		293	89.3
	4-6 children		35	10.7

Source: Field Data (2022)

The study findings reveal interesting insights into the characteristics of the participants. In terms of age distribution, the majority of participants were in the 25-34 years age group, comprising 52.4% of the sample. This indicates that women in their late twenties and early thirties were the most represented in the study. The next significant group was the 18-24 years age category, accounting for 37.2% of the participants. It is worth noting that the study also included women in older age groups, with 9.5% falling within the 35-44 years range and a minimal 0.9% aged 45 and above.

Regarding the length of residency in Ngong Ward, a large proportion of participants, approximately 87.2%, had lived in the ward for 0-20 years. This suggests that the majority of the women included in the study were long-term residents of the ward. A smaller percentage, around 11.6%, had resided in the ward for 21-40 years, indicating a relatively stable population. Only a few participants, constituting 1.2% of the sample, had lived in the ward for 41 years and above, suggesting a relatively small number of long-standing residents.

In terms of educational attainment, the study findings indicate that participants had varying levels of education. The highest proportion, 43.3%, had completed secondary education, reflecting a relatively high educational level among the women in the study. A significant number, 29.0%, had primary education or below, while 27.7% had attained tertiary education. These findings suggest a diverse educational background among the participants.

When examining marital status, the majority of participants, 58.5%, were married. Single women accounted for 27.4% of the sample, while those who were divorced, widowed, or separated made up 14.0%. These findings provide insights into the marital status composition of the women participating in the study.

Regarding religious affiliation, the study findings show that the majority of participants, approximately 83.5%, identified as Christians, while 16.5% identified as Muslims. This indicates a predominantly Christian population in Ngong Ward among the women surveyed.

In terms of occupation, the study participants exhibited diverse employment statuses. The largest group, 33.5%, were engaged in casual labor, followed closely by self-employed

individuals at 33.2%. A smaller proportion, 18.3%, were employed by either the government or private sector, while 14.9% were housewives. These findings highlight the varied occupational profiles of the women included in the study.

Utilization of PNC Services

The study examined the utilization of postnatal care (PNC) services from two perspectives: the proportion of mothers who availed themselves of these services and the timing of their visits during the postnatal period. For the purposes of this study, a woman was considered to have utilized PNC services if she received care from a trained healthcare provider at a healthcare facility at least once during the postnatal period.

Postnatal care (PNC) service usage was the focus of this analysis. Women who used PNC services and those who did not were separated throughout the interview process. Among the women interviewed, the majority (84.1%) fell into the category of having utilized PNC services. Figure 2 provides a graphical representation of the utilization of PNC services.

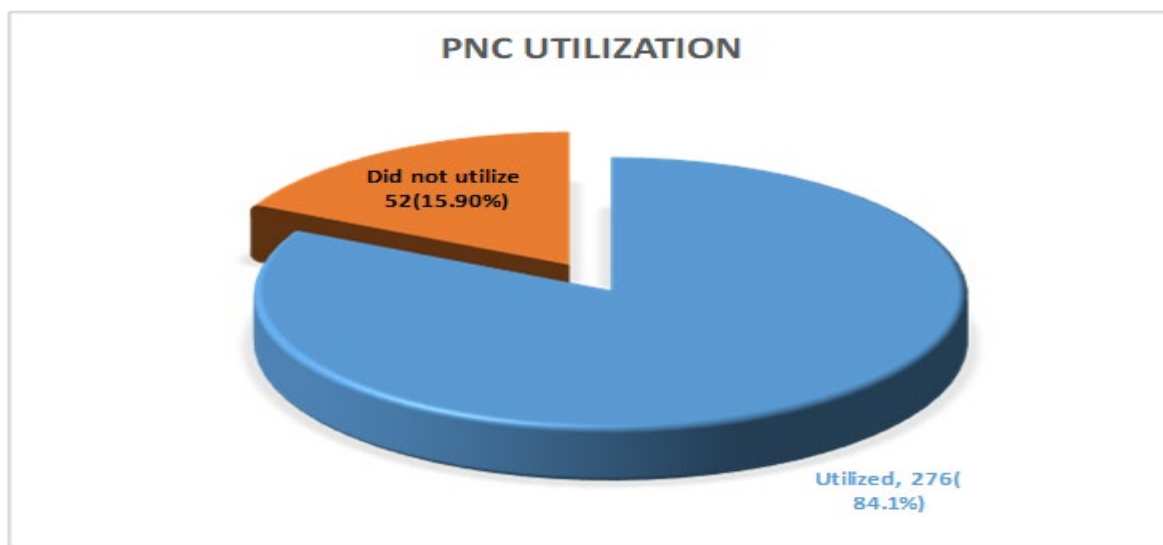


Figure 1: PNC Utilization

Client related factors influencing Post natal care utilization

Table 2: Client related factors influencing Post natal care utilization

Variable	Postnatal clinic visits		Total	Fischer's Exact =
	Yes	No		
Have ever heard about postnatal care services	276(87.1%)	41(12.9%)	0.000	
Information about postnatal care services	218(89.7%)	25(10.3%)	P = 8.908 ⁵	Df=1,
personnel	58(76.3%)	18(23.7%)	Value = 0.003	
Non - Medical personnel	190(100.0%)	0(0.0%)	Fischer's Exact= 0.099	
Postnatal care visits attended	86(97.7%)	2(2.3%)		
Duration of More than 1	63(98.4%)	1(1.6%)	P = 3.184 ⁵	

waiting to be attended by the nurse midwife	hour 30 minutes - 1 hour Less than 30 minutes	77(100.0%) 126(100.0%)	0(0.0%) 0(0.0%)	Df=2, Value = 0.204
Postnatal care services are important	Yes No	255(95.1%) 5(62.5%)	13(4.9%) 3(37.5%)	Fischer's Exact = 0.008
Reasons	Source of information Bad attitude of health workers	170(95.5%) 5(100.0%)	8(4.5%) 0(0.0%)	P = 0.235 ⁵ Df=1, Value = 1.000

Source: Field Data (2022)

From the table 12 above PNC utilization was positively associated with those who have ever heard about postnatal care services (Fischer's exact= 0.000), information about postnatal care services (p=0.003), and if postnatal care services are important (0.008) However cross tabulation of PNC utilization and postnatal care visits attended (Fischer's exact= 0.099), duration of waiting to be attended by the nurse midwife (0.204), and the reasons why PNC is important (p=1.000) showed there was no association with utilization of PNC services.

Discussions of Findings

Utilization of PNC Services

The utilization of Postnatal Care (PNC) services in Kenya has been a topic of concern, mirroring similar challenges observed in other African countries. A recent study conducted in Kenya revealed that 84.1% of women attended PNC at least once, aligning with findings from previous studies in African nations that reported low uptake of PNC services. For example, a study in Ethiopia found that only 19% of postnatal mothers attended PNC within six weeks after childbirth, indicating a substantial gap in service utilization (Mekonnen et al., 2002). Similarly, in Congo, a study reported that merely 34.6% of postnatal women attended PNC within 42 days following childbirth, highlighting a need for improved access and utilization of PNC services (Dramax et al., 2012). In Nigeria, a study found that only 35.8% of postnatal women received PNC services within 42 days after delivery, indicating a low uptake of PNC despite its importance for maternal and newborn health (Okafor et al., 2014). Similarly, in Uganda, a study reported that only 36.3% of women attended PNC within the recommended timeframe of 48 hours after childbirth, suggesting a significant gap in accessing timely postnatal care (Kamya et al., 2017).

The study revealed that despite a relatively high number of women attending Postnatal Care (PNC) at least once, the utilization of PNC services is comparatively poor when compared to Antenatal Care (ANC) attendance and skilled delivery. This finding is consistent with the Kenya Demographic and Health Survey (KDHS) 2014, which reported that only 51% of women received a postnatal checkup within the recommended timeframe of the first two days after their last live birth. This indicates a significant gap in the utilization of PNC services and highlights the weakest link in the maternal-neonate continuum of care in Kenya.

The low utilization of Postnatal Care (PNC) services poses a significant concern as it disrupts the continuum of care during a critical period when the absence of appropriate care can lead to severe health problems and even mortality. This highlights the urgent need for targeted interventions aimed at increasing the utilization of PNC services, particularly among women from marginalized communities who face additional barriers. Numerous studies have

identified various factors contributing to the low uptake of PNC, including limited awareness about the importance of PNC, social stigma associated with seeking care, cultural beliefs and practices, and inadequate availability of health facilities and resources (Kumar et al., 2014; Wanjira et al., 2013). Addressing these barriers and improving access to quality PNC services is crucial to ensure optimal maternal and newborn health outcomes.

Client Related Factors Associated with PNC Utilization

The majority of respondents (96.6%) who have ever heard of postnatal care services and (94.2%) who have at least once visited an ANC. The use of postnatal care services was significantly correlated with those who had ever heard of them ($p = 0.000$) and those who had ever used them. Understanding warning indicators is a crucial component of encouraging birth plan planning. The first and most important step in early and appropriate referral is for women to be aware of danger indications, which in turn encourages the use of personalized birth plans and improves delivery outcomes (Kaso & Addisse, 2014).

The respondents to the survey said that there were a number of reasons why the women did not visit the postnatal clinics. Majority 7.3% of respondents said they did not feel the necessity for going to PNC services, 3.4% said they were unaware of the services, 2.1% had given birth at home, and a further 1.8% said they had previously had negative experiences with the service providers. According to a research by Maureen et al. (2008) on the factors influencing the use of trained birth attendants in Afghanistan, the existence of user fees was linked to a reduced likelihood of skilled birth attendant usage. According to a research conducted in Nigeria by Ezugwu et al. (2011), the pay at the point of service policy at public hospitals makes it difficult for patients to get mother and child health services since they must pay up front before receiving care. Due to institutional delays in intervention, this may sometimes result in sad fatalities.

According to this survey, the vast majority of respondents, or 78.6%, said that PNC services are important for maternal health. The significance of PNC services and PNC use of a health institution during labor were significantly correlated ($p = 0.008$). According to a research by Stekelenburg (2004), women in Zambia who are aware of pregnancy risk indicators are more likely to give birth in a medical facility than women who are not; a similar but not statistically significant trend was also seen in Southern Laos by Proxay (2001). Women in Mali are more likely to give birth in a facility if they are informed about difficulties during prenatal care (Gage, 2007).

It was discovered that sources of knowledge regarding postnatal care services might predict PNC use with a bias toward high-quality services. Sources of knowledge regarding PNC services and PNC use of a health institution during delivery had a significant link ($p = 0.003$). This is consistent with the results of other studies (Onah et al., 2006; Mrisho et al., 2009; Kamau 2014), which found that access to health services was affected by factors such as the perceived availability of necessary equipment, the timeliness of care, the expertise of medical professionals, the patient's desire for privacy, and the friendliness of the staff. When given a choice between various facilities, it has been discovered that individuals would sometimes travel longer if they believe the target institution will provide higher-quality treatment (Gbrysch & Campbell, 2009).

Conclusions

The level of utilization of postnatal care (PNC) services was high among the study population. This is a positive finding, as PNC is crucial for ensuring the health and well-being of both the mother and the newborn. The study found that at least 84.1% of women received PNC in the postnatal period, which is a significant proportion. However, it is also

important to note that only 26.8% of the respondents had more than four postnatal care visits, which suggests that there is still room for improvement in terms of the frequency of visits. The study also identified client-related factors that were associated with the utilization of PNC services. Specifically, women who had ever heard about PNC services were more likely to utilize them. This finding is important, as it suggests that efforts to increase awareness about PNC services may be an effective way to improve utilization rates. Additionally, the study rejected the null hypothesis that client-related factors were not associated with PNC utilization, which further emphasizes the importance of addressing client-related factors to improve PNC utilization.

Recommendations

There is a need for the county government in collaboration with the Ministry of Health to develop and implement strategies to encourage the use of postnatal care services among women of reproductive age. This could include the use of satisfied clients to promote PNC services, as well as targeted awareness campaigns aimed at informing women about the importance of PNC. Health care workers also need to play a key role in promoting PNC services by informing clients about the availability of PNC services and scheduling appointments for them. By implementing the recommendations outlined above, the county government and the Ministry of Health can improve the accessibility and quality of PNC services and ultimately improve the health outcomes of women and children in the study area.

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