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FACTORS CONTRIBUTING TO LOW UTILIZATION OF MATERNITY SERVICES AMONG PREGNANT WOMEN ATTENDING NAMUGONGO HEALTH CENTRE III, KALIRO DISTRICT. A CROSS-SECTIONAL STUDY.

Lilian Naisusi, Cliffe Atuukuma.*
Kampala School of Health Sciences

Abstract

Background

Maternity services commence right from Antenatal Care (ANC) which includes health education, counseling, screening, treatment, and monitoring of the mother and fetus's condition in utero to promote their well-being up to the time of delivery and postnatal care which includes the care given to the mother after giving birth to ensure wellbeing of both the mother and the baby.

Methodology

The study employed a cross-sectional descriptive design, using semi-structured questionnaires to collect quantitative data from 59 systematically randomly sampled participants. The data was analyzed using Microsoft Excel and the results presented information charts, tables, and figures.

Results

It was noted that the majority of the respondents (31%) were aged between (25-34) years, with (40.7%) of the respondents reporting being married and bout (36%) having attained a primary level of education. (61%) of the respondents said that they were aware that health care providers for maternity services were readily available, while (54%) said that their homes were 2-3km from the health facilities, close to (61%) of the respondents said that the health facilities had no privacy in maternity consultation and (49%) said that sometimes there are no enough equipment and medications in the health facilities. (81%) reported that they spend a lot of time waiting for the health workers due to long queues.

Conclusions

The established factors leading to low utilization of maternity services were: long waiting hours for the maternity services due to long queues, lack of adequate privacy during consultation, and long distances from the health facility.

Recommendations

There is a need for the government to increase the supply of medical equipment and supplies for maternity services.
Health facilities should increase and improve privacy especially when examining patients in maternity units.

Keywords: *Namugongo Health Center III, maternity service, pregnant women, utilization.*
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Corresponding Author: *Lilian Naisusi*
Email: naisusililian252@gmail.com
Kampala School of Health Sciences

Background

According to the World Health Organization (WHO, 2017), maternity services involve AntenatalCare (ANC) which is the "care before birth", and includes education, counseling, screening, and treatment to monitor and promote the well-being of the mother and fetus up to delivery time and postnatal care which includes the care given to the mother after giving birth to ensure well-being of both the mother and the baby. Globally, utilization of health care services is determined through the community-seeking behavior of health services and in turn the health outcomes of populations. Factors that determine health behavior may be physical, socio-economic, cultural, or political. Utilization of maternal-care services in public or private facilities depends on individual, socio-economic factors, cultural beliefs, and practices, and most importantly the health system itself, immigration status, distance from healthcare services, availability, affordability, and quality of health care are also other important determinants that influence health-care utilization (Abaerei et al., 2017).

It is estimated that less than 40% of Women with secondary and higher levels of education, and those of higher income levels, were more likely to utilize the ideal maternal health services package (Rutaremwa et al., 2018). Most developing countries such as Uganda face a lot of challenges ranging from illiteracy, poverty, underfunding of the health sector, inadequate water, and poor sanitation at the health facilities that have always had a big impact on health indicators. In addition to the cost of services, limited knowledge of illness and well-being, and cultural prescriptions increase more barriers to the provision of health services leading to low utilization of maternal care services. These challenges, which are significant in Uganda's health system, affect the health-seeking practices of communities on maternal services (Musoke et al., 2019).

Therefore, this study intended to find out factors contributing to the low utilization of maternity services among pregnant women attending NamugongoHealth Centre III, KaliroDistrict.

Methodology

Research design

A cross-sectional descriptive design was adopted in the study. This design was suitable for the study because it involved the collection of data at one point in time and did not require a time series over several monitoring rounds of data.

Study Area

The study was carried out at Namugongo HCI, Kaliro district. Namugongo HCIII was chosen because of its high number of pregnant mothers attending maternity services. Kaliro district is located in the eastern part of Uganda.

Study Population

The study population comprised pregnant women attending Namugongo HCIII and these served as potential respondents from whom information was obtained.

Sample Size Calculation

The sample size of the study was determined by Using the Leslie and Kish formula. The sample size was 59. It was obtained using the formula which was put forward as indicated below;

Where N= number of the total population
n = sample size
e= 0.05 desired level of precision = 5% = 0.05

n=59 respondents
Therefore, the study was comprised of 59 respondents.

Sampling Technique

The study used systematic random sampling to select respondents where every individual in the population had an equal chance of being selected. The researcher used simple random sampling to select the respondents from their homes. This method was used because it is very fair, unbiased, and easy to carry out.

Sampling Procedure

To obtain a sample of 59 respondents, respondents were selected randomly. A box containing papers with numbers from 1 to 59 and 59 other papers with no writing on them were placed in the maternity ward at Namugongo HCIII. Respondents were requested to pick a random paper without replacement and pregnant women picked papers with numbers written on them were considered for inclusion in the study. 5 respondents were sampled for 10 consecutive days and 9 on the 11th day to realize a sample size of 59 respondents.

Data Collection Method

The researcher used different approaches to data collection that were guided by specific objectives or research questions. An interview-guided questionnaire was used because it was convenient for the researcher and the respondents.

Data Collection Tools.

The study used semi-structured questionnaires to collect data. The researcher used face-to-face interviews to ask the respondents questions and then recorded the information from them. Interviews were used because they enabled the researcher to establish rapport with potential participants and therefore gain their cooperation, capture verbal and non-verbal responses such as body language, help to keep the respondents focused, and also allow the researcher to clarify ambiguous answers and where appropriate, seek follow-up information.

Data Collection Procedure

The researcher personally collected data by administering the questionnaire to respondents. And gave a reasonable amount of time to give their views and responses after which the questionnaires were collected. Strict confidentiality to all information received was to be assured to the respondents before interviewing. Members who consented were interviewed and then moved to the next person.

Study Variables

The dependent variable was the level of utilization of maternity services among pregnant women.
The independent variables were individual, community, and health facility-related factors contributing to the low utilization of maternity services among pregnant women attending NamugongoHCIII.

Quality Control

Pilot Study

The research tool was pretested in a pilot study proposed to be carried out at Kasokwe HCIII. That helped to make necessary adjustments before the study was carried out at NamugongoHCIII. Questions that denoted any value to the study were removed.

Inclusion Criteria

All pregnant mothers attending the antenatal clinic, Namugongo HCIII, Kaliro district who were available during the days of data collection and consented were included in the study.

Exclusion Criteria

All pregnant women who were not available during data collection and those who were mentally unstable.

Data Analysis

After data collection, the pre-coded data was entered manually questionnaire by questionnaire and then the data was analyzed using a computer program, Microsoft Excel, and interpreted.

Data was run in this program where tables were developed and then transferred to Microsoft Word where it was interpreted in a written form.

Ethical consideration

The permission was obtained from the in charge of Namugongo HCIII after approval by the principal of Kampala School of Health Sciences, and an introductory letter about the study was given to me. A free and informed consent of each respondent was given at the beginning of the study and all the information about the individual was treated with strict confidentiality. All participants' rights were respected and all data collected from the study was handled with confidentiality without the patient's name. The respondents were only included in the study after they understood the purpose of the study and consented to take part. The study was voluntary and the respondents deserved the right to withdraw at any time of their wish.

Results

Table 1: Showing Socio-Demographic Characteristics of Respondents (N=59)

Variable	Frequency(n=59)	Percentage (%)
Age(years)		
Below 18	7	12
18-24	18	31
25-34	22	37
35-45	12	20
Marital status		
Marrie	24	40.7
d	18	30.5
Single	11	18.6
Divorc	6	10.2
ed		
Widowed		
Occupatio		
n Farmer	19	32
Business	9	15
Housewife	26	44
Civil servant	5	8
Education level		
None	11	19
Prima	21	36
ry		
Secondary	14	24
Tertiary	13	22
Religion		
Protesta	19	32
nt	26	44
Catholic	5	8
SDA	9	15
Others specify		
Total	**59**	**100**

Table 1 indicates that the majority of the respondents 18(31%) were aged between 25-34 years followed by those aged 18-24 years while those aged between 35-45 years were the least 12(20%). For the marital status, most of the respondents 24(40.7%) were married while the widowed were the least. For the occupation, close to half of the respondents 26(44%) were housewives, and only 5(8%) were civilservants. The highest number of the respondents 21(36%) had attained primary education level and the few 11(19%) did not have any education level. Close to half of the respondents 26(44%) were Catholics with only 5(8%) were from SDA religion.

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Individual Factors Contribute to the Low Utilization of Maternity Services.

Figure 1: Showing If the Respondents Were Aware of the Availability of Maternity Services

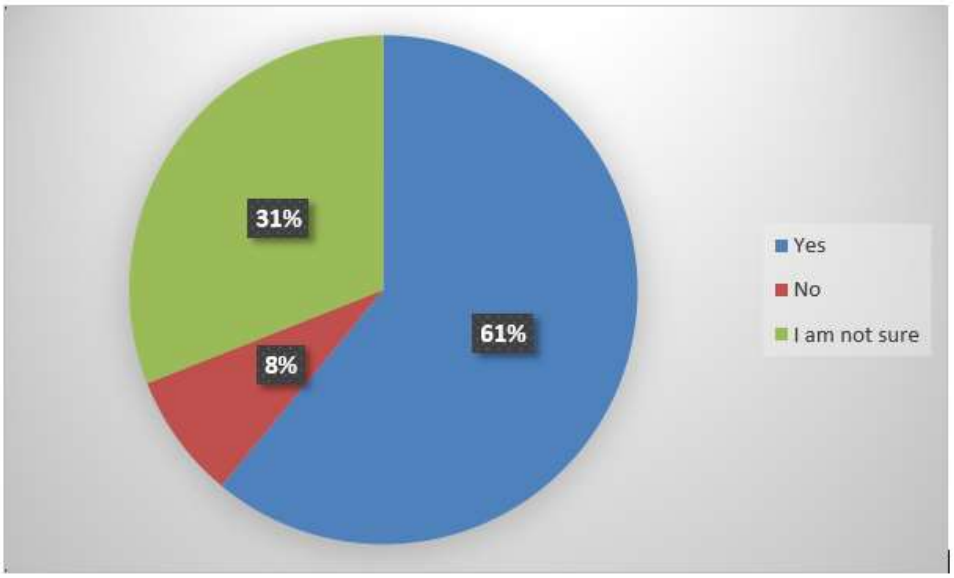

Figure 1 indicated that the majority of the respondents 36(61%) said that they were aware that healthcare providers for maternity services were readily available while the minority of only 5(8%) said that healthcare providers for maternity services were not readily available.

Figure 2: Shows If The Disability Limits The Utilization of Maternity Services.

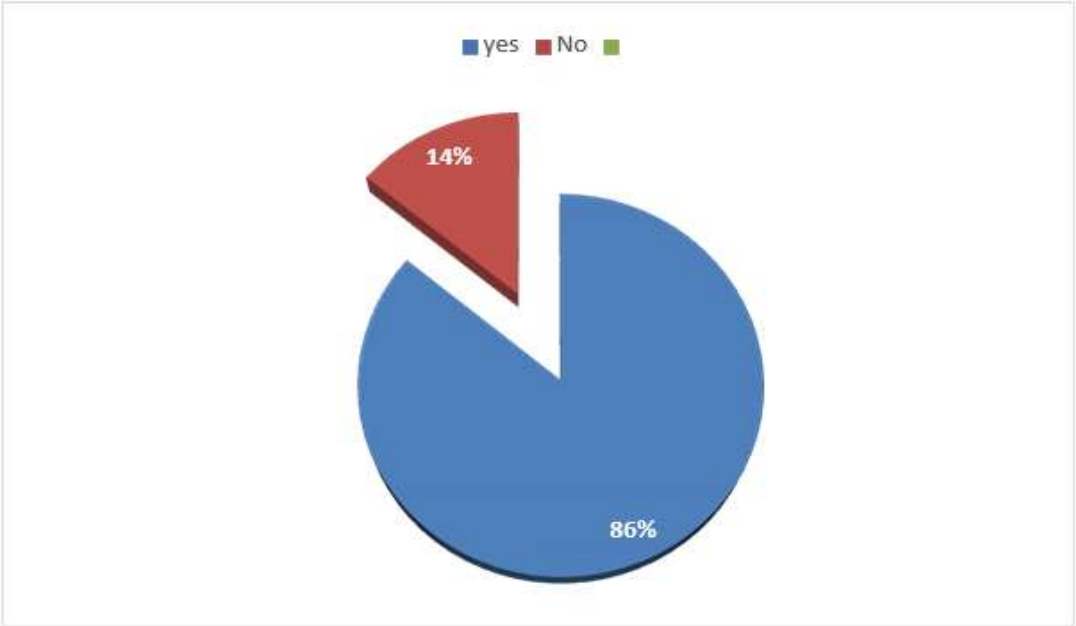

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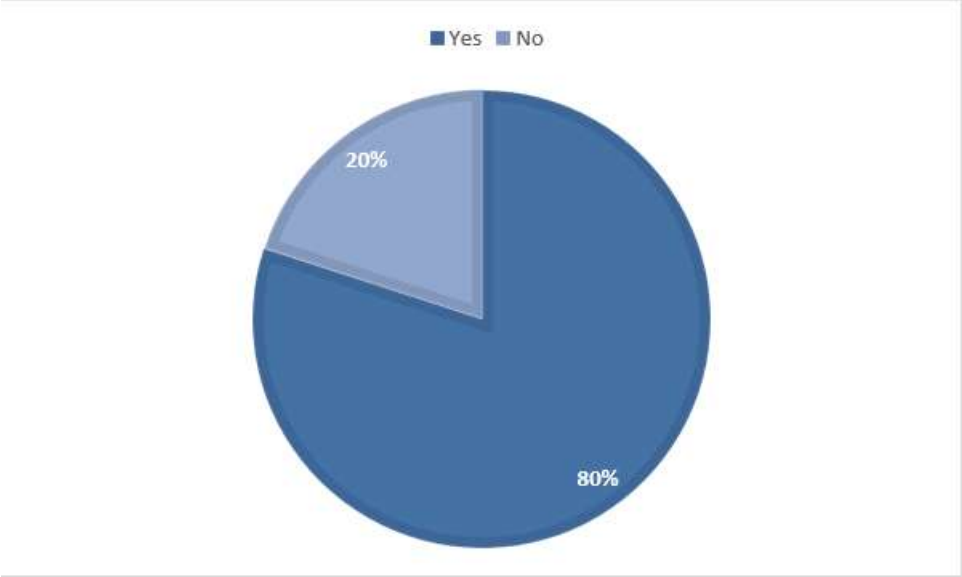
Table 2: Below Shows If There Were Limitations That Limit Access to Maternity Services

Variable	Frequency (n=59)		Percentage (%)
Are there any disabilities that limit you from accessing maternity services?	Yes	8	14
	No	51	86
Total		**59**	**100**

Table 2 indicates that the majority of the respondents 51(86%) said that they did not have any disabilities that limited themfrom accessing maternity services while 14% of the respondents had disabilities that limited them from accessing maternity services.

Figure 3: Showing The Ability to Make Personal Decisions with Your Husband.



The figure indicates that the Majority of the 51(86%) respondents said that they were able to decide on their own when to go for maternity services without their husbands while the minority 12(20%) said that they were not able to decide on their own when to go for maternity services.

Community Factors Associated with Low Utilization of Maternity Services.

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Figure 4: Shows the Rating of the Quality of Maternity Services at the Health Centre.

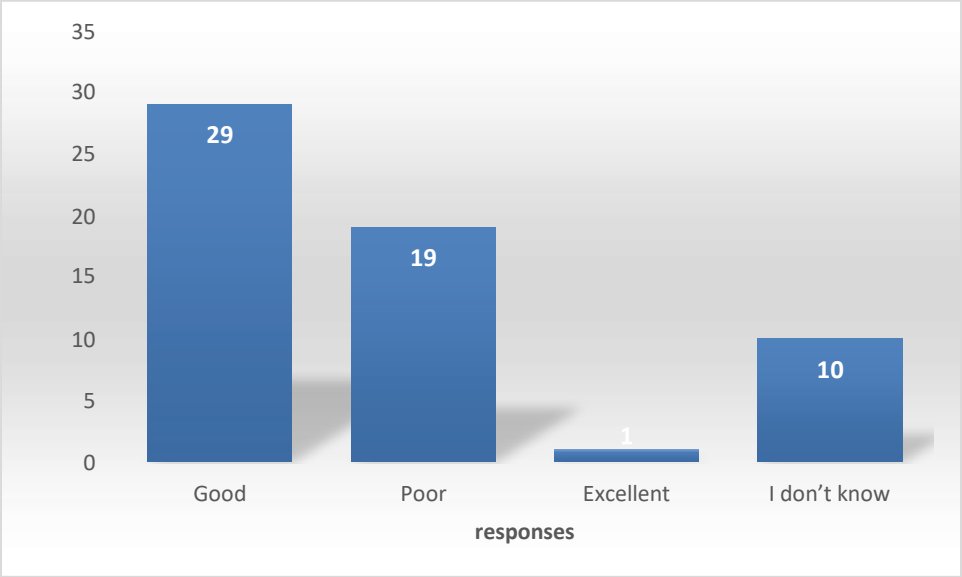

Figure 4 indicates that the majority of the respondents 29(49%) said that the quality of maternity services at the health center was okay whereas the minority 1(2%) said that the quality was excellent.

Table 3: Below Shows Respondents' Distance from Home to The Health Facility (N=59)

Variable	Frequency(n=59)	Percentage (%)
0-1km	10	17
2-3km	32	54
4-5km	9	15
More than 5km	8	14
Total	**59**	**100**

Table 3 shows that the majority of the respondents 32(54%) said that their homes were 2-3km from their homes to the health facilities where they got maternity services in their community and stayed in townwhereas the minority of 14% of the respondents were staying in a distance of more than 5km.

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Figure 5: Below Shows If Maternity Services Were Obtained From Traditional Birth Attendants.

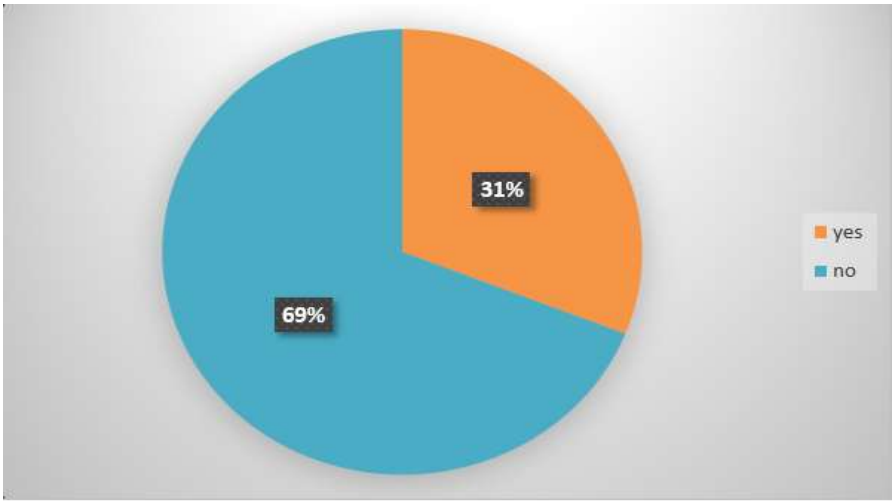

Figure 5 indicates that the majority of the respondents 41(69%) had not visited traditional birth attendants for maternal services in their community while the minority 18(31%) had visited them. They said that they did not have cultures that stopped them from delivering in health facilities.

Health-Related Factors Associated With Low Utilization of Maternity Services Among Pregnant Women Attending Namugongo HCIII, Kaliro District.

Table 4: Below Shows Related Factors Associated With Low Utilization of MaternityService

Variable	Outcome	Freq (n=59)	Percentage (%)
Do the health facilities have privacy in maternity consultation rooms?	Yes No	23 36	39 61
Are there enough equipment and medication in the health facility?	Yes No Sometimes not enough	12 18 29	20 31 49
Are you respected by the nurses/midwives while receiving antenatal care services?	Yes No	38 10	64 17
Are there caregivers friendly while giving you maternity services in health facilities?	Yes No Sometimes don't care	29 17 13	49 28 22
Do you think the health workers have skilledmaternal health professionals in the health facilities	Yes No	47 12	80 20
Do you spend a lot of timewaiting for the healthworkers due to long questions?	Yes No	48 11	81 19

Table 4 shows that more than half of the respondents 36(61%) said that the health facilities had no privacy in maternity consultation rooms while 23(39%) said that facilities had privacy in maternity consultation rooms. Close to half of the respondents 29(49%) said that sometimes there are not enough equipment and medications in the health facilities with the least number 12(20%) saying that there are enough equipment and medications in the health facilities. The majority of the respondents 38(64%) said that they were respected by the nurses/midwives while receiving antenatal care services and said that caregivers were friendly while giving maternity services in health facilities 29(49%). The majority of the respondents 47(80%) thought that the health workers have skilled maternal health professionals in the health facilities whereas 12 (20%) thought that the health workers have no skilled maternal health professionals in the health facilities. The majority of the respondents 48(81%) reported that they spend a lot of time waiting for the health workers due to long queues.

Discussion

Discussion on Individual Factors

Most of the respondents 18(31%) were aged between 25-34 years something that could have been due to the mature age that is held responsible for marital duties and most of them 24(40.7%) were married. On the occupation, close to half of the respondents 26(44%) were housewives which could have been due to the fact they could easily get time to come for antenatal services. The highest number of the respondents 21(36%) had attained primary education level which could have been due to a lack of funds to continue their higher studies. Close to half of the respondents 26(44%) were Catholics which could be justified by the fact that it was the first religion in Uganda.

The majority of the respondents 36(61%) said that they were aware that healthcare providers for maternity services were readily available which was contrary to a study conducted by (Musoke et al., 2019) who found that the majority of participants (84%) did not know whether community health workers existed in their community.

The majority of the respondents 51(86%) said that they did not have any disabilities that limited them from accessing maternity services. This slightly correlates with (Zziwa et al., 2019) who stated that women with disabilities encounter several challenges in accessing maternity services such as poor accessibility, high cost of accessing the services including transport costs, lack of awareness of the need for maternity services, ignorance, and long waiting times. In addition, other factors include; a lack of well-established national policy on physical rehabilitation, inadequate service provision, poor infrastructure development, lack of enough trained gynecologists' professionals, misconceptions, and traditional beliefs.

The majority of the 51(86%) respondents said that they were able to decide on their own when to go for maternity services without their husbands. This was a good gesture that showed that women were aware of the importance of maternity services. This is in agreement with a study conducted by (Gudayu et al., 2014) which revealed that women who had no decision-making power were more likely to have poor antenatal care attendance. This could be because such women are at the mercy of another individual, most likely, their husbands or mother-in-law to access antenatal care.

Discussion on Community Factors

Almost half of the respondents 29(49%) said that the quality of maternity services at the health center was okay. This would also encourage the mothers to attend maternity services something that was in line with a study (Adjiwanou, 2019) In addition, ANC providers and the quality of services offered, play a key role in promoting delivery in health facilities.

The majority of the respondents 32(54%) said that their homes were 2-3km from their homes to health facilities where they got maternity services in their community and stayed in town 39(66%). Perhaps the distance not being too far could have promoted the utilization of maternity services. This was about (Shaikh and Hatcher, 2018) who said that although distance was not significant in multi-variable analysis as a predictor for actual reported utilization, the common mention of distance as a barrier to seeking care may suggest that health facilities are still perceived, especially by the poorest, to be too far for them to reach easily. Studies done elsewhere have also indicated that distance from a public health facility reduces poor people's likelihood of accessing care.

The majority of the respondents 41(69%) had not visited traditional birth attendants for maternal services in their community. They said that they did not have cultures that stopped them 48(81%) from delivering in health facilities. This could have been probably due to the trust they have in the health facilities they disagreed with (Abaerei et al., 2017), who found out that 0.5% of participants usually visited traditional healers when they were ill. This finding is consistent with a study done in Nepal where 0.6% of participants visited traditional healers as their first choice. Another study in South Africa, however, showed that around half of adults were reported to have visited traditional healers before death.

Discussion on Health-Related Factors

More than half of the respondents 36(61%) said that the health facilities had no privacy in maternity consultation something that would make women uncomfortable this was in agreement with (Moshabela et al., 2019) where perceived lack of privacy in maternity consultation rooms (a OR 1.50,

95%CI: 1.08–2.08) and disrespect by midwives/nurses (a OR 2.07, 95%CI: 1.54–2.79) was associated with poor maternity healthcare utilization, whereas patients who encountered language barriers with health care providers had 43% reduced usage of healthcare/maternity as opposed to those who did not . Close to half of the respondents 29(49%)said that sometimes there are not enough equipment and medications in the health facilities which could probably due to lack of supplies by the government. This was in agreement with (Dantas et al., 2020) who stated that even where basic infrastructure has been rebuilt healthcare workers face issues of poor flow of equipment and medications, delays in salaries, and issues of housing and schooling for their children resulting in high absentee rates. The majority of the respondents 38(64%) said that they were respected by the nurses/midwives while receiving antenatal care services and said that caregivers were friendly while giving maternity services to health facilities 29(49%). This was positive feedback that would encourage an increase in participation in maternity services. This was different from the study according to Mwinda (2018), who reported that in Uganda, it is common among most mothers who have ever sought antenatal care or delivered from government health facilities to say that "midwives are rude" which leads to delayed antenatal care booking and negative attitudes towards attending maternity services. The majority of the respondents 47(80%) thought that the health workers have skilled maternal health professionals in the health facilities. This was in disagreement with (Dantas et al., 2020) who stated that furthermore, maternal health care is impeded by health professionals whose knowledge and skills are inadequate. This results in inappropriate management of complications and untimely care in clinics and hospitals. The majority of the respondents 48(81%) reported that they spend a lot of time waiting for the health workers due to long queues. In Uganda, in some of the health facilities, pregnant mothers have to queue for long hours before receiving attention when accessing antenatal care.

Limitations of the Study

The researcher anticipated facing the following challenges during the study some respondents withheld information regarding maternity because they feared being ashamed. Poor weather conditions disturbed the researcher during data collection.

Study completion was delayed because of the reluctance of some respondents to answer the required questions in time.

Conclusion

The majority of the 51(86%) respondents said that they were able to decide on their own when to go for maternity services without their husbands. This was a good gesture that showed that women were aware of the importance of maternity services. The majority of the respondents 48(81%) said that they did not have cultures that stopped them from delivering in health facilities. The majority of the respondents 48(81%) reported that they spend a lot of time waiting for the health workers due to long questions which frustrated the women.

Recommendation

There is a need for the government to increase the supply of medical equipment and supplies for maternity services.

There is a need for health facilities to increase and improve, especially when examining patients in maternity units.

The government needs to increase the number of workers attending maternity wards to avoid and reduce the long lines.

Health workers especially in maternity units need to have refresher training on patient and client care relationships to enable good results.

Acknowledgment

I thank the Almighty God for the favor and grace he has rendered to me during my time in school especially the entire course of my diploma in clinical medicine and community health.

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List of Abbreviations

ANC:	Antenatal Care
HCIII:	Health Centre three
UNMEB:	Uganda Nurses and Midwives Examination Board
WHO:	World Health Organization
MOH:	Ministry of Health

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This is no source of funding.

Conflict Of Interest

The authors declare no competing interest.

Authors Biography

Naisusi Lilian is a student with a diploma in clinical medicine and community health at Kampala School of Health Sciences.

Mr. Atuukuma Cliffe is a tutor and research supervisor at the Kampala School of Health Sciences.

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