ADDIS ABABA UNIVERSITY

COLLEGE OF DEVELOPMENT STUDIES

DETERMINANTS OF POSTNATAL CARE SERVICE UTILIZATION IN PUBLIC HEALTH CENTER OF KIRKOSE SUB-CITY ADDIS ABABA ETHIOPIA.

BY

YEMISRACH AYALEW

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A THESIS TO BE SUBMITTED TO ADDIS ABABA UNIVERSITY, COLLEGE OF DEVELOPMENT STUDIES, CENTER FOR POPULATION STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF POPULATION STUDIES

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This is to certify that the thesis prepared by Yemisrach Ayalew entitled Determinants of postnatal care service utilization in public health centers of Kirkos sub city, Addis Ababa, Ethiopia and submitted in partial fulfillment of the requirements for the Degree of master of Science in Population Studies (Reproductive Health) complies with the regulations of the university and meets the accepted standards to originality and quality.

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ABBREVIATIONS AND ACRONYMS

AAU.....Addis Ababa University

ANC.....Antenatal Care

AOR.....Adjusted Odds Ratio

BSc.....Bachelor of Science

CI.....Confidence Interval

COR.....Crude Odd Ratio

CSA.....Central Statistics Agency

C/S..... Cesarean section

DC.....Delivery Care

EDHS …….....Ethiopian Demographic and Health Survey

ETB.....Ethiopian Birr

FMOH.....Federal Ministry of Health

HMIS.....Health Management Information System

ICF.....International Classification of Functioning

IRERC..... Institutional research ethics review committee

PNC.....Postnatal Care

SPSS.....Statistical Package for Social Science

WHO.....World Health Organization

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ABSTRACT

Postnatal care (PNC) is a period immediately after delivery to six weeks. It is critical but the most ignored period. A large percentage of maternal and neonatal deaths occur during 48 hours following childbirth. Obtaining the recommended three postnatal check-ups within seven days of delivery plays a vital role in preventing maternal and neonatal deaths. So the objective of this study to assess the Determinants of postnatal care service utilization in public health center of kirkos sub city with the method of an institutional-based cross-sectional study design with mixed (quantitative and qualitative approaches. The study was conducted between August and September 2021. A simple random sampling technique was used to select the study subjects. The sample size determined for the study was 399. Out of 399 participant 73.2%, was PNC service utilization while 26.8% did not utilized PNC services. Whose age was between 25 and above years were 0.001 times Adjusted odds ratio [0.001 (0.000, 0.084)], respondents higher and above education were 0.040 times AOR [0.040 (0.002, 0.933)] and respondents who had two Antenatal care visits were 0.036 times Adjusted odds ratio [0.036 (0.003, 0.438)] were significantly associated with Post natal care service utilization ($p<0.05$). This indicated that PNC service is a major demographic, socio-economic, and reproductive health problem. So, there is a need to creating awareness on sexual and reproductive health, increasing the accessibility of maternal health services for women to improve PNC services.

Key words: Post natal care (PNC), Socio-economic Factors, Maternal health and Demographic factors.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Postnatal care (PNC) encompass of services given to mothers and neonates right after delivery and up to 42 days of postpartum to guarantee optimum health for the mother and her infant (Berhe A, et al, 2019) and it is a collection of critical care given following childbirth to mothers and her newborn. The postpartum period begin from 1 h after the delivery of the placenta and ends 6 weeks after delivery. According to World Health Organization (WHO), recommendation, if birth is in a health facility the mother and newborn should receive PNC a minimum of first 24h after birth,if the birth is at home the initial postnatal contact should be made as soon as possible, within 24 hours, and all women and newborns should have at least three further encounters on day 3 (48-72 hours), between days 7 and 14, and 6 weeks following birth (WHO, 2017).

PNC is the most important maternal health care service for the prevention and management of physical and mental impairment and disability that occurs during the postnatal phase. It is also crucial for the health of both the mother and the child .Even though it is important, but the most neglected maternal health service particularly in developing countries (Adhikari C et al, 2016). The Demographic and Health Survey (DHS) results of different African countries indicated that only 36% of women had a postnatal visit within 2 days (Belemsaga DY,et al, 2016) but, it was much less in Ethiopia which was 17% according to 2016 EDHS (CSA and ICF, 2016).

Universal, PNC has been declared to be essential maternal health service to keep and support the health and long life of a mother and newborn. In addition, health professional have a chance to identify, follow, and handle the health conditions of both the mother and newborn during postnatal service (Agho KE, et al, 2016).

The postpartum period is a life-threatening time for both mothers and newborns. It is also a time to occur most clinically important changes in the mother's and newborns' bodies. Especially in developing countries (Bwalya B, et al, 2017). PNC is a key maternal health service in reducing maternal morbidity and mortality including sub Saharan Africa. Use this service unsuccessfully

may bring deaths and missed opportunities to promote maternal and child health (WudinehK, et al, 2018).

According to UNICEF's brief report of 2019, 63% of mothers and just 48% of newborns worldwide received a post-natal health check within the prescribed timeframe .However, in Africa, health institutions are not visited by most women and newborns after birth. This implies that post-natal services are among neglected agendas than all other reproductive and child health programs. The magnitude of postnatal care service utilization is very low, for instance, 47% in Kenya, 41.2% in Nigeria, 43.53% in Tanzania, 43, 55% in Zambia, 57.5% in Ethiopia, and it is highly variable across sub Saharan countries and unconvincing for interventions (Adhikari R, 2016) .

For institutional births, mothers and her baby receive PNC service before discharge. But, in Sub-Saharan Africa women are often discharged before 24 hrs from health facility. Which limits them from receiving the WHO's recommended services. That is visits at 72 hrs and seventh day are uncommon. For home births, some mothers and babies right to use early postnatal care through a visit to a health facility. However, most mothers do not receive facility-based PNC following home deliveries, leaving home visitation as a potentially attractive way to make such care accessible (R Hodgins S, 2018).

In Ethiopia, 412 maternal deaths out of 100,000 live births. Of course maternal mortality ratio has been reduced over the past two decades though still it remains high, with most maternal deaths happening during the postpartum period (CSA and ICF, 2016, BMC public health, 2017). Ethiopia has a high incidence of home deliveries (52%) and has been using PNC as one of the therapies to reduce maternal morbidity and mortality through home visits (CSA and ICF, 2019).

In Ethiopia, indicators are used to track the implementation of PNC for women and babies, which includes both health facility and home visits, using the Health Management Information System (HMIS). However, only 42–48 percent of moms who give birth in a health facility receive PNC, and only 1–2% of women who give birth at home receive PNC in the first two days (CSA and ICF, 2016).

1.2 Statement of the Problem

Maternal health is the most challenged system in the world with sustained and major cause of maternal mortality and it is a global concern. According to the World Health Organization (WHO), globally, 289,000 women die from complications related to pregnancy, lack of quality ANC, labor and delivery, and the postnatal period every year (Abota TL et al, 2018). Over 65% of maternal deaths occur during the first 42 days of postpartum, However, almost all (99%) of these maternal deaths occur in developing countries with the highest deaths in south Asia and sub-Saharan Africa. In developing countries, maternal death was 15 times higher than in developed countries (Berhe A, et al, 2019).

More than 80% of maternal deaths are preventable or treatable, if women right to use essential maternity care. The immediate postpartum period a critical intervention is important to prevent maternal deaths (Lawn JE, et al, 2016). But, in most developing countries, postnatal care (PNC) is the least prioritized program component of maternal survival interventions which is showed by a high rate of underutilization and gap of maternal health programs. Similarly, this service has been poorly applied in Ethiopia (MoH, 2018).

PNC utilization is affected by proximity of health facilities, area of residence (urban &rural), place and type of delivery (Berhe A, et al, 2019). Practice of problems for the period of delivery, awareness about obstetric related danger signs, and awareness about PNC services. Also, the use of ANC and skilled attendance during childbirth are found to be associated with seeking PNC service (Chaka E, et al, 2019). The proportion of women receiving ANC in Ethiopia is high (Mekonnen, T, et al, 2019).The proportion of women delivering by the skilled birth attendant and receiving PNC remained low (Bobo, F.T, et al, 2017). One explanation for this is that cultural attitudes about maternal health and disease can hinder women from seeking modern maternal health care. Traditional postnatal confinement, as well as some cultural traditions held during this time, prevent women from seeking PNC services at health institutions.

In sub-Saharan Africa Only 13% of mothers receive PNC according to WHO recommendations Even if improvements have been made to increase the accessibility of most maternal health services, the prevalence of PNC use in Ethiopia is only 17% women had a postnatal visit with in two days ,that is show the coverage of this service in the country is low (CSA and ICF, 2016). So, in developing country including Ethiopia PNC services is limited (Bobo, F.T, et al, 2017)

Compared to antenatal care and skilled birth attendance at birth. Furthermore, most studies have largely unnoticed the possible effects of Demographic and socio-economic Factors associated with postnatal care service utilization. Therefore this study was plans to examine determinant factors of utilization of postnatal care services in the sub-city because in this sub city most of the absolutely poor and most dis- advantageous mothers live, so, for this essential intervention to reduce maternal mortality and morbidity should be targeted there is a need to work to identify why PNC services poor.

1.3 Research question

What is the magnitude of post-natal care service utilization in the study area?

What are the demographic and socio-economic factors associated with post-natal care service utilization?

1.4 Objectives

1.4.1 General objective

- To assess the prevalence of post natal care services utilization and associated socio-economic and demographic factors among post natal care services within six weeks after child birth in selected public health centers of Kirkos sub-city, Addis Ababa, Ethiopia, 2021.

1.4.2 Specific Objective

1. To determine the prevalence of post natal care services utilization.

2. To assess demographic and socio-economic factors associated with post-natal care service utilization.

1.5 Significance of the study

To collect data on women's perceptions and experiences with MATERNAL HEALTH CARE especially with regard to care received PNC, and identify specific reason why mothers delay to follow PNC and why postnatal care services remained low? The answer to this question could help health services improve the continuum of maternal health care services they provide an also to allow follow-on studies and surveys that will be improve post-partum services utilization.

1.6 Scope and limitations of the study

1.6.1 Scope of the study

This study covered the issue related to the better postnatal care utilization in the study area and status of mother's knowledge and practice of post natal care service utilization based on the data collected from kirkos sub city four selected public health centers out of 10 public health facility. With method of institutional-based cross-sectional study design mixed (quantitative and qualitative approaches) conducted between August and September 2021. A simple random sampling technique was used to select the study subjects. The sample size determined for the study was 399. Data were cleaned, entered into, and analyzed by SPSS version 24. Descriptive statistics such as frequencies, percentages, and crosstabs were used to describe the variables of interest. Furthermore, Logistic regression including bivariate and multivariate analysis was used to identify the determinants of post natal care service utilization.

1.6.2 Limitations of the study

The sample size of the study is the Kirkose sub-city and interviews have been conducted with this sub-city. Although taking a large number of samples size is an important factor for increasing external validity as a result because of Covid 19 epidemic , it might be difficult to generalize the research findings to at this level but believed that this study might be were a starting point for future research. The other limitation of this study also the research design is cross-sectional it does not measure cause and effect relationships.

1.7 Organization of the study

This study has five chapters. The first chapter deals with the background, statement of the problem, research questions, objectives, significance, and organization of the study. The second chapter presents literature reviews on the general over view of maternal health, postnatal care and maternal health, prevalence of PNC service utilization, socioeconomic and demographic factors PNC service, and conceptual framework.

The third chapter deals with the methods and materials that include a description of the study area and period, study design, population (source and study population), selection criteria (inclusion and exclusion criteria), study variables (dependent and independent variables), operational definition, sample size determination, and sampling techniques, data collection

procedures, data quality assurance, data processing and analysis, ethical considerations, and dissemination of the results. The fourth chapter deals with the results. And finally, the fifth chapter focuses on the discussions of the research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Conceptual framework

This conceptual framework was created primarily based on evidence gathered from several studies. Independent variables such as maternal socio-economic, demographic, reproductive, and obstetrics characteristics, health facility, and health care provider factors were found to have an association with the dependent variable, postnatal care within six weeks of utilization.

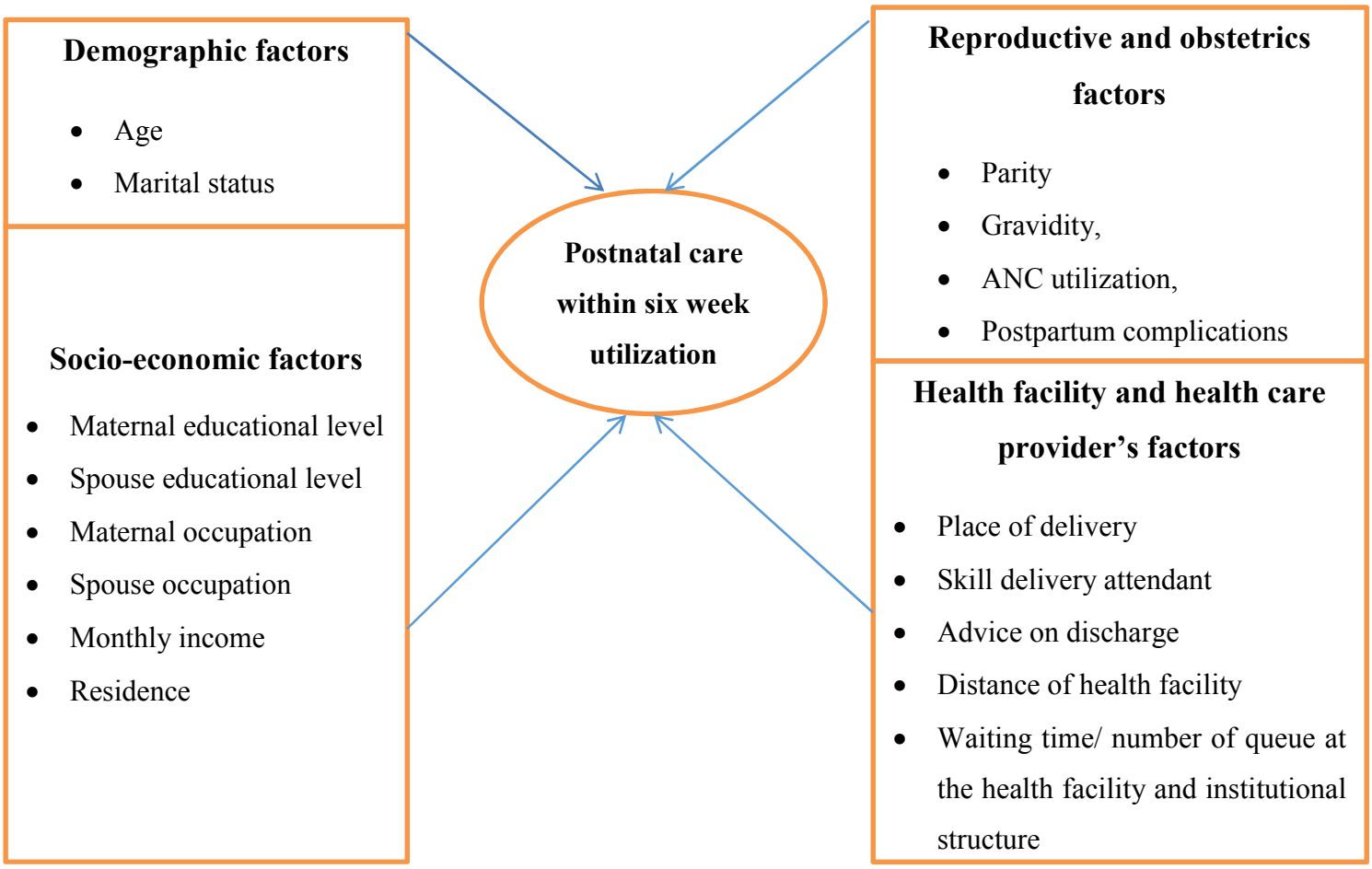


Figure 1: Schematic presentation of the conceptual framework (Source: Developed by the investigator based on literature review, 2021)

2.2 Theoretical frame work

Different theories have been developed on maternal health care these theories useful in thinking about maternity care for the period of child birth ,social theories are important means for critical thinking and analysis. The proposed theoretical framework can be used in understanding the dynamics of work condition and in assisting health professional to achieve the goal of being high-quality resource and support persons for postpartum women. Interventions for midwives should focus on the major components of the framework but also on the concepts that relate the proposed framework to other central concepts in midwifery and nursing, issues in the theory-practice gap, empowerment, contribution in policy making, decision making and dealing with job pressure.

Maternity care is essential to public health as wellbeing in pregnancy and profoundly influences future health of child and even next generations as well as the health of mothers. The impact of maternity care takes place at fundamental level. At onset of pregnancy the health of some women and their babies is deprived through social inequalities based on residence ,education, gendered, wealth quintile the delivery of health care.so even before pregnancy occur and birth given social theory play a role aware about the factors influencing maternal health .

From the studies reviewed, there are different theoretical models that have been used to examine the issues of health care utilization. Out of several theories, I read was that and used Andersen and Newman's Behavioral Model, which I thought would help my study.

The Andersen and Newman's behavioral model which is also known as the 'health care utilization model' (Anderson and Newman, 2005) shows the factors that determine the use of health services He posits that the access and usage of health services by individuals can be determined by: predisposing, enabling, and need factors. Predisposing factors are the sociocultural characteristics of individuals that exist prior to illness. The predisposing factors are further divided into;

(1) Social structure:- education, occupation, ethnicity, social networks, social interactions and culture,

(2) Health beliefs which refer to the attitudes, values and knowledge that individuals possess regarding the health care system. For example, a woman is more likely to seek care if she believes that the available health services can treat her condition and

(3) The demographic characteristics, like: age and gender.

The enabling factors explain the logistical process of accessing care. The enabling factors explain resources present in the family and community and are categorized into; personal/family support (income, health insurance and means and how to access health services), community factors (availability of health personnel and facilities and amount of time individual has to wait) and genetic factors of psychological characteristics. Need factors represent both the perceived (an individual's perception of his/her general health or well-being) and the evaluated (professional judgment about the health status of individuals and their actual need for health care services). (Anderson, R., Newman, J.F. 1973).

2.3 General over view of maternal health

Maternal health is a foundation for healthy and productive population's .Maternal health reflects the level of social justice and the degree of respect for women's rights in a society. Women's right to receive good-quality health services is guaranteed when their basic human rights to live, education, nutrition, to a safe environment, to financial assets and to participation in decision-making are encountered. In the broader background of reproductive health, harmless maternity is a grave element of the efforts to help women realize their full potential not only as mothers, but also can influence as a society members (WHO (2016).

African countries face a diversity of problems to improved maternal health thus includes biological (sex), social factors such as gender, the physical environment, socio-cultural and the economic determinants including access and utilization of health services (FMOH 2013) Furthermore, there are also other common obstacles that contribute to the low utilization of health services specifically maternal health includes lack of compliance of services with well-defined standards ,lack of supplies, infrastructure problems, shortage in detection and management of complications or emergency cases, and poor client-provider interaction (Girum T and Wasie A, 2017).

Maternal health Care service has been becoming a global concern because most maternal death can be preventable and most mothers in reproductive age lives can be protected through proper maternal health care services, 99% of all maternal deaths occur in developing countries. Every day, almost 800 women die from pregnancy and childbirth-related causes that may have been avoided (WHO.2016). Most maternal death in developing countries occur because of low level of maternal health seeking behaviors such as low proportion of ANC ,birth attending by unskilled professionals and poor follow up PNC (Berhan, 2014).

Many studies reported economic Status women and maternal health are directly proportional that means the providing of effective maternal health services requires money for drugs and medical supplies. Maternal health seeking care at health facility has additional financial prerequisite like travel cost for mothers and relatives, how these costs are currently financed, and how to offer greater financial protection to poor people. Most countries have at least three mechanisms for financing maternal health services. Such as tax revenue, or social health insurance, combined with user charges (both formal and informal), together with supplementary community financing for specific services and components of the health system. In most low-income countries, the funding for maternal health care is shared between government (through tax revenue) and households.

Service fee is another problem to access maternal care. Even when formal charges is not imposed, additional costs for purchase supplies such as gauze, gloves, and sanitary pads when admitted to a health facility for delivery might be suffered. The process of gaining important materials and drugs can delay access to timely care. The situation is worsened for deliveries the single most costly event during pregnancy and the postpartum period, and more so for complicated deliveries which usually cost households between three and ten times more than normal deliveries

2.4 What is postnatal care?

World health organizations (WHO) defined postnatal care services as a gathering of preventive care, practices, and assessments planned to identify and manage maternal and newborn complications during the first six weeks after birth. Recognizing the role of suitable PNC uptake during this critical period, the recommended post-natal visits are; in the first 24 hours, on the third day, between days 7 and 14, and 6 weeks of childbirth (WHO 2017). Once a mother has

been given all these visiting schedules can be considered as she is getting the complete postnatal care (CPNC) service (Aye Sandar et al, 2018). The postpartum period is the period beginning 1 h after the delivery of the placenta continuing until 6 weeks (42 days) after delivery . Early PNC provides a window of opportunity for the identification and management of complications that may occur at the time of labor, delivery or immediately after delivery. Health care providers will also counsel the mother about maternal nutrition, breastfeeding, immunization and other childcare services. Furthermore, stress relieving psychological and emotional supports for postpartum depression can also be provided (WHO, 2015). Assessments could be done at each postnatal contact regardless of the place of delivery such as urinary incontinence, bowel function, healing of any recurrent wound, headache fatigue, perennial pain, uterine tenderness.

2.5 Postnatal care and maternal health

Among different maternal health services, postnatal care service is one of the crucial cares to reduce maternal mortality. The postpartum period is vital for early detection maternal health problems, counseling on physiological recovery, follow-up for the continuum of care, and providing family planning service (UNICEF 2015). Past research shows that most maternal deaths occur in the postpartum period as a result of hemorrhage, hypertensive disorders of pregnancy, and sepsis (Tessema G.A. et al, 2017). Maternal mortality is a preventable global tragedy and proven and cost-effective interventions such as antenatal care (ANC), skilled delivery and postnatal care (PNC) have been reported to reduce morbidity and mortalities related to pregnancy and childbirth (WHO 2015). According to World Health Organization (WHO), a majority of maternal deaths in the world occur during the postpartum period, especially within the first two days after delivery that makes the postnatal period critical to improving maternal and child survival. Majority of maternal deaths occur during childbirth and the postpartum period. Scaling up of maternal health through proper postnatal care services is the best way of reducing maternal mortality.

2.6 Prevalence of postnatal care utilization

From all maternal health services, postnatal care service utilization remained low in developing countries (É. V. Langlois et al, 2015). According to the Ethiopian Demography and Health Survey (EDHS) 2016, there is a large disparity between antenatal care use (62%) and postnatal care service utilization (17%) within the first two days of birth in Ethiopia (CSA and ICF, 2016).

In another study in Ethiopia, the prevalence of PNC within six weeks of postpartum period was 31.7%, and ANC is statistically associated with PNC (B.Darega et al, 2017). Countries have been implementing different strategies targeted to improve maternal health service use including postnatal care service. Although antenatal care service utilization has been increasing, enhancing postnatal care service use remained a challenge and evidence of antenatal care use association with postnatal care varies among studies.

Over the past 25 years, several programs have been developed and implemented to improve maternal health service utilization in Ethiopia. Even though the proportion of women receiving ANC in Ethiopia is high (Mekonnen et al, 2019). The proportion of women delivering by the assistance of a skilled attendant and having PNC remained low. Research indicates that factors across individual through to health system levels contribute to this difference between ANC and PNC. For instance, the 2011 Ethiopian Demographic and Health Survey (EDHS) discovered that smaller number mothers living in rural areas received PNC compared to those living in urban areas (3% vs 32%) (Bobo F.T et al, 2017). According to Koblinsky and colleagues the traditional home confinement of women after childbirth in Ethiopia contributes to the low use of PNC services. Others also reported significant regional variations in the use of ANC in Ethiopia with low levels reported in Somali, Oromia, Gambelia and Southern Nations, Nationalities, and People's Region (SNNPR) (Sisaye M.M.et al, 2019). Different studies reports , the need for national and regional level interventions that target individual women, their families and surrounding communities as well as health care professionals and the wider health care system to improve the utilization of maternity care and PNC services in Ethiopia

There have been some studies that examined why PNC service utilization remains low in Ethiopia. Some of these studies had a small sample size (Bitew T et al, 2017) and others covered a very small geographical area that may put the representativeness of the studies and generalize ability of the findings under question. Although there have been four rounds of the EDHS, studies that used these data have concentrated on the 2016 survey (Fekadu G. A et al, 2017). As a result, using the four nationally representative and reasonably large sample surveys to investigate the factors of PNC use in Ethiopia is crucial for identifying relevant treatments.

In 2014 mixed method study undergone in China revealed that the percentage of mothers received timely postnatal care within one week and over six weeks were only 8% and 24% respectively (Chen L et al, 2014).

In 2014 research conducted in Nepal women those sought postnatal utilization from health care providers were very low (19.3%). Total or any postnatal utilization was very poor. It was about 25.1%. Studies showed only 13.5% of mothers were received postnatal care within 24hours after delivery (Khanal V et al, 2014). In 2011 at the same country a cross sectional two stage cluster sampling and Nepal demographic health survey analyzed change in the utilization and reported that mothers attended postnatal care at list one and immediate postnatal care after they gave birth within 24hours were 43.2% and 40.9% of respectively. Although there was increment in postnatal care utilization from 26.5% to 43.2% between years 2006 to 2011, still it remains low in the country (Vishnu Khanal MP, 2013). A system thinking approach study conducted in sub-Saharan African countries by the year 2015; in Burkina Faso, Kenya, Malawi and Mozambique revealed that postnatal care within one week were very weak although most of the mothers were received the care at six weeks of delivery. Prevalence of one week PNC utilization in those countries was; 25%, 33%, 41% and 40% respectively (Duysburgh E et al, 2015).

In 2011 a cross-sectional descriptive quantitative design study in Malawi revealed that 49% of women visited postnatal care. From mothers who had ANC follow up currently 80.3% mothers attended the postnatal check-up at one week and 60.5% of them attended the six week postnatal check-up (Oluwaseyi SD, 2014). In 2009 the result of in depth interview undergone in Tanzania showed that despite the mothers perceived postnatal care have benefits for children, there was a total lack of postnatal care for the mothers. Although the mothers responded as they took their baby to PNC they had not yet took them before 2 or 3 weeks of age (Abel Ntambue ML et al, 2015).

A cross sectional study conducted by 2014 in Northern Ethiopia, Gondar area revealed that about 66.83% of mothers gave birth seek postnatal care utilization within six weeks. Large numbers of mothers were informed the existence of PNC at health facilities from community health workers and HEWs. But few of them knew when it was offered and by whom it offered for them (Tesfahun F et al, 2014). This result was far from the result reported by 2013 from a linked

facility and population survey by using multilevel analysis in the same zone, Gonder. It revealed that only about 6.3% of mothers utilized PNC (Worku AG et al, 2013).

In the year 2014 across-sectional study undertaken in Abi Adi, Tigrai, Ethiopia, showed only 11.9% mothers received PNC (Lwelamira J et al, 2015). Research conducted in Adwa, Tigrai, Ethiopia, revealed that about 78.3% of mothers gave birth were received postnatal care (Berhe H et al, 2013). Community based cross – sectional study conducted in Northern and south central Ethiopia in 2014 showed the prevalence utilization of postnatal care within six weeks was high, about 88%. But few of them received PNC within 24 hours and three days of delivery, 3.7% and 10.2% respectively (Afework MF et al, 2014).

Community-based cross-sectional study conducted in Dembecha, Northwest Ethiopia, by 2015 revealed that the prevalence of utilization of postnatal care service was 34.8% of which 33.7% were within 48 hours of postnatal period and about 0.8% within 2-7 days of delivery. Even if there were large numbers of mothers had ANC follow up still PNC utilization was very poor (Hordofa MA et al, 2015). A community based cross sectional study conducted in Jebitena, Northern Ethiopia, in 2014 showed that about 20.2% of the women utilized postnatal care. Of them 60% received postnatal care within 24hours (Gebeyehu Workineh Y, 2015).

2.7 Socio-economic and demographic factors Associated with PNC service utilization

There are many factors through the world that affect utilization of postnatal care. From those factors one is maternal age. The younger mothers gave birth were more likely used postnatal care (Peter B et al, 2014) but other study reported that they were less likely used postnatal care (Noor FR, 2015). On the other hand, there was no link between maternal age and postnatal care consumption (Chen L et al. 2015).

The women's marital situations had an impact on their use of postnatal care. Tesfahun F et al. (2014) found that postnatal care was more likely to be received by mothers who were married and had a husband. Whereas some study result showed that there was no relation between utilization of postnatal care and marital status of the women (Mrisho M et al, 2013).

Maternal educational status had significant association with postnatal care utilization. Mothers who educated secondary or higher were more likely utilize postnatal care (Alemayeh H et al, 2014) but study conducted in Pakistan shows women who educated were less likely utilized

postnatal care (Yunus A et al, 2013). However, according report from study under gone in different countries (Bangladesh, Malawi and Nepal) maternal education had no association with postnatal care utilization (Sitrin D et al, 2013)

Maternal occupation was significantly associated with postnatal care utilization and on in study conducted in Sub-Saharan countries (Sharma A et al, 2014). Mothers who were professional and have manual occupations were more likely utilized (Vishnu Khanal MP, 2013). On the other hand mothers those who were house wives more likely receive postnatal care within 10 days than in service (Sharma A et al, 2014). But other study conducted in low and middle income countries revealed that there was no relation between employment of the mothers and utilization of postnatal care (Langlois É V et al, 2015) and no association between maternal occupation and one week postnatal care utilization (Chen L et al, 2014).

Socioeconomic status of the mothers was one factor that hindered the mother to use PNC. Mothers from low economic income were less likely used postnatal care (Singh A et al, 2014). Study conducted in Gonder area, Ethiopia, showed that mothers from mixed economic income (farming and trading) were highly utilized PNC than those from farming only (Worku AG et al, 2013).

Place of residence was one of contributing factors to received PNC. Some researchers reported that mothers from urban area were more likely utilized (Tesfahun F et al, 2014) but study undergone in Pakistan reported that mothers from rural area were more likely utilized postnatal care (Yunus A et al, 2013).

Culture was another associated factor of postnatal care utilization. In Nepal, culture was significantly associated with postnatal care utilization. Because of culture, touching mothers and newborns within 12 days after delivery was forbidden (Khanal V et al, 2014). On other hand research conducted in different countries revealed that cultural beliefs and practices further inhibit utilization of within one week postnatal care (Duysburgh E et al, 2015 and Alemayeh H et al, 2014).

Some researchers written as independent decision making of the mothers on health seeking was relation with postnatal care utilization. Mothers who had empowered and autonomous for

decision making on health care were more likely received postnatal care services than those dependent on others for health care seeking (Alemayeh H et al, 2014).

Other characteristics include ethnicity. Black or mixed-ethnic mothers were less likely to use PNC. Mothers who were black, Hispanic, Samoan, or another Pacific Islander, on the other hand, were more likely to receive postnatal care (Chang E et al., 2015). But other study shows there was no association between maternal ethnicity and postnatal care (Mrisho M et al, 2013). Different study revealed that exposure to mass media had significant association with postnatal care utilization. Women who had experienced reading newspapers or watched TV more likely received postnatal care (Study a C et al, 2014 and Lwelamira J et al, 2015).

CHAPTER THREE

METHODES AND MATERIALS

3.1 Study area

The study was conducted in Addis Ababa Kirkos sub city selected public health centers. Kirkos sub city, since it has large population size with more exposure to modernity, urbanization and industrialization as well as well-known former health facilities like “Borchelle” available, compared to the other sub cities. Kirkos sub-city is one of the eleven sub-cities of Addis Ababa, Ethiopia; with surface area of 14.62km2. This sub-city is one of the densely populated sub-cities in Addis Ababa with a population density of 150 persons per hectare the sub-city is characterized by dense built-up areas. Superficial observations of Kirkos residential areas suggest that residents inhabit it with high difference in income (CSA, 2007). According to the 2016 Population and Housing Survey Report (CSA, 2016) it is populated with 283,733 people there are 136,192 male and 147,541 female, out of the total population using a difficulty factor there are 98,285 women in reproductive age (15-49) years. In Kirkos sub city there are 2 public hospitals and 8 public health centers are available according to the data obtained from health regulatory office of the sub-city in 2018 GC. It is bordered on the south by Nifassilk lafto, on the West by Bole and, on the North by Arada, and East by Addis Ketema (Figure 2).

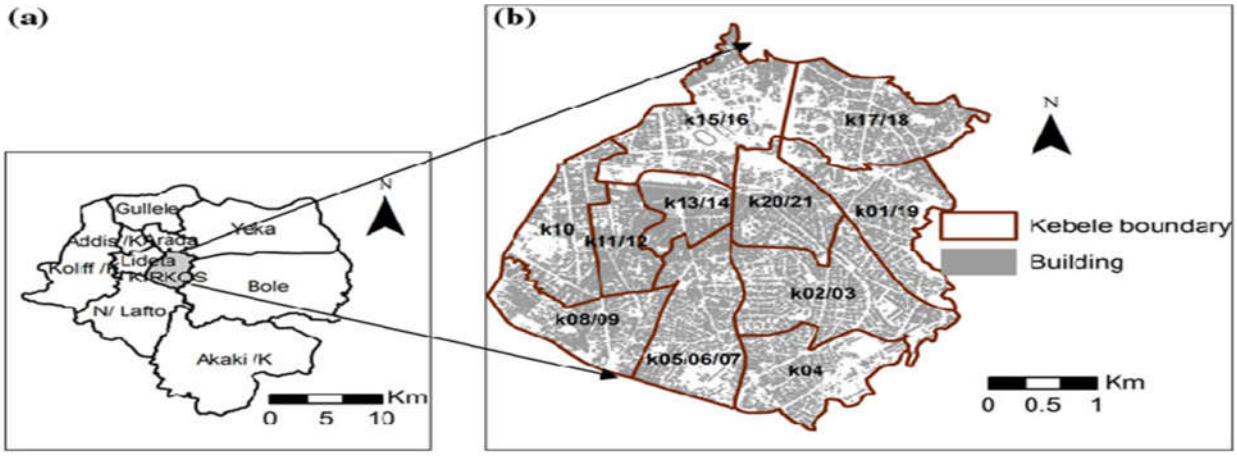


Figure 2: Map of the Study Area (Kirkos sub-city) (Source: Adopted from Kirkos sub-city Land Administration)

3.2 Sampling Technique

Simple random sampling method (lottery method) was used to select the study subjects.

3.2. 1 Study design and study period

A facility-based cross-sectional study design with mixed (quantitative and qualitative approaches) was employed in Kirkos sub-city from August and September 2021.

3.2.2. Source population

The source population for the study is all PNC mothers who are coming to the health center of Kirkos sub-city.

3.2.3 Study population

PNC mothers currently attending PNC service in selected public health centers of Kirkos sub-city and fulfill the inclusion criteria.

3.2.4 Inclusion criteria

All PNC attendants in selected public health centers of Kirkos sub-city

3.2.5 Exclusion criteria

Clients, who are seriously sick, & do not volunteer to participate, were excluded from the study.

3.3 Sample Size Determination

3.3.1 Sample size for quantitative part

To determine the sample size, a single population proportion formula using a prevalence of women who received postnatal check-ups in the 2 days after delivery in Addis Ababa according to 2016 EDHS Data 55% .

$$n = \frac{(Z\alpha/2)^2 * P(1- P)}{d^2}$$

Where: n = sample size desired

Z α /2= 1.96 (Z=score corresponds to 95% confidence level)

p = 55%

d2= 0.05 (Margin of error)

$$n = \frac{(1.96)^2 * 0.55 (1- 0.55)}{0.05^2} = 381$$

Since the source population (6696) is finite and less than 10,000 correction factors formula was applied.

nf= no/1 +no/N

nf= 381/1+381/6696

nf= 360.4

Where: nf = final sample size

no = Initial sample size

N = Source population which is 6696 PNC women in study area.

Adding 10% non-response rate 381*10/100 = 38.1

The final minimum sample size is 360.4 + 38.1 = 399

3.3.2 Sample size for qualitative part

The sample sizes for the qualitative part were determined based on a theoretical saturation point in data collection when new data no longer bring additional insights to the research questions. So, used four in-depth interviewees and two focus group discussion in this thesis writing.

3.4 Study variables

3.4.1 Dependent variable

- ❖ Postnatal care within six week utilization

3.4.2 Independent variable

- Demographic Factors
  - Age
  - Marital status
- Socio-economic factors
  - Under this factors was show Maternal & spouse educational level, occupation, Monthly income how affect postnatal care utilization

- Reproductive and obstetric factors
    - Their number of pregnancy ,mode of delivery, knowing how many times they went to be the health center for prenatal care and how sick they wer after giving birth ,it helps to know how much the postpartum care utilization affected .
- Factors affecting the health facility and the health care provider
    - The case to know this factors means place of delivery, delivery attendant, advice given by health professional, Distance between medical facilities and the length of time spent in the hospital following delivery and the institutional structure could be a barrier for some women to access PNC

3.5 Operational definition

- Maternal health: is the health of women during pregnancy, childbirth and the postpartum period and maternal health care services are antenatal care (ANC), delivery care(DC) and postnatal care (PNC) services.
- Antenatal care: is the routine health control of presumed healthy pregnant women without symptom (screening) in order to diagnose disease or complication obstetric condition and to provide information about life style
- Delivery care: the proportion of births attended by skilled health personnel is defined as the percentage of live births attended by skilled health personnel.
- Institutional delivery: delivery in public or private hospitals, clinics and health centers, attended by skilled attendants (midwifery, nurses, doctors, health officers).
- Skilled birth attendant (SBA): an accredited health professionals who has been educated and trained to proficiency in the skills needed to manage normal child birth and immediate postnatal care
- Postnatal care: health care to mothers from immediately after the birth until around 42 days by health professionals.
- Gravida: means number of pregnancy
- Parity: means number of delivery

3.6 Data collection procedures

The data was collected for 30 days from Kirkos sub-city service delivery points. It was collected by interviewing the current postpartum women who are attending PNC at Kirkos sub-city public

health facility. The question was prepared to the English language translated into the Amharic language. So, an Amharic version questionnaire was used for the interview.

Four data collectors who have a BSc degree in midwifery are involved in the study. One degree in midwifery supervised the data collection. For both data collectors and supervisors, one day of training was given on study objectives and data collection techniques. Each questionnaire was checked for completeness and consistency by the supervisor and the principal investigator on daily basis.

An in-depth interview was conducted among four service giver health professionals and two focus group discussion with mothers currently attending PNC in Kirkos sub-city selected public health centers.

3.7 Data quality assurance

The quality of the data was assured through careful design, translation, and retranslation, and pretesting of the questionnaire. The English version of the questionnaire was adapted and translated to Amharic by language experts. The translated Amharic version was pretested in health facilities out of Kirkos sub-city selected public health facilities in 5% of the sample size that is not part of the main study. To assure data quality, data collectors are given a one-day training on the study's goal, the contents of the questionnaire, and how to safeguard the study subjects' confidentiality and privacy. The data collection process was closely monitored and collected data was checked for any incomplete content by the supervisor and then by the principal investigator.

3.8. Data processing and analysis

Data from the questionnaire was cleaned and verified to minimize entry errors, outliers, and missing values. Response from the questionnaire was coded and the codes were saved in the codebook and used during the interpretation. Each variable was checked for missed values. The data entry, cleaning, and analysis were undertaken using SPSS version 24. Descriptive statistics were shown such as frequencies, percentages, and crosstab were used to describe the variables of interest. Association was computed using an odds ratio with a 95% confidence interval. Bivariate and multivariate regression analysis was conducted to examine the relationship between dependent with independent variables. Results are presented in texts, tables, and charts.

For the qualitative study, each of the in-depth interviews and focus group discussion was mobile recorded, taking short notes in Amharic language and then translated to English language. Finally both the quantitative and qualitative result were included in this thesis write-up.

3.9 Ethical considerations

After obtaining the ethical approval from the concerned institutional research ethics review committee (IRERC) department of population studies Addis Ababa University (AAU), Formal letters were writing to all concerned authorities and permission was secure at all levels.

Informed verbal consent should obtain from each respondent after explaining the purpose and procedure of the study. No name or other identifying information was included in the instrument. Consider the sensitivity of this research, all the basic principles of human research ethics (respect of person, beneficence, voluntary participation, confidentiality, and justice) were respect, clients who are not willing to continue from the beginning or any part of the interview have the right to withdraw. Privacy was kept by interviewing in a separate place.

3.10 Dissemination of Results

The result of this study was submitted to Addis Ababa University, College of Development Studies, Center for Population Studies, and the Kirkos sub-city health office.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 RESULTS

4.1.1 Demographic and socio-economic characteristics of the respondents

The survey had a total of 399 participants, resulting in a 100% response rate. One hundred ninety three (48.4%) respondents were from the age group of 25 and above years. Among the study participants, 325(81.5%) were urban residence. Among the study participants, 278(69.7%) were currently married. Regarding educational status, 215(53.9%) completed secondary schools, 105(26.3%) were completed primary school, 65(16.3%) were higher education and above and the rest 14(3.5%) of the respondents were illiterate. Among spouse level of education, 158(39.6%) were higher education and above, 121(30.3%) were completed primary school, 94(23.6%) were completed secondary schools and the rest 26(6.5%) of the respondents were illiterate. Among the respondents 285 (71.4%) were housewives, 43(10.8%) were government employees, 29(7.3%) were self-employee, 26(6.5%) were private employees and the rest 16(4%) were students. Regarding spouse occupation 196(49.1%) were private employees, 143(35.8%) were government employees and the rest 60(15%) were self-employee. Concerning monthly income, 315(78.9%) reported earning greater than 3201 Ethiopian birrs and above per month

Table 4.1.1: Socio-economic and demographic characteristics of postnatal care service utilization in selected Public health centers of Kirkos Sub-City, Addis Ababa, Ethiopia, 2021

Variables		Frequency	Percent
Age of respondents	15 - 19	19	4.8
	20 - 24	187	46.9
	25 and above	193	48.4
	Total	399	100.0
Residence	Urban	325	81.5
	Rural	74	18.5

	Total	399	100.0
Marital status	Married	278	69.7
	single	49	12.3
	Divorced	55	13.8
	Widowed	17	4.3
	Total	399	100.0
Respondents educational status	Illiterate	14	3.5
	Primary education	105	26.3
	Secondary education	215	53.9
	Higher education and above	65	16.3
	Total	399	100.0
Spouse level of education	Illiterate	26	6.5
	Primary education	121	30.3
	Secondary education	94	23.6
	Higher education and above	158	39.6
	Total	399	100.0
Respondents occupation	Housewife	285	71.4
	Student	16	4.0
	Government employee	43	10.8
	Private work	26	6.5
	Self-employ	29	7.3
	Total	399	100.0
Spouse occupation	Government employee	143	35.8
	Private work	196	49.1

	self-employee	60	15.0
	Total	399	100.0
Monthly income	< 1650 ETB	51	12.8
	1651 - 3200 ETB	33	8.3
	> 3201 ETB and above	315	78.9
	Total	399	100.0

Source: (own survey, 2021)

4.1.2 Reproductive and obstetric history of the respondents

Regarding the reasons to coming health facility, 366(91.7%) of the respondents were coming to PNC services and the rest 33(8.3%) were coming to family planning service. Of the respondents, 302(75.7%) had previously served at this health facility. Among respondents reasons to choose this health facility, 240(60.2%) were reasons to complete supply, 138(34.6%) were respect for health professionals and the rest, 21(5.3%) were hygiene of the health facility. Respondents ANC visit, 262(65.7%) were four or more completed ANC visits, 65(16.3%) were three completed ANC visits, 54(13.5) were only one ANC visits and the rest 18(4.5%) were two completed ANC visits. Regarding respondents place of birth, 388(97.2%) were delivered health facility and the rest 11(2.8%) were home delivery. Among respondents concerning give the PNC service, 362(90.7%) were PNC service given by midwifery, 29(7.3%) were doctors and the rest 8(2%) were health extension workers. Concerning number of PNC visits, 225(56.4%) were three or more visits, 122(30.6%) were two PNC visits and 52(13%) were one PNC visits. Concerning postpartum complications, 388(97.2% were health professional told postpartum complications and the rest 11(2.8%) of the respondents did not have told postpartum complications. Of the respondents, 314(78.7%) were started breast feeding within 1 hour after birth and 85(21.3%) did not have started breast feeding within 1 hour after birth. Among respondents 307(76.9%) were did not have any health problems occur in 42 days after child birth and 92(23.1%) were health problem occur in 42 days after child birth. Respondents 305(76.4%) were ever been to a health facility within six weeks of delivery and 94(23.6%) did not have been to a health facility within six weeks of delivery.

Table 4.1.2: Reproductive and obstetric history of study participants in postnatal care service utilization in selected Public health centers of Kirkos Sub-City, Addis Ababa, Ethiopia, 2021

Reasons to coming health facility	Family planning service	33	8.3
	PNC service	366	91.7
	Total	399	100.0
Previously served at this health facility	No	97	24.3
	Yes	302	75.7
	Total	399	100.0
Reasons why choose	Because it has complete supply	240	60.2
	Because respect for health professionals	138	34.6
	Because hygiene of health facility	21	5.3
	Total	399	100.0
ANC visit	four and above	262	65.7
	Three	65	16.3
	Two	18	4.5
	one	54	13.5
	Total	399	100.0
Place of birth	Home	11	2.8
	Health facility	388	97.2
	Total	399	100.0
Who give you the service	HEW	8	2.0
	Midwifery	362	90.7
	Doctor	29	7.3

	Total	399	100.0
variable		Frequency	percentage
Number of PNC visits	Three or more	225	56.4
	Two	122	30.6
	one	52	13.0
	Total	399	100.0
Health professional told postpartum complications	No	11	2.8
	Yes	388	97.2
	Total	399	100.0
Started breast feeding within 1 hour after birth	No	85	21.3
	Yes	314	78.7
	Total	399	100.0
Any health problems occur in 42 days after child birth	No	307	76.9
	Yes	92	23.1
	Total	399	100.0
Ever been to a health facility within six weeks of delivery	No	94	23.6
	Yes	305	76.4
	Total	399	100.0

Source: (own survey, 2021)

In addition to quantitative data, qualitative data from two focus group discussions and four in-depth interviews were reviewed to identify the barriers to the use of PNC services by the participants in the study area. The analysis yielded from four main subjects including 'knowledge & practice' 'apparently healthy' 'no appointment', and 'access'.

With regard to knowledge and practice participants in focus group discussions and in-depth interviews, the reason they do not use the service is negligence. The subject of apparently

healthy, no maternal and baby pain is the reason not to use the service, and under the subject of not being able to get an appointment, the problem is related to the health workers and the capacity of the health facility. Under the fourth subject -access, distance and transport, environmental condition, living situation and waiting time were described as reasons.

Knowledge & Practice

During focus group talks, participants said that they were negligent of the importance of visiting health facilities after delivery and that one of the reasons for not seeing health care professionals in health facilities after giving birth as they do not understand the importance of the service. One woman, for example, stated:

“I heard that the service was available but I did not come for follow-up as I was not in any pain”

This description shows us that mothers do not practice, even though they know there is postpartum monitoring.

4.1.3 Postnatal care service utilization

The majority 380(95.2%) of the study participants responded they heard about postpartum care at health facility. 312(78.2%) were heard about health professionals and the rest 87(21.8%) were heard about friends. The main benefits of postpartum services in ascending order to prevent maternal and child health problems 365 (91.4%), give advice on the importance of childhood immunization192 (48.1%), and to get services around family planning 89 (22.3%). Regarding visit the health facility after giving birth, 317(79.4%) of the respondents mentioned postpartum monitoring, 125(31.3%) of the respondents mentioned vaccination of the baby, and 117(29.3%) of the respondents mentioned family planning use. Among respondents type of postpartum services, 280(70.2%) prevent bleeding, 190(47.6%) breast feeding practice, 107(26.8%) family planning service and 98(24.5%) advice on child care. Respondent’s probable barriers to visit health facility for postnatal care in ascending order, 93(23.3%) lack of transportation, 94(23.5%) culture, 215(53.8%) lack of awareness, and 217(54.3%) lack of finance. Among respondents difficult of coming to a health facility for postpartum care, 324(81.2%) excess waiting time, 90(22.5%) distance to health facility is very far, 78(19.5%) mistreatment by health professionals and 67 (16.8%) cultural belief.

Table 4.1.3: Postnatal care service utilization in selected public health centers of Kirkos Sub-City Addis Ababa, Ethiopia, 2021

Heard of postpartum care at health facility	No	19	4.8
	Yes	380	95.2
Where did you heard	From health professional	312	78.2
	From friends	87	21.8
Benefits of postpartum services	To prevent maternal and child health problems	365	91.4
	To give advice on the importance of childhood immunization	192	48.1
	To get services around family planning	89	22.3
Visit the health facility after giving birth	For vaccination of the baby	125	31.3
	For family planning	117	29.3
	Postpartum monitoring	317	79.4
Type of postpartum services	Prevent bleeding	280	70.2
	Breast feeding practice	190	47.6
	Family planning services	107	26.8
	Advice on child care	98	24.5
Probable barriers to visit health facility for postnatal care	Lack of awareness	215	53.8
	Lack of finance	217	54.3
	Lack of transportation	93	23.3
	Culture	94	23.5
Difficult of coming to a health facility for postpartum care	Distance to health facility is very far	90	22.5
	Excess waiting time	324	81.2

	Mistreatment by health professionals	78	19.5
	Cultural belief	67	16.8

Source: (own survey, 2021)

*Percentage do not sum to 100 as this is result of multiple response questions

Apparently healthy

One of the reasons for the non-utilization of PNC services mentioned by the participants was being apparently healthy. For example, one mother said

"I did not have to go back to the health facility after giving birth because I was healthy"

Access

Some mothers stated that there was no problem with access to health facilities in their area and that they would only move away when they were referred. But because of their living conditions and lack of family support, they would spend the postpartum period caring for their baby at home and only going to the clinic for vaccinations of the baby. For example, one woman said: "Of course, the health center is not far away, but someone to accompany me to get out of the home with a baby". This expression indicates that postpartum follow-up of mothers requires family support & comfortable lifestyle.

The environmental condition mainly dirt, sunlight, and wind, also played a key role in reducing the utilization of PNC services. Women give an explanation that their body becomes more vulnerable to the weather & susceptible to disease after giving birth, because of this reason makes it difficult to seek PNC services. One woman expressed it. "The road from home to the health center is full of dirt & odors in addition to this, daytime sunlight can cause different diseases for women like 'mich' in Amharic who gave birth, so it is best to stay home unless I am sick.

Living situation

The living condition of most mothers in the study area was difficult to go to the health facility for PNC services as they are busy and live from hand to mouth.one mother said: "If my son and I are

healthy, I don't go to the health center because I am a daily laborer, my job and income are disrupted"

Waiting time

Most mothers often mention the number of queues at the health facility as a major problem. It is impossible to come without help. Most mothers frequently express their dissatisfaction with the amount of time they must wait in a health facility for treatment as a major problem and make them unwilling to attend PNC.

Having a newborn with them along with other requirements of the postnatal period were reported to make it difficult for the women to visit the health center for postnatal services. One woman expressed her worry about exposing her newborn.

"It is very difficult for a mother who has just given birth and a baby to wait their turn with a sick person to receive health services at the registration area."

4.1.4 Health facility and health care provider's factors of the respondents

According to the table out of the total respondents respond, I am satisfied with the health professionals and the service I received ,262(65.7%) were agree with the health professionals and the service received and 137(34.3%) were strongly agree with the health professionals and the service received. Respondents received specialist services, 95(23.8%) were strongly agree with specialist services, 120(30.1%) were do not agree with specialist services, and 184(46.1%) were agree with specialist services. Among the respondents, 246(61.7%) were strongly agree up-to-date service at the health facility and the rest 153(38.3%) were agree up- to-date service at the health facility. Regarding respondents health facility and maternity ward are clean, 139(34.8%) were agree with health facility and maternity ward are clean and 260(65.2%) were strongly agree with health facility and maternity ward are clean. Concerning privacy, 191(47.9%) were agree with privacy, 80(20.1%) were strongly agree with privacy, 65(16.3%) were do not agree with privacy, 32(8%) were strongly disagree with privacy and 31(7.8%) were do not known with privacy. Among respondents trust the health professionals, 21(5.3%) were agree with health professionals trust and 378(94.7%) were strongly agree with health professionals trust. Health professionals treat patients equally 119(29.8%) were agree with treat patients equally and 280(70.2%) were strongly agree with treat patients equally. Respondents explain ways of the

service, 214(53.6%) were agree explain ways of the service, 107(26.8%) were do not agree explain ways of the service, and 78(19.5%) were strongly agree with explain ways of the service

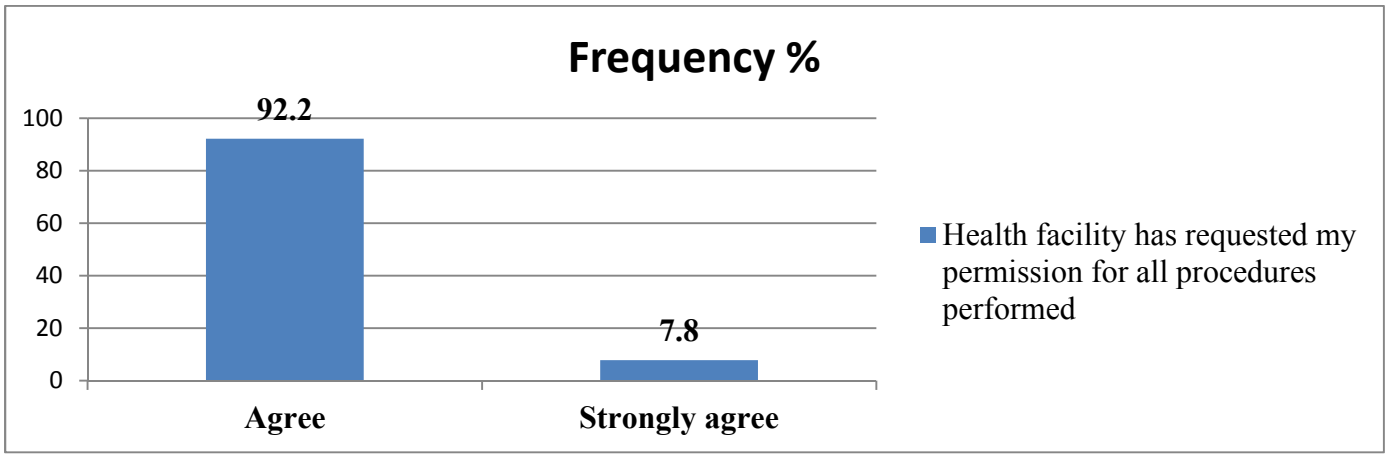
Table 4.1.4: Satisfaction level of the health facility and health care provider's in postnatal care service utilization in selected public health centers of Kirkos Sub-City, Addis Ababa, Ethiopia, 2021

I satisfied with the health professionals and the services	Agree	262	65.7
	Strongly Agree	137	34.3
	Total	399	100.0
Received specialist services	Do not agree	120	30.1
	Agree	184	46.1
	Strongly agree	95	23.8
	Total	399	100.0
Up - to-date service	Agree	153	38.3
	Strongly agree	246	61.7
	Total	399	100.0
Clean Health facility and maternity ward	Agree	139	34.8
	Strongly agree	260	65.2
	Total	399	100.0
Privacy/respected	Strongly disagree	32	8.0
	Do not agree	65	16.3
	Do not known	31	7.8
	Agree	191	47.9
	Strongly agree	80	20.1
	Total	399	100.0

Trust the health professionals keep my health issues secret	Agree	21	5.3
	Strongly agree	378	94.7
	Total	399	100.0
The staffs at the health center treat patients equally	Agree	119	29.8
	Strongly agree	280	70.2
	Total	399	100.0
Explain to me in the way	Do not agree	107	26.8
	Agree	214	53.6
	Strongly agree	78	19.5
	Total	399	100.0

Source: (own survey, 2021)

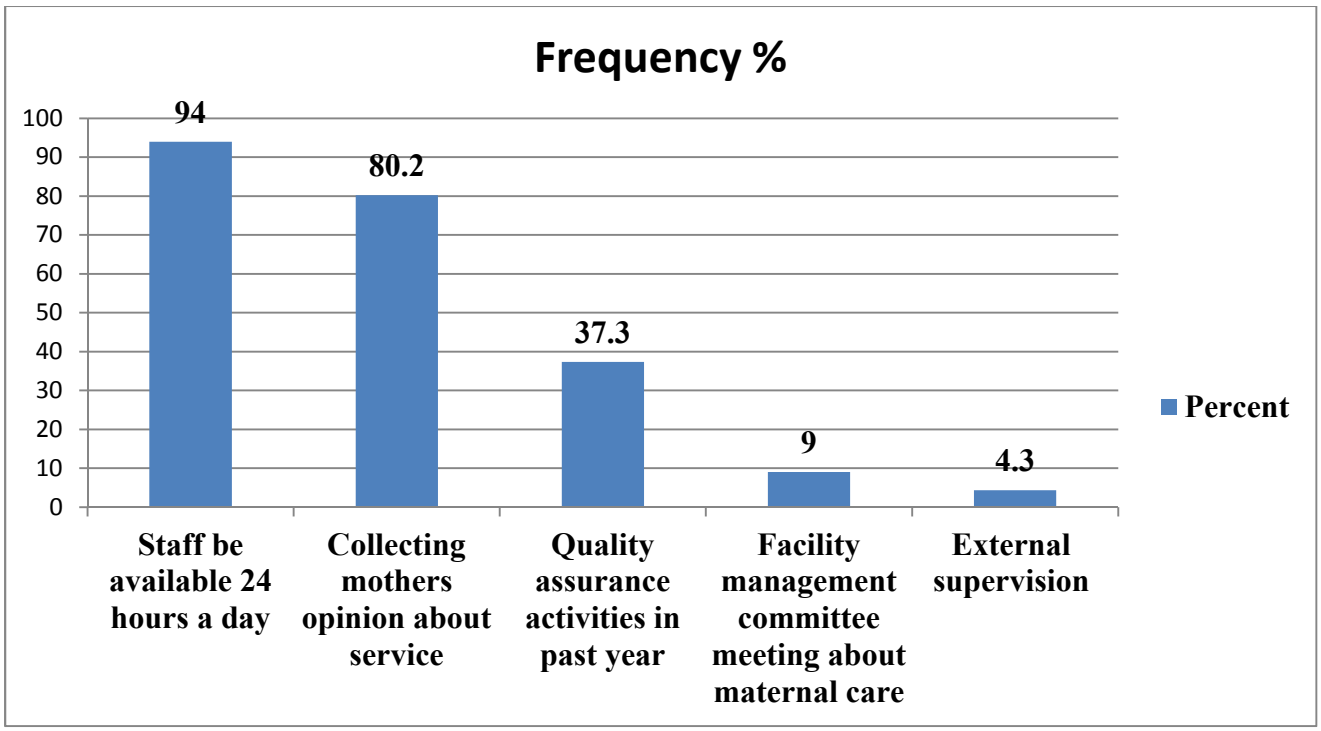
(Figure 3).



Source: (own survey, 2021)

Figure 3: Health facility has requested permission for all procedures in postnatal care service utilization in selected public health centers of Kirkos Sub-City, Addis Ababa, Ethiopia, 2021

4.5 Activities of the service provider



Source: (own survey, 2021)

Figure 4: Activities of the service provider in postnatal care service utilization in selected public health centers of Kirkos Sub-City, Addis Ababa, Ethiopia, 2021

No appointment

In interviews with health professionals in health facilities, there is evidence of a lack of appropriate maternal appointments after childbirth and the reason why appointments were not made according to WHO standards. Among them, there were so many mothers who give birth daily. As a head of PNC said: “About 10 - 20 mothers give birth per day and we offer a number of services for these, make an appointment with no pain and no problems it takes time for new mothers & can occur so many problems

Another health professional said:-

“We will arrange appointments for those who give birth with c/s to return within 7 days to see if the wound has an infection but mother who gave birth without c/s , tell her to come if she has bleeding or any health problem “

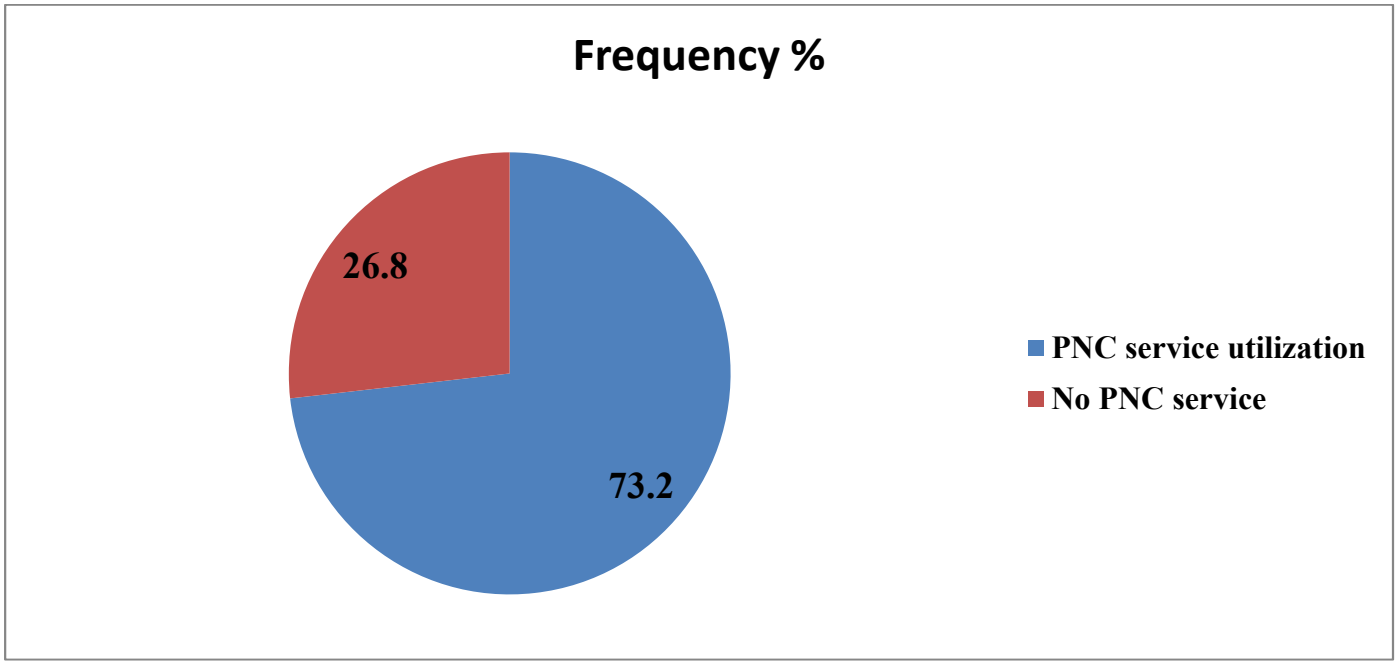
This indicates that a large population in the area where the study was conducted did not meet standard services

Lack of necessary medical service

During the interview with health professionals in a health institution, there was evidence of a lack of proper service & payment for mothers after giving birth. About services & payment, one health professional said

“Of course, any maternity services are provided free of charge in public health facilities. But, some laboratory tests and services such as Ultrasound may not be available, so they may have to pay for services outside the health facility.” This response indicates that although public health services are provided free of charge in public health facilities, they are not interested in monitoring because they do not provide some of the equipment and tests required for the service, which can lead to expense when sending them to private health facilities. So, they are not interested in doing the PNC service utilization.

4.1.5 Prevalence of PNC service utilization



Source: (own survey, 2021)

Figure 5: Prevalence of PNC services utilization in selected public health centers of Kirkos Sub-City, Addis Ababa, Ethiopia, 2021

4.2 Factors Associated with PNC service utilization

4.2.1 Bivariate analysis

In bivariate analysis, age, residence, marital status, educational status, spouse educational status, occupation, ANC visit, number of PNC visits, breast feeding started with in one hour after birth, up - to-date service at the health facility and staff be available 24 hours were found to be significantly associated with PNC service utilization.

Study participants whose age is between 20 - 24 years were 0.15 times COR [0.15 (0.05, 0.47)] less likely to have PNC service compared with those who are age group between 15 - 19 years. Those who are age group between 25 and above years were 0.08 times COR [0.08 (0.04, 0.15)] less likely to have PNC service compared with those who are age group between 15 - 19 years. Those who are urban residence COR [2.36, (1.39, 4.00)] were 2.36 times more likely to have PNC service than those who are rural residence. Those who are single women COR [2.18, (1.16, 4.11)] were 2.18 times more likely to have PNC service than those who are married women.

Currently divorce women were 0.30 times COR [0.30 (0.13, 0.68)] less likely to have PNC service compared with those who are currently married women. From the respondents, primary school were 0.14 times COR [0.14 (0.03, 0.69)] less likely to have PNC service compared with those who are Illiterate. Higher and above education COR [5.72 (3.05, 10.73)] were 5.72 times more likely to have PNC services than those who have Illiterate.

Concerning husband level of education, primary school were 0.01 times COR [0.01 (0.00, 0.14)] less likely to have PNC service compared with those who are Illiterate. Secondary school were 0.00 times COR [0.00 (0.00, 0.01)] less likely to have PNC service compared with those who are Illiterate. Higher and above education were 0.04 times COR [0.04 (0.00, 0.37)] less likely to have PNC service compared with those who are Illiterate. Regarding respondents occupation, Student COR [4.08 (1.82, 9.16)] were 4.08 times more likely to have PNC services than those who have house wife. Private employ were 0.03 times COR [0.03 (0.00, 0.17)] less likely to have PNC service compared with those who are house wife. Self-employ COR [8.47 (1.67, 42.83)] were 8.47 times more likely to have PNC services than those who have house wife.

Concerning sexual and reproductive history of the respondents, ANC visit, Number of PNC visits and breast feeding started with in one hour after birth were found to be significantly associated with PNC services. Respondents who had three ANC visits COR [7.46 (3.86, 14.41)] were 7.46 times more likely to have PNC services than those who have four or more ANC visits. Respondents who had two ANC visits were 0.27 times COR [0.27 (0.12, 0.61)] less likely to have PNC service compared with those who are four or more ANC visits. Respondents who had one ANC visits COR [7.42 (1.55, 35.48)] those who had four or more ANC visits were 7.42 times more likely to receive PNC services. Respondents who had two PNC visits COR [2.13 (1.15, 3.95)] was 2.13 times more likely to use PNC services than those who had three or more PNC visits. COR [7.14 (3.28, 15.55)] who had one PNC visit were 7.14 times more likely to receive PNC services than those who had three or more PNC visits. Study participants who breast feeding started with in one hour after birth were 0.02 times COR [0.02 (0.01, 0.04)] less likely to have PNC services compared with those who did not have breast feeding started with in one hour after birth. Concerning up - to-date service at the health facility, Agree were 0.15 times COR [0.15 (0.09, 0.25)] less likely to have PNC services compared with those who are strongly agree. Regarding respondents who are staff be available 24 hours were 0.23 times COR [0.23

(0.10, 0.54)] less likely to have PNC services compared with those who did not have available 24 hours.

Table 4.2.1: Bivariate analysis of factors associated with PNC services utilization in selected public health centers of Kirkos Sub-City, Addis Ababa, Ethiopia, 2021

Variable	Categories	Quality PNC service utilization		COR	95% CI	P- value
		Yes	No			
Age of respondent	15 – 19	13	6	1		
	20 – 24	99	88	0.156	(0.051, 0.479)	0.001
	25 and above	180	13	0.081	(0.043, 0.153)	0.000
Residence	Rural	249	76	1		
	Urban	43	31	2.362	(1.392, 4.007)	0.001
Marital status	Married	224	54	1		
	Single	18	31	2.189	(1.166, 4.112)	0.015
	Divorced	14	3	0.306	(0.137, 0.685)	0.004
	Widow	36	19	2.463	(0.629, 9.646)	0.196
Educational Level	Illiterate	2	12	1		
	Primary	68	37	0.143	(0.030, 0.690)	0.015
	Secondary	187	28	1.575	(0.838, 2.961)	0.158
	Higher and above	35	30	5.724	(3.052, 10.737)	0.000
Husband level of education	Illiterate	19	7	1		
	Primary	33	88	0.017	(0.002, 0.148)	0.000
	Secondary	83	11	0.002	(0.000, 0.018)	0.000
	Higher and above	157	1	0.048	(0.006, 0.379)	0.004
Occupation	House wife	243	42	1		
	Student	6	10	4.084	(1.820, 9.165)	0.001
	Gov't employ	2	41	0.424	(0.121, 1.483)	0.179
	Private employ	24	2	0.034	(0.007, 0.171)	0.000
	Self-employ	17	12	8.471	(1.675, 42.835)	0.010
ANC visit	Four and above	233	29	1		
	Three	15	50	7.461	(3.861, 14.416)	0.000
	Two	16	2	0.279	(0.127, 0.611)	0.001
	One	28	26	7.429	(1.555, 35.489)	0.012
Number of PNC visits	Three or more	157	68	1		
	Two	108	14	2.138	(1.157, 3.950)	0.015
	One	27	25	7.143	(3.280, 15.557)	0.000
Breast feeding started with in one hour after	No	13	72	1		
	Yes	279	35	0.023	(0.011, 0.045)	0.000

birth						
Up - to-date service at the health facility	Agree Strongly agree	78 214	75 32	0.156 1	(0.095, 0.253)	0.000
Staff be available 24 hours	No Yes	10 282	14 93	1 0.236	(0.101, 0.548)	0.001

Source: (own survey, 2021)

4.2.2 Multivariate analysis

In multivariate analysis some of the variables which had significant association in the bivariate analysis showed significantly associated with PNC services except for residence, marital status, educational level, up - to-date service at the health facility and staff be available 24 hours.

Study participants whose age is between 25 and above years were 0.001 times AOR [0.001 (0.000, 0.084)] less likely to have PNC service compared with those who are age group between 15 - 19 years. Concerning spouse level of education, Secondary school were 0.005 times AOR [0.00 (0.000, 0.105)] less likely to have PNC service compared with those who are Illiterate. Higher and above education were 0.040 times AOR [0.040 (0.002, 0.933)] less likely to have PNC service compared with those who are Illiterate. Respondents who had two ANC visits were 0.036 times AOR [0.036 (0.003, 0.438)] less likely to have PNC service compared with those who are four or more ANC visits. Study participants who breast feeding started with in one hour after birth were 0.001 times AOR [0.001 (0.000, 0.078)] less likely to have PNC services compared with those who did not have breast feeding started with in one hour after birth.

Table 4.6.2: Multivariate analysis of factors associated with PNC services utilization in selected public health centers of Kirkos Sub-City, Addis Ababa, Ethiopia, 2021

Variable	Categories	Quality PNC service utilization		COR	AOR	95% CI	P - value
		Yes	No				
Age of respondent	15 – 19 20 – 24 25 and above	13 99 180	6 88 13	1 0.156 0.081	1 0.122 0.001	 (0.003, 5.487) (0.000, 0.084)	 0.279 0.003
Residence	Urban Rural	249 43	76 31	1 2.362	1 0.974	 (0.254 3.729)	 0.969
Marital status	Married Single	224 18	54 31	1 2.189	1 4.108	 (0.614, 27.493)	 0.145

	Divorced	14	3	0.306	0.043	(0.001, 1.572)	0.087
	Widow	36	19	2.463	0.145	(0.000, 8.836)	0.721
Educational Level	Illiterate	2	12	1	1		
	Primary	68	37	0.143	0.064	(0.000, 69.450)	0.441
	Secondary	187	28	1.575	0.497	(0.061, 4.056)	0.514
	Higher and above	35	30	5.724	0.864	(0.075, 9.974)	0.907
Spouse level of education	Illiterate	19	7	1	1		
	Primary	33	88	0.017	0.146	(0.004, 5.940)	0.309
	Secondary	83	11	0.002	0.005	(0.000, 0.105)	0.001
	Higher and above	157	1	0.048	0.040	(0.002, 0.933)	0.045
ANC visit	Four and above	233	29	1	1		
	Three	15	50	7.461	1.996	(0.387, 10.291)	0.409
	Two	16	2	0.279	0.036	(0.003, 0.438)	0.009
	One	28	26	7.429	1.500	(0.000, 3.416)	0.936
Breast feeding started with in one hour after birth	No	13	72	1	1		
	Yes	279	35	0.023	0.001	(0.000, 0.078)	0.002
Up - to-date service at the health facility	Agree	78	75	0.156	1.359	(0.278, 6.636)	0.705
	Strongly agree	214	32	1	1		
Staff be available 24 hours	No	10	14	1	1		
	Yes	282	93	0.236	0.187	(0.000, 78.417)	0.587

Source: (own survey, 2021)

4.3 DISCUSSIONS

This is a facility-based cross-sectional study that attempted to assess the prevalence of postnatal Care (PNC) service utilization & associated socio-economic and demographic factors among women of reproductive age, in Kirkos Sub City public Health centers Addis Ababa Ethiopia.

In the current study, the prevalence of PNC service utilization was 73.2%. This is consistent with mini EDHS 2019 which is 74% in Addis Ababa (CSA and ICF, 2019). This finding was higher than study conducted in Northern and South center of Ethiopia in 2014 which was 10.2% of PNC within three days of delivery (Afework MF et al, 2014) and in Dembecha, Northwest Ethiopia, in 2015 was about 0.8% within 2-7 days of delivery (Hordofa MA et al, 2015). This may be due to study design and geographical variation. Also this prevalence was higher than study conducted in India, M. Pradesh, in 2014 which was 4.3% (Sharma A et al, 2014) & research undergone in China in 2014 which was 8% (Chen L et al, 2014). It may be due to methodological variation.

The finding of this study was lower than the study conducted in sodo zuria district, wolaita zone, south Ethiopia, 77.7% (Tilahun S, 2016), Abi- Adi Town of Tigray region in 2013 that showed 78.3% of the mothers utilized PNC service (Berhe H et al, 2013). This may be due to time difference between these studies, socioeconomic status, cultural factor and geographical location differences. Other possible explanation for these differences among studies may be governmental focuses increasing from year to year in order to reduce to maternal and neonatal deaths.

The finding of this study respondents who had two ANC visits were 0.036 times AOR [0.036 (0.003, 0.438) less likely to have PNC service compared with those who are four or more ANC visits. The study conducted Postnatal Care Service Utilization in Ethiopia: Reflecting on 20 Years of Demographic and Health Survey Data shows ANC attendance and delivery in a health facility affects PNC service utilization. The analysis found that mothers who had 1–3 ANC visits, and four or more visits as recommended by the WHO(Otundo R.M.et al, **2019**), were more likely to have PNC visits. Consistent with findings from Nigeria,Nepal and Ethiopia (Fekadu, G.A.et al,2018). That finding suggests that women are more likely to receive PNC service if they had interventions that improve access to and utilization of ANC and skilled delivery care.

The study conducted Sidama Regional State, the level of EPNC service utilization was found to be 45.5% (95% CI= 39.9–50.5). That finding was in line with previous study conducted in India (45%).19 But it was high when compared with previously reported findings from Aseko district

(23.7%), Jabitena district (20.2%), Nepal (13.5%), Ambo town (9.3%), Dembecha district (34.5%), and Loma district (7%).(Teklehaymanot A, et al,2017). It was also found to be high when compared with other findings from South Sudan (11.4%) and Kenya (38%). (Yarinbab TE and Tona WC. 2017).The possible reason for this gap could be differences in socio-demographic characteristics of the study participants and the population across the countries, as well as in variation of study period.

Different studies showed that factors affecting utilization of postnatal care services are educational level, occupational status of wives, husbands‟ occupational status, awareness of postnatal care services, attendance of antenatal care service and place of delivery were statistically significant, but in this study, only respondent's age, spouse level of education, ANC visits, and breast feeding started with in one hour after birth were showed statistical significance in the utilization of postnatal care services. In the multivariate binary logistic regression model, the factor that was significantly associated with PNC services was respondent's age. Whose age is between 25 and above years AOR [0.001 (0.000, 0.084)] was significantly associated with PNC services.

CHAPTER FIVE

Conclusion and Recommendations

5.1 Conclusion

The prevalence of PNC service utilization was (73.2%) in the study area which confirmed the major demographic, socio economic, reproductive and obstetric problems. Age, spouse level of education, ANC visit, and breast feeding starting time were significantly associated with PNC services within six weeks. Hence, creating awareness on sexual and reproductive health, increasing the accessibility of maternal health services for women are recommended to improve PNC services.

5.2 Recommendations:

The following recommendations were made based on the findings of this investigation:

MOH and other stakeholders in health development can do a better job if they:

Improve community access to information, education, and communication.

Mentoring and supervising the health centers' activities, particularly the PNC service to be provided

Develops and access an updated PNC guideline to the health facilities.

Health professionals who work at delivery ward recommended that:

Counseling and advising the mother about advantages of PNC within six week utilization

Advise the mother when and where she can get PNC within six week services before discharged from postnatal ward.

Follow an updated guideline for PNC services utilization.

Kirkos sub-city health office:

Train, inform, educate, communicate and program improvements in both public and private health facility staffs.

Kirkos sub-city health office should avail skilled and enough health personnel in each health centers.

Health extension and primary health care team worker better if:

Find the mothers who gave birth in their woreda and visiting at their home timely as

Recommended schedule by WHO.

MCH services include health education sessions for people who come to MCH services on PNC within six weeks, as well as community education at the household level.

Researchers:

It would be more beneficial if studies on this topic were undertaken using a different study design in order to discover more parameters connected with PNC usage within the first six weeks.

REFERENCES

Abel Ntambue ML, Françoise Malonga K, Dramaix-Wilmet M, Donnen P. Determinants of maternal health services utilization in urban settings of the Democratic Republic of Congo—a case study of Lubumbashi City. BMC Pregnancy Childbirth [Internet]. 2012;12:66. Available online:http://www.scopus.com/inward/record.url?eid=2s2.084866521080&partnerID=tZOtx3y1accessed date January 3, 2015.

Abota TL, TadeleAtenafu N. Postnatal care utilization and associated factors among married women in Benchi-Maji zone, Southwest Ethiopia: a community based cross-sectional study. Ethiop J Health Sci. 2018;28(3):267–7.

Adhikari C, Yadav RK, Timilshina P, Ojha R, Gaire D, Ghimire A. Proportion and factors affecting for post-natal care utilization in developing countries: a systematic review. J Manmohan Mem Inst Health Sci. 2016; 2:14–9.].

Afework MF, Admassu K, Mekonnen A, Hagos S, Asegid M, Ahmed S. Effect of an innovative community based health program on maternal health service utilization in north and south central Ethiopia: a community based cross sectional study. Reprod Health. 2014;11(1):28

Agho KE, Ezeh OK, Issaka AI, Enoma AI, Baines S, Renzaho AM. Population attributable risk estimates for factors associated with non-use of postnatal care services among women in Nigeria. BMJ open. 2016;6

Alemayeh H, Assefa H, Adama Y. Prevalence and Factors Associated with Post Natal Care Utilization in Abi - Adi Town , Tigray , Ethiopia : A Cross Sectional Study. 2014;08(01).

Anderson, R., Newman, J.F. (1973). Societal and Individual Determinants of Medical Care Utilization in the United States.Milpark Mem Fund Q Health Soc.; 51: 95-124.

Angore BN, Tufa EG, Bisetegen FS. Determinants of postnatal care utilization in urban community among women in DebreBirhan town, northern Shewa, Ethiopia. J Health PopulNutr. 2018

Berhan Y, Antenatal Care as a means of increasing birth in the health facility and reducing maternal mortality: a systematic review. Ethiop J Health Sci. 2014; 24; 93–104.

Berhe A, Bayray A, 2019 Berhe Y, Teklu A, Desta A, Araya T, et al. Determinants of postnatal care utilization in Tigray, northern Ethiopia: a community based cross-sectional study. PLoS One. 2019;14(8):e0221161

B. Darega, N. Dida, F. Tafese, and S. Ololo,"Institutional delivery and postnatal care services utilizations in AbunaGindeberet District, West Shewa, Oromiya region, Central Ethiopia: A Community-based cross sectional study 2017

Bitew, T.; Hanlon, C.; Kebede, E.; Honikman, S.; Onah, M.N.; Fekadu, A. Antenatal depressive symptoms and utilisation of delivery and postnatal care: A prospective study in rural Ethiopia. BMC Pregnancy Childbirth 2017, 17, 206.]

Belemsaga DY,.Kouanda S, Goujon A, Kiendrebeogo JA, Duysburgh E, Degomme O, et al. A review of factors associated with the utilization of healthcare services and strategies for improving postpartum care in Africa. 2016;28(2):83–105.

Bwalya B,.,Mulenga M, Mulenga J Factors associated with postnatal care for newborns in Zambia: analysis of the 2013-14 Zambia demographic and health survey. BMC Pregnancy Childbirth. 2017;17(1):418

Berhe H, Tilahun W, Aregay A, Bruh G, Gebremedhinown H. Hailerman et al.,. A Peer Rev Int Journals Pharm Allied Res. 2013;3(I):353–9.

Bobo, F.T.; Yesuf, E.A.; Woldie, M. Inequities in utilization of reproductive and maternal health services in Ethiopia. Int. J. Equity Health 2017, 16, 105

Chaka EE,et al.,2019) Abdurahman AA, Nedjat S, Majdzadeh R. Utilization and determinants of postnatal Care Services in Ethiopia: a systematic review and meta-analysis. Ethiop J Health Sci. 2019;29(1):935–44]

Chang E, Hayes D, Roberson E. "Post-Delivery Health Services Utilization Fact Sheet." Honolulu, HI: Hawai'i Department of Health, Family Health Services Division; August 2015.

Chen L, Qiong W, van Velthoven MH, Yanfeng Z, Shuyi Z, Ye L, et al. Coverage, quality of and barriers to postnatal care in rural Hebei, China: a mixed method study. BMC Pregnancy Childbirth [Internet].2014;14:31.Available

online:http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3898028&tool=pmcentrez &render type=abstract accessed date November 23, 2015.

Central Statistical Agency (CSA) [Ethiopia] and ICF. Ethiopia Demographic and Health Survey 2016. Addis Ababa and Rockville: CSA and ICF; 2016].

Duysburgh et al. Opportunities to improve postpartum care for mothers and infants: design of context-specific packages of postpartum interventions in rural districts in four sub-Saharan African countries. BMC Pregnancy Childbirth. 2015; 15:131.

Ethiopian Public Health Institute (EPHI). Ethiopia Mini Demographic and Health Survey 2019 Key Indicators. Rockville: ICF; 2019, 16

É. V. Langlois,M. Miszkurka, M. V. Zunzunegui, A. Ghaffar, D. Ziegler, and I. Karp, "Inequities in postnatal care in lowand middle-income countries: a systematic review and metaanalysis," Bulletin of the World Health Organization, vol. 93, no. 4, pp. 259–270G, 2015.

Fekadu, G.A.; Ambaw, F.; Kidanie, S.A. Facility delivery and postnatal care services use among mothers who attended four or more antenatal care visits in Ethiopia: Further analysis of the 2016 demographic and health survey. BMC Pregnancy Childbirth 2019, 19, 64

Fekadu, G.A.; Kassa, G.M.; Berhe, A.K.; Muche, A.A.; Katiso, N.A. The effect of antenatal care on use of institutional delivery service and postnatal care in Ethiopia: A systematic review and meta-analysis. *BMC Health Serv. Res.* **2018**, *18*, 577. [CrossRef]

Girum, T.; Wasie, A. Correlates of maternal mortality in developing countries: An ecological study in 82 countries. Matern. Health Neonatol. Perinatol. 2017, 3. [CrossRef] [PubMed]

Gebeyehu Workineh Y. Factors Affecting Utilization of Postnatal Care Service in Amhara Region, Jabitena District, Ethiopia. Sci J Public Heal [Internet]. 2014;2(3):169. Available online:http://www.sciencepublishinggroup.com/journal/paperinfo.aspx?journalid=251&doi=10.11648/j.sjph.20140203.15accessed date December 11, 2015.

Hordofa MA, Almaw SS, Berhanu MG, Lemiso HB. Postnatal Care Service Utilization and Associated Factors Among Women in Dembecha District, Northwest Ethiopia. 2015;3(5):686–92.

Khanal V, Adhikari M, Karkee R, Gavidia T. Factors associated with the utilization of postnatal care services among the mothers of Nepal: analysis of Nepal Demographic and Health Survey 2011. BMC Womens Health [Internet]. BMC Women's Health; 2014;14(1):19.Available online:http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3911793&tool=pmcentrez &rendertype=abstracaccessed date October 24, 2015.

Kebede B, Gebeyehu A, Andargie G. Use of previous maternal health services has a limited role in reattendance for skilled institutional delivery: cross - sectional survey in Northwest Ethiopia. Int J Womens Health. 2013;5:79–85

Lawn JE, Blencowe H, Waiswa P, Amouzou A, Mathers C, Hogan D, et al. Stillbirths: rates, risk factors, and acceleration towards 2030. Lancet. 2016; 387(10018):587–603]

Langlois É V, Miszkurka M, Zunzunegui V, Ghaffar A. Systematic reviews Inequities in postnatal care in low- and middle-income countries : a systematic review and meta-analysis. Bull World Health Organ. 2015;93(January):259–70.

Lwelamira J, Safari J, Stephen A. Utilization of Maternal Postnatal Care Services Among Women in Selected Villages of Bahi. 2015;7(4):106–11.

Mekonnen, T.; Dune, T.; Perz, J.; Ogbo, F.A. Trends and Determinants of Antenatal Care Service Use in Ethiopia between 2000 and 2016. Int. J. Environ. Res. Public Health 2019, 16, 748

McPherson R, Hodgins S. Postnatal home visitation: lessons from country programs operating at scale. Journal of global health. 2018; 8(1),

MoH. Implementation Guide for -24hours postnatal care and stay. Addis Ababa, Ethiopia: Minstry of Health, Ethiopia; 2018

Mrisho M, Obrist B, Schellenberg JA, Haws R a, Mushi AK, Mshinda H, et al. The use of antenatal and postnatal care: perspectives and experiences of women and health careproviders in rural southern Tanzania. BMC Pregnancy Childbirth. 2013;9:10.

Noor FR. Utilization of postnatal care services among rural mothers in bangladesh. 2015;(December).

Oluwaseyi SD. Determinants of Postnatal Care Non-Utilization among Women in Nigeria.2014.

Organization, WH and UNICEF, Pregnancy, Childbirth, Postpartum and Newborn Care: a Guide for Essential Practice, 2015

Otundo Richard, M. WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience in Kenya. *SSRN* **2019**, 3449460. [CrossRef]

R, Hodgins S,Postnatal home visitation: lessons from country programs operating at scale. Journal of global health. 2018;8(1)

Sitrin D, Guenther T, Murray J, Pilgrim N, Rubayet S, Ligowe R, et al. Reaching Mothers and Babies with Early Postnatal Home Visits : The Implementation Realities of Achieving High Coverage in Large-Scale Programs. 2013;8(7).

Sisay, M.M; Geremew, T.T.; Demlie, Y.W.; Alem, A.T.; Beyene, D.K.; Melak, M.F.; Gelaye, K.A.; Ayele, T.A.; Andargie, A.A. Spatial patterns and determinants of postnatal care use in Ethiopia: Findings from the 2016 demographic and health survey. BMJ Open 2019, 9, e025066..

Sharma A, Thakur P, Kasar P, Tiwari R, Sharma R. Utilization of post natal care in tribal area of Madhya Pradesh, India: A community based cross-sectional study. Int J Med Sci Public Heal [Internet]. 2014;3(10):1266.Available online:http://www.scopemed.org/?mno=163388accessed date November 4, 2015.

Singh A, Kumar A, Pranjali P. Utilization of maternal healthcare among adolescent mothers in urban India: evidence from DLHS-3. 2014;2:592.

Study a C, Peter B, Kinuthia M. Factors Affecting Utilization of Postnatal Care Services in Kenya. south Am J Public Heal. 2014;2(3):499–527.

Teklehaymanot A, Niguse D and Tesfay A. Early postnatal care service utilization and associated factors among mothers who gave birth in the last 12 months in Aseko District, Arsi Zone, South East Ethiopia in 2016. *J Women's Health Care* 2017; 6(358): 2167.

Tesfahun F, Worku W, Mazengiya F, Kifle M. Knowledge, Perception and Utilization of Postnatal Care of Mothers in Gondar Zuria District, Ethiopia: A Cross-Sectional Study. Matern Child Health J. 2014;(196):2341–51.

Tessema, G.A.; Laurence, C.O.; Melaku, Y.A.; Misganaw, A.; Woldie, S.A.; Hiruye, A.; Amare, A.T.; Lakew, Y.; Zeleke, B.M.; Deribew, A. Trends and causes of maternal mortality in Ethiopia during 1990–2013: Findings from the Global Burden of Diseases study 2013. BMC Public Health 2017, 17, 160.

Tiahun Saol ,prevalence of post natal care utilization and associated factors among postnatal mothers in sodo zuriya district,wolita zone ,south Ethiopia,2016

Vishnu Khanal MP. Determinants of Postnatal Service utilization in a Western District of Nepal: Community Based Cross Sectional Study. J Women's Heal Care. 2013;02(03).

WHO. Maternal mortality. Fact sheet; 2016. [Available from http://www.who. int/mediacentre/factsheets/fs348/en/]. Accessed November 2016.

Wudineh K, Nigusie A, Gesese S, Tesu A, Beyene F. Postnatal care service utilization and associated factors among women who gave birth in Debretabour town, North West Ethiopia: a community- based crosssectional study. BMC Pregnancy Childbirth. 2018/12/29. 2018;18(1):508

WHO. WHO Recommendations on Postnatal Care of the Mother and Newborn; World Health Organization: Geneva, Switzerland, 2015

World Health Organization. WHO recommendations on newborn health: guidelines approved by the WHO Guidelines Review Committee: World Health Organization; 2017

WHO. WHO recommendations on maternal health: guidelines approved by the WHO Guidelines Review Committee. 2017 2017

WHO. Strategies towards Ending Preventable Maternal Mortality (EPMM); World Health Organization: Geneva, Switzerland, 2015

Worku AG, Yalew AW, Afework MF. Factors affecting utilization of skilled maternal care in Northwest Ethiopia: a multilevel analysis. BMC Int Health Hum Rights. 2013;13:20.

Yarinbab TE and Tona WC. Utilization of postnatal care and its determinants in Loma District, Southwest Ethiopia: a community based cross sectional study. *Gynecol Women's Health* 2017; 9(2): 555760

Yunus A, Iqbal S, Munawar R, Zakar R, Mushtaq SK, Sadaf F, et al. Determinants of Postnatal Care Services Utilization in Pakistan- Insights from Pakiistan Demographic and Health Survey (PDHS) 2006-07. 2013;18(10):1440–7.

ANNEX

Addis Ababa University,

College of Developmental Studies, Center for population Studies

Informed consent statement

A questionnaire for the study of prevalence of PNC services and associated socio-economic and demographic factors of postnatal care within six weeks of service utilization in selected public health centers of Kirkos sub city Addis Ababa, Ethiopia, 2022.

Good morning/afternoon, my name is ---------- I am working with Yemisrach Ayalew who is completing his master's Degree in Addis Ababa University College of Developmental studies, Center for Population Studies. This study is, part of the requirements for the fulfillment of the MSc programme she is enrolled. I would like to ask you questions about some important issues in relation to PNC services.

Whatever information you provide will be kept strictly confidential and will not be shown to other individuals. Participation in this study is voluntary, If you prefer not to respond to all questions or to some of the questions it is your right and your decision will not affect in any way the services you are receiving at the health centers and you don't have to answer any question if you don't, and you can stop the interview at any time. However, I hope that you will actively participate in this survey since your views are important. The study may require 20 Minuit. So please give me only some minutes to complete my questions.

At this time, do you want to ask me anything about the survey?

May I begin the interview now? (Circle)

1 = Yes 2 = No (End the interview)

Name & Signature of interviewer: _____ Date: _____

Name & Signature of Supervisor: _____Date: _____

Annex I: English Version Questionnaire

Part 1: Socio-economic and demographic characteristics of postpartum women attending PNC clinic

Please select one of the options and place this (√) check box for general information about yourself.			
Codes	Questions	Response	Skip
101	How old are you?	1.15-19 ☐ 2.20-24 ☐ 3.25 and above ☐	
102	Residence	.....	
103	Marital status	1. Married ☐ 2. single ☐ 3. Divorced ☐ 4. Widow ☐	
104	Education Level	1. Illiterate ☐ 2. Primary education ☐ 3. Secondary education ☐ 4. Higher education and above ☐	
105	Husband's level of education	1. Illiterate ☐ 2. Primary education ☐ 3. Secondary education ☐ 4. Higher education and above ☐	
106	What is your job?	1. Housewife ☐ 2. Student ☐ 3. Government employee ☐ 4. Private work ☐ 5. Other----------	
107	What is your husband job?	1. Student ☐ 2. Government employee ☐ 3 Private work ☐ 4. Other----------	
108	What is your average monthly income?		

Part 2: Reproductive and obstetric history of the respondents

Please select one of the options and reply by placing this (√) symbol in the box			
Codes	Questions	Response	Skip
201	Reason for coming to the health facility	1 Family planning service 2. For pregnancy test 3 For prenatal care 4. For delivery 5. For postpartum services 6.Other---------	
202	Have you previously served at this health facility	1 Yes 2 No	
203	Reasons why you chose the health facility?	1.Because it has a complete supply 2.Respect for health professionals 3.Hygiene of the health facility 4. Other ----------	
204	How many times have you come for prenatal care	1. One 2. Two 3. Three 4. Four and above	
205	Where did you give birth to your child?	1.Home delivery 2.Health facility	
206	How many hours did you receive health care after giving birth at home?	1. Immediately 2. In 24 hours 3. In three days 4. Nothing	
207	Who gave you the service?	1. Doctor 2. Midwifery nurse 3. Nurse 4. HEW 5. Other ----------	
208	How many times did you come to the health facility after giving birth	1. None 2. Once 3. Twice 4. Three and more	
209	Have you been told by a health professional about postpartum complications?	1 Yes 2. No.	
210	Have you started breastfeeding within 1 hour after birth?	1 Yes 2. No.	
211	Have you told about breast feeding methods/how to feed the child by a health professional?	1 Yes 2. No.	
212	How many days after birth do you get appointment for health care?	1.3 days 2.7 – 14 days 3.45 days	

Part 3: PNC services utilization (Multiple responses).

Codes	Questions	Response	Skip
301	Have you ever heard of postpartum care at a health facility?	1. Yes 2. No	
302	Where did you heard the information?	1. From the health professional 2. From friends 3.From relatives 5. From Media 8. other _____	
303	How often should you think mothers need to go to a health facility for postpartum PNC visits?	1. Nothing 2.Once 3. Twice 4. Three and more 5.other ----------	
304	What do you think is the benefits of postpartum services?	1.To prevent maternal and child health problems related to childbirth 2. To get advice on the importance c childhood immunizations 3. To get services around family planning 4. Others ……	
305	Do you know about any health problems that may occur in the 42 days after the birth?	1. Yes 2. No	
306	Did you gain quality PNC services after child birth?	Yes No	
307	Why do you visit the health facility after giving birth?	1 Because I felt pain 2. Because my baby is get sick 3. For Vaccination of the baby 4. For family planning 5. I know that postpartum monitoring is important for me and my baby 6 Others ---------	
308	Which type of postpartum cares service have you received?	1. Prevent bleeding. 2. For Postpartum depression Counseling Service 3 Breast feeding practice 4 Family Planning Services 5 Advice on child care 6 Other --------.	
309	Have you ever been to a health facility within six weeks of you delivery?	1. Yes 2. No	
310	What are the probable barriers to visit health facility for postnatal care?	1. Lack of awareness 2. Lack of finance 3. Lack of transportation	

		4. Culture / It is not allowed to leave the house at this time ☐ Others …….	
311	What is the difficulty of coming to a health facility for postpartum care?	1. The distance to the health facility is very far ☐ 2. Excess waiting time for service ☐ 3. Mistreatment by health professionals ☐ 4.Cultural belief ☐ 4. Other ----------	

Part 4: Satisfaction level of the health facility and health care provider's in postnatal care service utilization

Codes	Question	Strongly agree (5)	Agree (4)	Do not know (3)	Do not agree (2)	Strongly disagree(1)
401	I am satisfied with the health professionals and the service I received					
402	I have received specialist services when needed					
403	I have found up-to-date service at the health facility					
404	The health facility and maternity ward are clean and separate from other health services for this purpose					
405	The health facility has requested my permission for all procedures performed					
406	My privacy is respected at the health facility					
407	I trust the health professionals keep my health issues a secret					
408	The staff at the health center treat patients equally/fairly					
409	The health professionals at the health center explain to me in the way I can understand					

Part 4: Health care provider's factors of the respondents

Codes	Question	Response	Skip
601	Will staff be available 24 hours a day?	1 yes ☐ 2 no ☐	
602	Facility received external supervision in the last quarter	1 yes ☐ 2 no ☐	
603	Facility management committee meeting about maternal care	1.Never ☐ 2. Sometimes ☐ 3.Regularly/monthly ☐	
604	Is there System for collecting mother's opinion about service	1 yes ☐ 2 no ☐	
605	Quality assurance activities officially recorded in past year	1 yes ☐ 2 no ☐	

Guide for in- depth Interview/focus group discussion with currently postpartum women

Qualitative part

Greetings ….I am currently doing a research to assess prevalence of PNC services and associated socio-economic and demographic factors of postnatal care within six weeks of service utilization in selected public health centers of Kirkos sub city to fulfill the requirement for masters in Population study. I am here to interview you on some issues which enable us to support the quantitative findings of the study from. Your response to this interview will remain confidential.

Are you willing to participate in this study?

1. Yes (continue interviewing)

2. No (say thank you)

Area of Interview: ----------

Age: ---------- Years

Date of interview/in-depth _____/_____/_____

Name of interviewer: ----------

Thank you for your participation in the interview and group discussion.

In-depth interview

Does the health facility has the necessary equipment for medical treatment & is there any payment?

Why do you not make an appointment for mothers after giving birth according to the World Health Organization standard?

Focus group discussion

Have you ever heard of postpartum care at a health facility and utilize the service?

How long does it take you to travel from home to health institution?

What is the difficulty of coming to a health facility for postpartum care?

የአማርኛው ቨርዥን ስምምነት ወረቀት

በምርምር ቃለ መጠይቅ ውስጥ ለመሳተፍ ፈቃድ

በአዲስ አበባ ዩኒቨርስቲ የሀገር ልማት ኮሌጅ የህዝብ ጥናት ክፍል (የስነ ተዋልዶ ጤና) ተማሪ የሆኑት የምስራች አያሌው በሚመራው የምርምር ፕሮጀክት ውስጥ ለመሳተፍ እስማማለሁ የዚህ ሰነድ ዓላማ በቃለ መጠይቅ በፕሮጀክቱ ውስጥ የምሳተፍበትን ውል ለማድረግ ነው፡፡

1. ስለጥናቱ በቂ መረጃ ተሰጥቶኛል፤ በዚህ ፕሮጀክት ውስጥ የተሳተፍኩበት ዓላማ በግልፅ ተብራርቶልኛል

2. በዚህ ፕሮጀክት ውስጥ ለቃለ-መጠይቅ የተሳተፍኩት በፈቃደኝነት ነው፤ በቃለ ምልልሱ እንድሳተፍ የተደረገብኝ ግፊት የለም፡፡

3. ተሳትፎው ከአዲስ አበባ ዩኒቨርስቲ በተመራማሪዋ ወይም በተወካይ ቃለ መጠይቅ ማድረግን ያካትታል ቃለ መጠይቁ በግምት 15 ደቂቃዎችን ይወስዳል፤ በቃለ መጠይቁ ወቅት ተመራማሪው በጽሑፍ ማስታወሻ እንዲወስድ እንዲሁም ቃለ-መጠይቁን በድምጽ፤ በቪዲዮና ቴፕ እንዲቀረፅ ፈቅጃለሁ፡፡ ቃለ መጠይቁ እንዲቀርጽ ካልፈለግኩ በማንኛውም ጊዜ ከተሳትፎው እንድወጣ ይፈቀድልኛል፡፡

4. ማንኛውንም ጥያቄዎች ላለመመለስ መብት አለኝ በቃለ-መጠይቁ ወቅት በምንም መንገድምኞት የማይሰማኝ ከሆነ ከቃለ መጠይቁ የመውጣት መብት አለኝ፡፡

5. እኔ ካልፈለግሁ ተመራማሪው ከዚህ ቃለ መጠይቅ የተገኘውን መረጃ በመጠቀም በምንም ዓይነት ዘገባዎች በስሜ እንደማይገልፁኝ እና በዚህ ጥናት ውስጥ ተሳታፊ መሆኔ ምስጢራዊነቱ የተጠበቀ እንደሆነ ዋስትና ተሰጥቶኛል፡፡

6. የዚህን ቅጽ ነጥቦችን እና መግለጫዎችን አንብቤ ተረድቻለሁ፡፡ ለጥያቄዎቼ ሁሉ መልስ ተሰጥቶኛል እናም በዚህ ጥናት ውስጥ ለመሳተፍ በፈቃደኝነት ተስማምቻለሁ፡፡

7. በቃለ-መጠይቁ አቅራቢየ ተፈረመ የዚህ ስምምነት ቅጽ ቅጅ ተሰጥቶኛል፡፡

_____	_____
የተሳታፊዎች ፊርማ	**ቀን**
_____	_____
የተመራማሪ ፊርማ	**ቀን**

ክፍል I: ማህበራዊና ስነ ህዝባዊ መረጃዎች

ኮድ	ጥያቄ	መልስ	እለፍ
101	ዕድሜዎ ስንት ነው	1.15-24 ☐ 2.25-29 ☐ 3.30-49 ☐	
102	የመኖሪያ አድራሻ		
103	የጋብቻ ሁኔታ	1. ያገባ ☐ 2. ያላገባ ☐ 3. የተፋታ ☐ 4. መበለት ☐	
104	የትምህርት ደረጃ	1. ምንም ያልተማሩ ☐ 2.የመጀመሪያ ደረጃ ትምህርት ☐ 3.ሁለተኛ ደረጃ ትምህርት ☐ 4.የከፍተኛ ትምህርት እና ከዚያ በላይ ☐	
105	የባል የትምህርት ደረጃ	1. ምንም ያልተማሩ ☐ 2.የመጀመሪያ ደረጃ ትምህርት ☐ 3.ሁለተኛ ደረጃ ትምህርት ☐ 4.የከፍተኛ ትምህርት እና ከዚያ በላይ ☐	
106	ሥራዎ	1. የቤት እመቤት ☐ 2. ተማሪ ☐ 3. የመንግስት ሰራተኛ ☐ 4. የግል ስራ ☐ 5. ሌላ ----------	
107	የባል ሥራ	1. ተማሪ ☐ 2. የመንግስት ሰራተኛ ☐ 3 የግል ስራ ☐ 4. ሌላ ----------	
108	በወር ገቢዎ ስንት ነው?		

ክፍል 2: የስነ ተዋልዶ ታሪክ

ኮድ	ጥያቄ	መልስ	እለፍ
201	ወደ ጤና ተቋሙ የመጡበት ምክንያት	1.ለቤተሰብ ዕቅድ አገልግሎት ☐ 2. ለእርግዝና ምርመራ ☐ 3 ለቅድመ ወሊድ ክትትል ☐ 4.ለወሊድ ☐ 5. ለድህረ ወሊድ አገልግሎት ☐ 6. ለሌላ ----------	
202	ከዚህ በፊት በጤና ተቋሙ ተገልግለዋል	1.አዎ ☐ 2. አይ ☐	
203	ጤና ተቋሙን የመረጡበት ምክንያት	1.የተሟላ አቅርቦት ስላለው ☐ 2.የጤና ባለሙያዎቹ አክብሮት ☐ 3.የጤና ተቋሙ ንፅህና ☐ 4.ሌላ ----------	
204	ለእርግዝና ክትትል ስንት ግዜ መጥተዋል?	1. አንድ ☐ 2. ሁለት ☐ 3. ሶስት ☐ 4. አራት ☐	
205	ልጅዎን የወለዱት የት ነው?	1.በቤት ውስጥ☐ 2.በጤና ተቋም ☐	
206	በቤት ውስጥ ከወለዱ በስንት ሰዓት ውስጥ የጤና ባለሙያ ክትትል አገኙ?	1.ወዲያው ☐ 2.በ24 ሰዓት ውስጥ ☐ 3.በሶስት ቀን ውስጥ ☐ 4.ምንም ☐	
207	አገልግሎቱን በምን አይነት ባለሙያ አገኙ?	1. ዶክተር ☐ 2. አዋላጅ ነርስ ☐ 3. ነርስ ☐ 4. HEW ☐ 5. ሌላ ----------	
208	ከወለዱ በኋላ ስንት ግዜ ወደ ጤና ተቋሙ መጥተዋል?	ምንም ☐ አንዴ ☐ ሁለቴ ☐ 4.ሶስቴና ከዛ በላይ ☐	
209	ከወለዱ በኋላ ከወሊድ በኋላ ስለሚከሰቱ ችግሮች በጤና ባለሙያ ተነግሮዎታል?	1.አዎ ☐ 2. አይ ☐	
210	ከወለዱ በኋላ በአንድ ሰዓት ውስጥ ጡት አጥብተዋል?	1.አዎ ☐ 2. አይ ☐	
211	ከወለዱ በኋላ የጡት ማጥባት ዘዴ በጤና ባለሙያ ተነግሮዎታል?	1.አዎ ☐ 2. አይ ☐	
212	ከወለዱ በኋላ ለጤና ክትትል በስንት ቀን እንዲመለሱ ተቀጠሩ ?	1.በ 3 ቀን 2.ከ 7 — 14 ቀን	

		3.በ 45 ቀን	

ክፍል 3: በድኅረ ወሊድ አገልግሎት ዙሪያ የእናቶች እውቀት

ኮድ	ጥያቄ	መልስ	እለፍ
301	በጤና ተቋም ውስጥ ከወሊድ በኋላ የህክምና እንክብካቤ አገልግሎት እንዳለ ሰምተው ያውቃሉ	1. አዎ ☐ 2. አይ ☐	
302	መረጃውን ከየት ነው የሰሙት?	1. ከጤና ባለሙያው ☐ 2. ከጓደኞች ☐ 3. ከዘመዶች ☐ 4. ከጎረቤት ☐ 5..ከመገናኛ ብዙሃን ☐ 8. ሌላ _____	
303	እናቶች ከወሊድ በኋላ ለሚሰጥ እንክብካቤ ምን ያህል ጊዜ ወደ ጤና ተቋም መሄድ አለባቸው?	1.ምንም ☐ 2.አንዴ ☐ 3.ሁለቴ ☐ 4.ሶስቴና ከዛ በላይ ☐ 5.ሌላ ----------	
304	የድኅረ ወሊድ (ከወሊድ በኋላ) የሚሰጥ አገልግሎት ጥቅሞች ምንድ ናቸው?	1.ከወሊድ ጋር የተዛመደ የእናትንና የህፃኑን የጤናችግር ለመከላከል ☐ 2.በህፃናት ክትባት አስፈላጊነት ላይ ምክር ለማግኘት ☐ 3.በቤተሰብ ዕቅድ ዙሪያ አገልግሎት ለማግኘት ☐ 4.ሌላ.....	
305	ከወሊድ በኋላ ባሉት ቀናት ውስጥ ሊከሰቱ ስለሚችሉ የጤና ችግሮች ያውቃሉ	1. አዎ ☐ 2. አይ ☐	
306	ከወለዱ በኋላ ወደ ጤና ተቋም የመጡበት ምክንያት	1 ህመም ስለሚሰማኝ ☐ 2. ልጄ ስለታመመ ☐ 3. ለሕፃኑ ክትባት ☐ 4. ለቤተሰብ ዕቅድ ☐ 5.ከወሊድ በኋላ ክትትል ለእኔ እና ለህፃኑ ጤና አስፈላጊ እንደሆነ አውቃለሁ 6. ሌሎች☐-------	
307	ከወለዱ በኋላ የትኛውን አገልግሎት አግኝተዋል ?	1.የደም መፍሰስን መከላከል .☐ 2.ከወሊድ በኋላ ስለሚያጋጥም መደበኛ የምክር አገልግሎት 3 ጡት ማጥባት☐ ☐ 4 የቤተሰብ ምጣኔ አገልግሎት ☐ 5 ስለ ህጻኑ እንክብካቤ ምክር ☐ 6 ሌላ --------	
308	ከዚህ ቀደም በወለዱ ግዜ በስድስት ሳምንታት ውስጥ ወደ	1. አዎ ☐	

	ጤና ተቋም ሄደው ያውቃሉ?	2. የለም ☐	
309	ከወለዱ በኋላ ለክትትል ወደ ጤና ተቋም እንዳይሄዱ የሚያደርጉዎት ችግሮች ምንድን ናቸው	1. የግንዛቤ እጥረት ☐ 2. የገንዘብ እጥረት ☐ 3. የትራንስፖርት እጥረት ☐ 4.ባህል/በዚህ ጊዜ ከቤት መውጣት ስለማይፈቀድ	
310	ከወለዱ በኋላ ለክትትል ወደ ጤና ተቋም መምጣት ያለው ችግር	1.ወደ ጤና ተቋሙ የሚወስደው ርቀት በጣም ረጅም ነው ☐ 2.አገልግሎት ለማግኘት የጥበቃ ጊዜ ብዙ መሆኑ ☐ 3.የጤና ባለሙያዎች አክብሮት ጥሩ አለመሆን 4.ሌላ ----------	

ክፍል 4: ለእናቶች ጤና አገልግሎት የሚሰጡ ጤና ተቋማት እና ለጤና ባለሙያዎች ያለዎትን አመለካከት ለመለካት የሚያገለግል መጠይቅ

ተ.ቁ	ጥያቄ	በጣም እስማማለሁ 5	እስማማለሁ 4	አላውቅም 3	አልስማማም 2	በጣም አልስማማም 1
501	በጤና ባለሙያዎቹ እና ባገኘሁት አገልግሎት ረክቻለሁ፡፡					
502	አስፈላጊ ሆኖ ሲገኝ የልዩ ባለሙያ አገልግሎቶችን አግኝቻለሁ					
503	በጤና ተቋሙ በዘመናዊ አሰራር የታገዘ ቀልጣፋ አገልግሎት አግኝቻለሁ					
504	የጤና ተቋሙ እና የማዋለጃ ክፍሉ ንፁህ እና ለዚሁ አገልግሎት ከሌሎች የጤና አገልግሎቶች የተለየ ነው					
505	ለተከናወኑ ሁሉም ሂደቶች ጤና ተቋሙ የእኔን ፈቃድ ጠይቋል					
506	በጤና ተቋም ውስጥ የእኔ ግላዊነት ተከብሯል					
507	በጤና ተቋሙ ውስጥ ያሉ ሰራተኞች የጤና ምስጢሬን በምስጢር ይይዙልኛል ብዬ አምናለሁ					
508	በጤና ተቋሙ ውስጥ ያሉ ሰራተኞች ህመምተኞችን በእኩልነት ይመለከታሉ					
509	በጤና ተቋሙ ውስጥ ያሉ የጤና ባለሙያዎች ስለጤና ሁኔታዬ በግልፅ ያስረዱኛል					

ክፍል 5፡ አገልግሎት የሚሰጡ የጤና ባለሙያ ሰራተኞች የስራ ሰአት

ኮድ	ጥያቄ	መልስ	እለፍ
601	የጤና ተቋሙ ሠራተኞች 24 ሰዓት ይገኛሉ?	1 አዎ ☐ 2 አይ ☐	
602	የእናቶች እንክብካቤን በተመለከተ የጤና ተቋሙ አስተዳደር/ኮሚቴ ስንት ግዜ ስብሰባ ያደርጋል?	1.መቼም ☐ 2. አንዳንድ ጊዜ ☐ 3. በመደበኛነት / በወር ☐	
603	ተቋሙ ባለፈው ሩብ ዓመት ውስጥ የጥራት ቁጥጥር ተደርጎለታል?	1.አዎ ☐ 2.አይ ☐	
604	ስለ አገልግሎት የእናቶችን አስተያየት ለመሰብሰብ የሚያስችል ስርዓት አለ?	1.አዎ ☐ 2.አይ ☐	
605	ተቋሙ ባለፈው ዓመት በይፋ የተመዘገቡ የጥራት ማረጋገጫ ተግባራት አሉት?	1 አዎ ☐ 2 አይ ☐	

እናመሰግናለን !!!!