MAKERERE UNIVERSITY

QUALITY OF POST NATAL CARE SERVICES PROVIDED TO MOTHERS LIVING WITH HIV AT MULAGO HOSPITAL, KAMPALA, UGANDA

By

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REGIONAL CENTRE FOR QUALITY OF HEALTH CARE, SCHOOL OF PUBLIC HEALTH, MAKERERE UNIVERSITY

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DECLARATION

I Basemera Jacqueline do hereby declare that the research report presented is original and has not been published or submitted for any award or examination to any other University or Institution and that all sources I have used have been acknowledged.

Signed

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APPROVAL

This Research report has been submitted for examination with the approval of the supervisor.

Signed ........................................... Date........................................

Dr. Nathan Tumwesigye, Supervisor
DEDICATION

To my brother Davis M. G. Nyakaana (RIP) who taught me the meaning of strength.
ACKNOWLEDGEMENT

I am deeply indebted to Dr. Nathan Tumwesigye and Dr. Gakenia Wamuyu Maina for their close supervision, and graciousness in providing me with guidance on various aspects of this study. I can not forget to acknowledge the input of all the mothers who participated in this study; they not only helped produce this work, but also broadened my knowledge in aspects pertaining to quality of health care.

Special thanks go to the staff of Mulago Hospital, Department of Obstetrics and Gyneacology for allowing me to access the patient wards, guiding me and making it easy to collect data from their clients.

I am most grateful to my family, especially my Dad, Mr. J. M. Nyakaana for the moral and financial support towards my education up to this level. Thank you Dad, I will forever be indebted to you.
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<td>HIV</td>
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ABSTRACT

The purpose of this study was to assess the quality of postnatal care services provided to mothers living with HIV at Mulago Hospital. The objectives of the study were; to assess the perception of HIV+ mothers on accessibility to PNC services, to establish whether mothers living with HIV were satisfied with the PNC services and to determine the effectiveness of PNC services provided to mothers living with HIV at Mulago hospital.

The study used a descriptive study design with a quantitative and qualitative approach and it was carried in the Department of Obstetrics and Gynaecology (Wards 5A, 5B and 11). The study population included HIV infected mothers who had given birth at Mulago and were still admitted for observance of the child and the mother before discharge. Through purposive sampling a sample size of 341 women was selected but finally, 331 HIV infected mothers participated in the study. Data was collected using the questionnaires.

Tables and charts were used to present the data and a simple chi-square test was used to assess association between the independent variables and the dependant variables.

The study findings show that majority of mothers living with HIV received the required attention, were easily seen or attended to by the health provider and the services received by the mothers at Mulago Hospital were satisfactory.

The findings of the study further indicate that outreaches as a means of bringing the services nearer to the clients and for making service delivery effective was not emphasized while providing PNC services to mothers living with HIV. It was also found out that there was no relationship between age of an HIV infected mother, her parity and access to PNC services. The study revealed that there was no significant relationship between the age of a woman, parity and her satisfaction with the PNC services provided to HIV positive mothers in Mulago hospital.

It is recommended that the required health providers be recruited since there were complaints of delays in service delivery due big numbers of mothers giving birth indicating that there was a big patient-doctor ratio. It is further recommended that outreaches as a way of taking services closer to the people should be emphasized and resources to implement it should be planned for.
CHAPTER ONE
INTRODUCTION AND BACKGROUND

1.0 Introduction

Most maternal and newborn deaths, worldwide, occur very soon after delivery with over 60 percent of maternal deaths occur in the first 48 hours after childbirth (WHO, 2005). For many women in Eastern and Southern Africa, the postnatal period is a time of increased susceptibility to Human Immunodeficiency Virus (HIV) infection and sexually transmitted infections - STIs (McIntyre, 2005). For this study, Post Natal Care (PNC) refers to the health care given to mother and baby right from child birth up to 6 weeks after. The timing of PNC visits to a health care facility should be: 24 hours after delivery, one week after delivery and six weeks after delivery (WHO, 2006). For this study, focus will be on the early postnatal period (one week after delivery).

There is increasing evidence that maternal deaths related to HIV infection are rising (Gray and McIntyre 2005; Lewis 2004). The World Health Organisation (WHO) notes that the post partum phase is a very precarious one that needs assessment of the mother and the baby for complications associated with child birth. Care should begin with in 24 hours since most deaths occur within this period. The optimum and timing of postnatal care visits, especially in resource limited settings, should at least be three to four visits. In developing countries, home visits are strongly recommended because of financial, geographical and cultural barriers that limit care outside the home. Early PNC visits are crucial, not only because most deaths occur in the first week, but this is also the key time to promote health behaviour. In addition, long term disability and poor development often originate from child birth and in the postnatal period (WHO 2006).

1.1 Background to the study

Every year, four million infants die with in the first month of life. More than 500,000 women die each year as a result of complications from pregnancy and child birth. Both mothers and newborns are very vulnerable during the postnatal period, especially the first 24 hours. Two-thirds of newborn deaths will have occurred by end of first week; similarly the same proportion of all maternal deaths occurs in the postnatal period. The immediate cause of maternal death is absence, inadequacy or under utilisation of health care system (Sines et al., 2007).

Quality of healthcare consists of proper performance according to standards of interventions that are known to be safe, that are affordable to the populations in question and that have the ability to
produce an impact on mortality, morbidity, disability and malnutrition. The quality of healthcare can alternatively be defined as all health care that is timely, safe, effective, efficient, equitable and patient centred. (WHO, 1989; Roemer & Montaya 1988).

The Uganda Ministry of Health objectives for PNC services include: to maintain physical and psychological well-being of the mother and baby; to detect or screen for complications of mother and baby; congenital abnormalities of the baby and manage them or refer; to provide health education on nutrition, infant feeding, immunisation, family planning, hygiene, STD/ HIV prevention and when to resume sexual intercourse; to promote couple dialogue, partner notification and responsible fatherhood; to link mothers and newborns to relevant support groups, community services and referral; general examination and treatment of mothers according to national guidelines with special attention to the state of involution of the uterus; provision of family planning services to the couple i.e. the mother and father (dual protection); screening for cervical and breast cancer; health education and counselling; general examination of the baby; growth monitoring and immunisation: treatment or referral of infants according to national guidelines: prevention and treatment of opportunistic infections for People Living with HIV/AIDS (PLWHA); cotrimoxazole prophylaxis for babies born to HIV infected mothers; HIV testing the babies born to HIV infected mothers and promoting mother support groups (Uganda MOH, 2006).

The early identification of postnatal complications for both mother and baby can reduce maternal and newborn morbidity and mortality. However few African countries, including Uganda, have mechanisms in place to ensure that both women and their infants are assessed during the postpartum period. Statistics from Mulago, Nsambya, Old Kampala, Rubaga, Mengo hospitals in Uganda for the period 1980-1986 show that HIV-related complications were responsible for 11% of the maternal deaths during the PNC period. Further more HIV/AIDS, maternal and prenatal conditions are among the diseases that are responsible for the largest proportions of morbidity and mortality in Uganda (MOH report on Post Natal Care, 2008). This is mainly because of poor health care service delivery infrastructure, inadequate trained health workers, and inadequate access to medications in general, and antiretroviral drugs in particular, very little access to good health care for women both before and after birth, limited HIV counseling and testing and high stigma and discrimination against HIV infected women. Even though efforts have been made to restore functional capacity of the health sector, and therefore improve the quality of services, over the years, resource constraints and increasing demand for services due to population growth and effects of HIV/AIDS have continued to cloud the efforts (MOH Uganda, 2001/2002).
It is therefore against this background that the present study was carried out, focusing on mothers’ perception of access to PNC services; attitude of post natal care service providers towards HIV infected mothers; mothers’ satisfaction with PNC services and effectiveness of PNC services/standards, as factors that influence the quality of PNC services for HIV infected mothers cared for at Mulago National Referral Hospital.
CHAPTER TWO
REVIEW OF LITERATURE

2.1 Quality of health care service:

Quality of healthcare consists of proper performance according to standards of interventions that are known to be safe, that are affordable to the populations in question and that have the ability to produce an impact on mortality, morbidity, disability and malnutrition. The quality of healthcare can alternatively be defined as all health care that is timely, safe, effective, efficient, equitable and patient centred. (WHO, 1989; Roemer & Montaya 1988). Quality of health care has the following dimensions among others;

Access to services, interpersonal relations, continuity of services, effectiveness of services, physical infrastructure and comfort, choice of services etc. While looking at quality of health care, its imperative to consider its determinants which include the following among others: performance according to standards, meeting the client’s reasonable expectations and doing the right things right.

The quality of health care services is emphasized if there is to be a healthy population. This can be through availability of preventive and curative care services. Many of the deaths in developing countries like Uganda are as a result of causes that would have been averted if quality health care services are in place. Countries like Uganda where 435 mothers die per 100,000 live births due to pregnancy related complications (UBOS 2006) explains this as the problem of lack of quality health care services. In case there was quality of ANC and PNC, a quarter of these deaths would have been averted (UBOS, 2006).

2.2 Quality of post-natal services in Uganda

Severe bleeding, eclampsia, unsafe abortions, obstructed labour, malaria and HIV/AIDS have continuously led to maternal deaths due to the scarcity of maternal health services and skilled health personnel in most parts of the country. The other contributing factors include high rates of fertility (6.7 births per woman); poor access to quality maternal and neonatal care; and limited capacity of health facilities to manage abortion/miscarriage complications. The apparent lack of specially designed PNC services or programmes for HIV infected women is attributed to inadequate human resources in the majority of health centres and thus most public health care systems face serious logistical problems and inadequate personnel which compromise the quality of work. This is leads
to delays of getting treatment to HIV infected mothers who seek PNC services in these health care facilities (Nyanugasira, 1996).

2.3 Mothers’ perception on access to PNC services

In a study by Mrisho et al (2009) in Tanzania, it was found out that less was known about the utilization of postnatal care. This study was aimed at describing the perspectives and experiences of women and health care providers on the use of antenatal and postnatal care services. Through in-depth interviews and focus group discussions, it was established that lack of money, shortages of staff, equipment and supplies were common complaints in the community. This may mean that efforts to improve postnatal care should focus on addressing geographical and economic access while striving to make services more culturally sensitive. Cleary, et al (2003) on the other hand noted that postnatal care can offer important opportunities by addressing staff shortages through expanding training opportunities and incentives to health care providers and developing postnatal care guidelines.

Enas Dhaher et al (2008) observed that although the majority of women considered postnatal care necessary, a number of women did not obtain postnatal care. The most frequent reason for not obtaining postnatal care was that women did not feel sick and therefore did not need postnatal care, followed by not having been told by their health care service provider to come back for postnatal care. This was besides the fact that there was availability of postnatal care services in their hospitals. Whether this is the same with HIV infected mothers who deliver in Mulago hospital will be established by this study.

According to Alfredo & MTKTMA (2006), seven out of ten women in Palestine do not receive any postpartum care. Low utilization of postnatal care has been related to women's lack of knowledge about its importance, their lack of perceived need (especially if they are feeling well), their low level of education, poverty, lack of access to health care facilities that provide postnatal care, lack of appointments or recommendations from health care providers to obtain postnatal care, poor attitudes of the health care providers, or women's tendency to give priority to the health needs of their infants rather than their own (Bryant et al 2006).

Ronmans et al (1997) noted that although the vast majority of women in Palestine delivered in hospitals or health institutions such as private doctor clinics or maternity homes, the average postpartum stay in hospitals was only 24 hours. As a result, women need to obtain postnatal care in community health clinics. According to Sulochana et al (2008) in Nepal, all women were asked to
give their opinion on barriers to access to postnatal care in their community. The main barriers mentioned include a lack of awareness or no perceived need for postnatal care by women and their families (47%), distance to health facility (39%) and lack of transportation or good roads (23%), lack of money (17%), and lack of skilled health workers in the community (14%). Whether this is due to access problems, lack of satisfaction with the services being offered or ineffectiveness of the services at Mulago hospital needs to be investigated.

2.4 Mothers’ satisfaction with PNC services
The interaction between clients and health care facilities determines the clients’ perception of a quality service. Around the world women describe health workers as unkind, rude, brusque and unsympathetic (WHO report, 1997). In Tanzania, 21% of the women who delivered at home described health care staff as “unkind” and the reason that influenced their stay at home. Godin et al (2008) observed in their study that women were not happy with the shorter stay at the hospital, specifically being discharged within 12 hours after giving birth. The same was noted by Williams et al (1996) who noted in their study that women had concerns about any shorter length of hospital stay, especially for first time mothers. Women were concerned about the safety and wellbeing of their new baby and reported that they lacked confidence in their ability to care for their baby. The physical presence and availability of professional support was seen to alleviate these concerns, especially for first time mothers. The study noted that the mothers did not believe that increased domiciliary visits could compensate for foregoing the perceived security and value of staying in hospital, and that women generally valued staying in hospital for the length of time they felt they needed, above all other factors.

Bryant et al (2006) also observed that women were concerned about shortened postnatal length of hospital stay and these concerns must be considered when changes are planned in maternity service provision. The same view was held by (Forster et al, 2008) in his study in Australia when he noted that women in the early postnatal period have fears and anxieties about their competence as new mothers and their ability to care for the new baby meaning that new mothers have fears regarding their parenting role, and therefore care providers should be sensitive to the needs of individuals when planning postnatal services. Any moves towards shorter postnatal length of stay must be comprehensively evaluated with consideration given to exploring consumer views and satisfaction. There is also a need for flexibility in postnatal care that acknowledges women's individual needs. Such factors may mean that client satisfaction with the services offered deserves. It is not known whether or not the same applies for Mulago hospital.
A hospital may be soundly organized, beautifully situated and well equipped but if the nursing care is not of high quality, the hospital will fail in its responsibility. The health providers have a duty and responsibility of providing care to their clients. The health care system needs to be organized around population rather than diagnostic categories (AbouZahr, 1997). The health providers need to function co-operatively with other human processes that make health possible for individuals in communities. According to Butchart et al (1999), the attitude of health providers affects health seeking behaviour of the mothers as regards to PNC services. He observed that mothers who had given birth under the supervision of harsh health workers were unlikely to go back for subsequent postnatal care services and wanted to be discharged within six hours after delivery. This means that when health providers are harsh, this discourages the mothers from wanting to stay in a hospital after delivery which may lead to postpartum death and disability for both the baby and the mother. This study was however conducted in a developed country but the same could be happening in Mulago hospital and hence the study.

Glazener et al (2007) in a study in India found out that highest satisfaction as expressed by the mothers were Comfort and Safety (89%), Treatment (88%). These were ranked as first and second, followed by Psychological Support (78%) and Diet (70%) which were ranked as third and fourth. Various procedures (69%) and Reception in the Ward (68%) were ranked as fifth and sixth. Postnatal Care areas of least satisfaction were Hygiene (58%), Care of Newborn (51%), Health Teaching (47%) which were ranked as seventh, eighth and ninth respectively. Overall, the study found out that only 10% of mothers were satisfied with the care received. To keep a balance in this changing scenario, nurses must provide quality care in their work setting by utilizing the resources, manpower and time, to make the patient satisfied.

2.5 Mother’s perception of the effectiveness of the PNC services in hospitals

Effectiveness of the PNC services can be looked from the perspective of the service provider and the recipient. This study looks at the recipients perspective on effectiveness of the PNC services provided at Mulago Hospital and the following were measured among others; continuity, health education, informed decision making, service according to individual health needs among others.

The effectiveness of postnatal care is a concern to many mothers giving birth in both their homes and health facilities (Lonstein, 2007). For postnatal to be effective, it has to be near the mothers especially taking place from their homes, the mother and the baby should be able to receive the whole package of postnatal care including immunization, breastfeeding education, family planning, regular examination of any infections among others (Waldenstrom, 2007).
Lonstein (2007) observed that for effective postnatal care to take place, each postnatal contact should be provided in accordance with the principles of individualized care. This means that postnatal services should be planned locally to achieve the most efficient and effective service for women and their babies, a coordinating healthcare professional should be identified for each woman. Based on the changing needs of the woman and baby, a documented, individualized postnatal care plan should be developed with the woman, ideally in the antenatal period or as soon as possible after birth, women must be offered an opportunity to talk about their birth experiences and to ask questions about the care they received during labour. He also argued that women should be offered relevant and timely information to enable them to promote their own and their babies’ health and well-being and to recognize and respond to problems and that at each postnatal contact the healthcare professional should:

- Ask the woman about her health and well-being and that of her baby. This should include asking women about their experience of common physical health problems. Any symptoms reported by the woman or identified through clinical observations should be assessed.

- Offer consistent information and clear explanations to empower the woman to take care of her own health and that of her baby, and to recognize symptoms that may require discussion.

- Encourage the woman and her family to report any concerns in relation to their physical, social, mental or emotional health, discuss issues, and ask questions.

- Document in the care plan any specific problems and follow-up.

In a study by Waldenström et al (2006), however, mothers expressed concern over the way postnatal care services were being provided. Lawn and Kerber (2006) observed that few African countries have mechanisms in place to ensure that both women and their infants are assessed during the postpartum period. Evidence suggests that there are some "crucial" moments when contact with the formal health system during the postpartum period by skilled attendants could be instrumental in identifying and responding to needs and complications after childbirth: the first few hours after birth (whether at home or in a health facility), between three to seven days, and at six weeks.
Myer et al (2005) observed that postpartum care for new HIV infected mothers remains weak and is focused primarily on caring for their infant, with little attention being paid to the mothers’ health or to risky behaviors following delivery and this puts mothers and babies at the risk of death and disability meaning that postnatal care services received are not effective. Mwifadhi et al (2009) observed that postnatal services are perceived to be both important and routinely provided. However, unless there is a serious issue related to maternal complications, these services target the child, and little attention is paid to the mother.

Mwifadhi et al (2009) through Focused Group Discussions (FGDs) and in-depth interviews with women found out that staff shortages, lack of equipment and supplies and wastage of time at the clinic were the complaints that affected postnatal care. Women mentioned that most rural health facilities had a shortage of skilled health providers. Women perceived that because of this staff shortage, they spend a lot of time during each PNC visit.
CHAPTER THREE
PROBLEM STATEMENT, STUDY JUSTIFICATION AND OBJECTIVES

3.0 Statement of the problem
Like other mothers, HIV infected mothers need to have access to quality PNC services. Such services should be safe, satisfying and effective if child birth related complications, death and HIV transmission from mothers to babies are to be reduced. However, client perception of access, their satisfaction and effectiveness of PNC services received by mothers living with HIV has not been fully documented, and therefore little is known, specifically in Uganda. The way women perceive availability of medication, health workers’ attitude, and the general settings of the hospital or health centre in terms of infrastructure influences whether women will seek the services in hospitals. Where women have negative perception of the attitudes of health workers, where they think that medicines are unavailable, they are likely not to seek for PNC services in such hospitals or health centres.

In the case of HIV infected mothers, the absence of PNC means that death after delivery is likely to be high because some of the mothers are already sick and they have no follow-up with medication to boost their immunity. Lack of post natal care services also puts babies at risk of mother-to-child transmission (MTCT) of HIV. This study was therefore to provide empirical data on access, satisfaction and effectiveness of PNC services provided at Mulago hospital from the HIV infected mothers’ perspective.

3.1 Justification of the study
In Uganda, HIV infected women continue to die after giving birth due to severe bleeding, and eclampsia, among other reasons. There is an added problem of high rates of mother to child transmission of HIV because of various access limitations. It is not known whether HIV infected women have adequate access to effective and satisfying post natal care services that would alleviate these problems. This study was carried out to document the quality PNC services from a mothers’ perspective; describe factors that influence the quality of post-natal care services for HIV infected mothers accessing PNC services at Mulago Hospital. The results will inform policy formulation and service delivery program design and implementation.
3.2 Objectives of the study

**General objective**
To assess the quality of services provided to HIV infected mothers accessing postnatal care at Mulago Hospital, Kampala District.

3.3 Specific objectives of the study

1. To document the perception of HIV-infected mothers on accessibility to PNC services at Mulago hospital.

2. To establish the level to which HIV infected mothers were satisfied with PNC services provided at Mulago hospital.

3. To determine the perception of mothers living with HIV in regard to the effectiveness of the PNC services provided to them at Mulago Hospital.

3.4 Research Questions

The study was guided by the following research questions;

1. How do HIV-infected mothers perceive accessibility to PNC services at Mulago hospital?

2. Are mothers living with HIV satisfied with the PNC services provided at Mulago hospital?

3. How do mothers living with HIV perceive the effectiveness of the PNC services they receive at Mulago Hospital?
3.5 Conceptual framework

This study hypothesizes that dimensions of quality of healthcare like access to services, interpersonal relations, continuity of services, effectiveness of the services among others may independently influence quality of care or may pass through other factors like social, health facility based and personal factors to influence quality of care received.

Poor interpersonal skills on the part of the service provider may discourage women to seek the services, like wise other dimensions of quality could work for or against the quality of postnatal care services to mothers living with HIV at Mulago hospital.
CHAPTER FOUR
METHODOLOGY

4.0 Study Design
The study was of descriptive design with a qualitative and quantitative approach. This design was preferred because it allowed the researcher to describe the quality of PNC services received by HIV infected mothers at Mulago hospital from the mothers’ own perspective. The study was carried out at Mulago National Referral Hospital, Kampala District; in the Department of Obstetrics and Gynecology (wards 5A, 5B and ward 11). These are wards with in which many mothers receive postnatal care services.

4.1 Study Population
All women admitted to Mulago Hospital for immediate birth related care and observation.

4.2 Study subjects
The study population included HIV infected mothers who had given birth in Department of Obstetrics and Gynecology (wards 5A, 5B and ward 11).at Mulago Hospital.

4.3 Inclusion criteria
HIV infected mothers who had given birth at Mulago hospital and were, at the time of the interview, still admitted for immediate birth-related reasons and consented to be interviewed.

4.4 Exclusion criteria
HIV infected mothers at Mulago Hospital who refused to consent to participate in the study and those who had birth complications or other medical conditions that would make it difficult for them to answer questions.

4.5 Sample size
According to data from Mulago Hospital Records Department 2010., an estimated 2,972, 2,544 and 3,865 HIV infected mothers gave birth from the facility in 2007, 2008 and 2009 respectively. Since the proportion of HIV infected mothers who become pregnant and deliver at Mulago hospital is not known to allow use of the formula for proportions to calculate sample size, I used a table for sample sizes by I R.V Kreicie and D.W Morgan (1970) cited in Amin (2005). I took an annual average of
3,127, to select the final sample. According to this table, 3127 correspond with the sample size of 341 respondents, and these participated in the study.

4.6 Sampling methods
Purposive sampling approach was used, where only HIV infected mothers were selected for interview.

4.7 Data collection
A closed ended questionnaire was used to collect data by the interviewer. The researcher used a closed ended questionnaire to collect raw data from HIV infected mothers at Mulago Hospital regarding their attitudes and responses toward the quality of postnatal health services provided to mothers living with HIV at Mulago. The questionnaire was used because it is easy to collect quantitative data from the respondent which does not take a lot of time to analyze and can be used on a large population in a short period of time.

4.8 Data Management
The completion of the data collection exercise was followed by data cleaning and processing. These processes included editing and coding of all responses. The aim was to iron out any inconsistencies that were elicited during data collection. Data editing was done by the researcher herself to make sure that complete and clear responses are on the questionnaires and there are no ambiguous responses which may bring unclear information. Cording was done to make the responses numerical in nature so that they are easy to enter into SPSS for analysis.

This process was followed by data entry into the computer. The Statistical Package for Social Scientists (Version.10) software was used for data analysis.

4.9 Data analysis
The researcher used a simple chi-square method to assess association between access to quality postnatal care perspectives and socio-economic and demographic factors. The level of significance of the associated was established at 0.05. This was done using Pearson’s chi-square given by:

$$\chi^2 = \sum \sum \frac{(O_{ij} - E_{ij})^2}{E_{ij}}$$

Where \( \chi^2 = Chi - square \)

\(O_{ij}=\)the observed frequency in the \(i^{th}\) row and \(j^{th}\) column

\(E_{ij}=\)the expected frequency in the \(i^{th}\) row and \(j^{th}\) column
4.10 Quality control and assurance

All the data was collected by the investigator, after being trained in data collection. The questionnaires pre-tested prior to the commencement of the research to ensure that necessary corrections were made.

The questionnaires were cross-checked for missing data which were filled in with the respondent before the leaving the ward.

4.11 Data collection procedure

The researcher sought permission to carry out the research from institutional research Bureau to allow her go a head with the research. After permission was given, the researcher then sought an introduction letter from school of public health to introduce her to the department of Obstetrics and Gynaecology of Mulago hospital. After reading through the proposal, the head of department provided the researcher with a letter introducing her to the heads of wards who took the researcher to the respondents. The nurses/health workers on duty helped in identification of the women who had given birth and were HIV infected. Informed consent was sought from the respondents and up on signing the consent form, the respondents were interviewed. Any mother who refused to consent, was not interviewed. After the questionnaires were filled, they were then taken by the researcher for cleaning, editing and they data were entered in the computer, analysed and the draft report was written and submitted to the supervisor for guidance.

4.12 Ethical considerations

i. In order to have the respondents at ease and helping them to participate, the local language commonly used in Buganda (Luganda was used). The consent form was in Luganda and English.

ii. Confidentiality of any information received was highly assured and observed and accurate data was presented.

iii. Permission to carry out the study was sought from the Institutional Research Bureau and school of Public Health since the study involved human beings as respondents.
4.13 Limitations of the Study

i. The researcher did not get 100% of the sample size because some of the respondents declined to take part in this study. This was so even after the researcher had clearly explained the purpose of the study.

ii. The researcher was also faced with a problem of small numbers of HIV infected mothers attending PNC services in Mulago hospital. This made it costly to collect data since more time was spent in the field than had been planned.
CHAPTER FIVE
RESULTS

5.1 Demographic characteristics
HIV infected mothers participated in the study. Most of the HIV-infected mothers 152 (45.9%) were aged between 25-34 years. This is expected because this is the child bearing age in most women. These were followed closely by 141 (42.6%) who were aged between 18-24 years. Very few of the women only 6 (1.8%) were aged between 15 and 17 years. This may be explained by the fact that at this age, it is not common to find girls giving birth since at this age, girls are expected to be in schools and not in marriage. The findings also show that most of the respondents (50.2%) have secondary education and 39.3% had primary level of education and the least 4.5% had no education at all (Table 5.1).

Majority of the women 255 (77%) were married while 69 (20.9%) were single and very few women were either divorced or widowed. The findings show that most of the women, 40% were Catholics followed by Protestants (26.9%). The findings show that majority of the respondents (23.6%) were giving birth to the second child and few (22.4%) were at their fourth birth. The findings show that women were fairy distributed by parity.

Table 5.2 Background characteristics of the respondents

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Freq.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-17</td>
<td>6</td>
<td>1.8</td>
</tr>
<tr>
<td>18-24</td>
<td>149</td>
<td>45</td>
</tr>
<tr>
<td>25-34</td>
<td>152</td>
<td>45.9</td>
</tr>
<tr>
<td>35-44</td>
<td>24</td>
<td>7.3</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>15</td>
<td>4.5</td>
</tr>
<tr>
<td>Primary</td>
<td>130</td>
<td>39.3</td>
</tr>
<tr>
<td>Secondary</td>
<td>166</td>
<td>50.2</td>
</tr>
<tr>
<td>Tertiary</td>
<td>20</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>69</td>
<td>20.9</td>
</tr>
<tr>
<td>Married</td>
<td>255</td>
<td>77.0</td>
</tr>
<tr>
<td>Widowed</td>
<td>2</td>
<td>0.6</td>
</tr>
<tr>
<td>Divorced</td>
<td>5</td>
<td>1.5</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>Protestant</td>
<td>89</td>
<td>26.9</td>
</tr>
<tr>
<td>Catholic</td>
<td>135</td>
<td>40.8</td>
</tr>
<tr>
<td>Muslim</td>
<td>76</td>
<td>23.0</td>
</tr>
<tr>
<td>SDA</td>
<td>18</td>
<td>5.4</td>
</tr>
<tr>
<td>Pentecostal</td>
<td>13</td>
<td>3.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parity</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>74</td>
<td>22.4</td>
</tr>
<tr>
<td>2</td>
<td>81</td>
<td>24.5</td>
</tr>
<tr>
<td>3</td>
<td>60</td>
<td>18.1</td>
</tr>
<tr>
<td>4</td>
<td>56</td>
<td>16.9</td>
</tr>
<tr>
<td>Above 4</td>
<td>60</td>
<td>18.1</td>
</tr>
<tr>
<td>Missing</td>
<td>10</td>
<td>3.0</td>
</tr>
<tr>
<td>Total</td>
<td>331</td>
<td>100.0</td>
</tr>
</tbody>
</table>

5.3 Mother’s perception of Access to PNC services

The respondents were asked about their access to PNC services and majority (94.3%) said that they had received the required medication. The respondents observed that they received enough medication and care at no cost immediately after delivery. They however mentioned that whereas some women got medication, others did not and they had to seek assistance from private providers.

The findings also show that majority of the respondents 312(94.3%) received the required medication and 286(86.4%) said that the services received were adequate.

Also, 96.1% of the respondents said that PNC services were free and 93.7% observed that the cost of PNC services had not hindered access to PNC services. The findings also show that at the time of this study, only 75.8% had seen the health provider and 24.2% were still waiting to see the health provider (table 4.2).
Table 5.4: Access to PNC services

<table>
<thead>
<tr>
<th>Factors</th>
<th>YES</th>
<th>NO</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive the required medication</td>
<td>312 (94.3%)</td>
<td>19 (5.7)</td>
<td>331</td>
</tr>
<tr>
<td>Receive adequate services</td>
<td>286 (86.4%)</td>
<td>45 (13.6%)</td>
<td>331</td>
</tr>
<tr>
<td>Whether PNC services are for free</td>
<td>318 (96.1%)</td>
<td>13 (3.9%)</td>
<td>331</td>
</tr>
<tr>
<td>Have seen the doctor/health worker</td>
<td>251 (75.8%)</td>
<td>80 (24.2%)</td>
<td>331</td>
</tr>
<tr>
<td>Was it easy to see the doctor?</td>
<td>231 (69.8%)</td>
<td>100 (30.2%)</td>
<td>331</td>
</tr>
<tr>
<td>Has the cost hindered access to PNC services?</td>
<td>21 (6.3%)</td>
<td>310 (93.7%)</td>
<td>331</td>
</tr>
<tr>
<td>Whether health providers attitudes has influenced access</td>
<td>306 (92.4%)</td>
<td>25 (7.6%)</td>
<td>331</td>
</tr>
</tbody>
</table>

5.5 HIV infected mothers’ satisfaction with quality of PNC services

According to the findings of the study, majority of the women who received postnatal care immediately after delivery 288(87.1%) revealed that they were satisfied with availability of health providers whereas 43(12.9%) mentioned that health workers were not always available to offer PNC services. Also, 224(67.7%) mentioned that the time they waited before seeing the health provider was short. while 107(32.3%) said that the time was long. About the privacy of examination and medication, most of the respondents 319(96.4%) observed that it was good and only 12(3.6%) said that it was bad.

It was observed by 291(87.9%) that medication was adequate while 40(12.1%) mentioned that it was inadequate. Majority of the respondents 311(93.9%) mentioned that they were satisfied with the cleanliness of the hospital and 20(6.1%) were dissatisfied. The respondents were also asked about how the hospital staff treated them and majority 317(95.8%) revealed that they were satisfied with the way they were being treated and 14(4.2%) were dissatisfied. Majority of the women 237(71.6%) said that they had discussed their health concerns with the health provider while 91 (27.5%) mentioned that they had not yet discussed with the health provider.
Table 5.6: Level of satisfaction with the following

<table>
<thead>
<tr>
<th>Factors</th>
<th>YES</th>
<th>NO</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of health providers</td>
<td>288(87.1%)</td>
<td>43(12.9%)</td>
<td>331</td>
</tr>
<tr>
<td>Time taken waiting for the health provider</td>
<td>224(67.7%)</td>
<td>107(32.3%)</td>
<td>331</td>
</tr>
<tr>
<td>Length of time to be discharged</td>
<td>128(38.7%)</td>
<td>203(61.3%)</td>
<td>331</td>
</tr>
<tr>
<td>Privacy of examination and medication</td>
<td>319(96.4%)</td>
<td>12(3.6%)</td>
<td>331</td>
</tr>
<tr>
<td>Adequate medication provided for your health concern</td>
<td>291(87.9%)</td>
<td>40(12.1%)</td>
<td>331</td>
</tr>
<tr>
<td>How satisfied with the cleanliness of the hospital</td>
<td>311(93.9%)</td>
<td>20(6.1%)</td>
<td>331</td>
</tr>
<tr>
<td>How staff treats you in the hospital</td>
<td>317(95.8%)</td>
<td>14(4.2%)</td>
<td>331</td>
</tr>
<tr>
<td>Have been able to discuss health concerns with the provider</td>
<td>237(71.6%)</td>
<td>94(28.4%)</td>
<td>331</td>
</tr>
<tr>
<td>Whether the discussions about health concerns were good</td>
<td>233(70.4%)</td>
<td>98(29.6%)</td>
<td>331</td>
</tr>
<tr>
<td>Examination provided by the health provider was in privacy</td>
<td>228(68.9%)</td>
<td>103(31.1%)</td>
<td>331</td>
</tr>
</tbody>
</table>

Table 5.7: Overall level satisfaction of PNC services provided at the hospital

<table>
<thead>
<tr>
<th>Rating</th>
<th>Freq.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very High</td>
<td>185</td>
<td>55.9</td>
</tr>
<tr>
<td>High</td>
<td>111</td>
<td>33.5</td>
</tr>
<tr>
<td>Low</td>
<td>35</td>
<td>10.6</td>
</tr>
<tr>
<td>Total</td>
<td>331</td>
<td>100.0</td>
</tr>
</tbody>
</table>

5.8 Continuity of PNC services at Mulago hospital

To determine the whether there is continuity of PNC services, in Mulago hospital the respondents were interviewed on what constitutes continuity of PNC (Table 4.5). The findings show that 73.1% mentioned that outreaches were not an issue in the provision of PNC services to HIV/AIDS infected mothers. Majority of the respondents said that the most emphasized topics during PNC services were immunization of babies, breastfeeding, family planning, and care for the babies, cleanliness, testing of the child for HIV routinely, and taking the drugs as required. Majority of the respondents (91.8%) observed that information and services received were timely to solve their health issues and
concerns. The findings also show that the information received by HIV/AIDS infected mothers was consistent to empower women to take charge of their health and that of their babies. It was further noted by majority (69.5%) that health providers advised women to report any concerns in relation to one's physical, social, mental or emotional health, use of condoms and proper feeding. Majority (73.4%) said that they were told about plans for follow-up.

Table 5.8: Continuity of PNC services at Mulago hospital

<table>
<thead>
<tr>
<th>Factors</th>
<th>YES</th>
<th>NO</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach for PNCs has been talked about</td>
<td>89(26.9%)</td>
<td>242(73.1%)</td>
<td>331</td>
</tr>
<tr>
<td>Health providers attend to mothers’ issues as individuals</td>
<td>310(93.7%)</td>
<td>21(6.3%)</td>
<td>331</td>
</tr>
<tr>
<td>Whether information received during PNC is timely solve mothers’ health issues or concerns</td>
<td>304(91.8%)</td>
<td>27(8.2%)</td>
<td>331</td>
</tr>
<tr>
<td>Whether mother receive consistent information or clear explanation to empower themselves take care of their own health and babies</td>
<td>311(93.9%)</td>
<td>20(6.1%)</td>
<td>331</td>
</tr>
<tr>
<td>Health provider advised to report any concerns in relation to one's physical, social, mental or emotional health</td>
<td>230(69.5%)</td>
<td>101(30.5%)</td>
<td>331</td>
</tr>
<tr>
<td>Was told any plans for follow-up during the postnatal period</td>
<td>243(73.4%)</td>
<td>88(26.6%)</td>
<td>331</td>
</tr>
</tbody>
</table>

5.9 Factors associated with better access to and satisfaction with PNC services among HIV positive mothers attending PNC at Mulago hospital

The findings in table 4.6 show some of the factors associated with better access to PNC services among mothers with HIV/AIDS. The findings show that there was no significant relationship between age and access to PNC services among women with HIV/AIDS (p= 0.138). The findings also show that there was no significant relationship between parity and access to PNC services. This means that HIV infected mothers at different parities were not in any way different (p= 0.874).
Table 5.10: Access to PNC services and age and parity of the woman

<table>
<thead>
<tr>
<th>Factor</th>
<th>Yes</th>
<th>Percent</th>
<th>No</th>
<th>Percent</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>agegp2*</td>
<td>Freq</td>
<td></td>
<td>Freq</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-24</td>
<td>119</td>
<td>81.0</td>
<td>28</td>
<td>19.0</td>
<td>147</td>
<td>100.0</td>
</tr>
<tr>
<td>24-34</td>
<td>131</td>
<td>86.2</td>
<td>21</td>
<td>13.8</td>
<td>152</td>
<td>100.0</td>
</tr>
<tr>
<td>35-44</td>
<td>17</td>
<td>70.8</td>
<td>7</td>
<td>29.2</td>
<td>24</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>274</td>
<td>82.8</td>
<td>57</td>
<td>17.2</td>
<td>331</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Pearson chi2(2) = 3.9587  p= 0.138

<table>
<thead>
<tr>
<th>Factor</th>
<th>Yes</th>
<th>Percent</th>
<th>No</th>
<th>Percent</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>parity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First</td>
<td>62</td>
<td>83.8</td>
<td>12</td>
<td>16.2</td>
<td>74</td>
<td>100.0</td>
</tr>
<tr>
<td>Second or more</td>
<td>205</td>
<td>83.0</td>
<td>42</td>
<td>17.0</td>
<td>247</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>274</td>
<td>82.8</td>
<td>57</td>
<td>17.2</td>
<td>331</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Pearson chi2(1) = 0.0253  p= 0.874

Table 5.11: Satisfaction with PNC services offered and age group and parity

<table>
<thead>
<tr>
<th>Factor</th>
<th>Very High</th>
<th>Percent</th>
<th>High</th>
<th>Percent</th>
<th>Low</th>
<th>Percent</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group</td>
<td>Freq</td>
<td></td>
<td>Freq</td>
<td></td>
<td>Freq</td>
<td></td>
<td>Freq</td>
<td></td>
</tr>
<tr>
<td>15-24</td>
<td>86</td>
<td>58.5</td>
<td>48</td>
<td>32.7</td>
<td>13</td>
<td>8.8</td>
<td>147</td>
<td>100.0</td>
</tr>
<tr>
<td>24-34</td>
<td>84</td>
<td>55.3</td>
<td>49</td>
<td>32.2</td>
<td>19</td>
<td>12.5</td>
<td>152</td>
<td>100.0</td>
</tr>
<tr>
<td>35-44</td>
<td>10</td>
<td>41.7</td>
<td>12</td>
<td>50.0</td>
<td>2</td>
<td>8.3</td>
<td>24</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>185</td>
<td>55.9</td>
<td>111</td>
<td>33.5</td>
<td>35</td>
<td>10.6</td>
<td>331</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Pearson chi2(4) = 4.1617  p= 0.385

<table>
<thead>
<tr>
<th>Parity</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>45</td>
<td>60.8</td>
<td>20</td>
<td>27.0</td>
<td>9</td>
<td>12.2</td>
<td>74</td>
<td>100.0</td>
</tr>
<tr>
<td>Second or more</td>
<td>137</td>
<td>55.5</td>
<td>86</td>
<td>34.8</td>
<td>24</td>
<td>9.7</td>
<td>247</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>185</td>
<td>55.9</td>
<td>111</td>
<td>33.5</td>
<td>35</td>
<td>10.6</td>
<td>331</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Pearson chi2(4) = 4.1617  p= 0.385

According to the findings presented in table 4.7, there was no significant relationship between the age of a woman and her satisfaction with the PNC services provided to HIV infected mothers in Mulago hospital (p= 0.385). It was also found out that there was no relationship between parity of a woman and satisfaction with PNC services provided to HIV infected mothers at Mulago hospital (p= 0.385).
CHAPTER SIX

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

This chapter presents a summary of the findings of the study. The findings have been summarized according to the objectives of the study. It is on the basis of this summary that conclusions and recommendations are premised.

6.1 Summary of findings

The study findings show that most of the women who participated in the study were aged between 25-34 years. This is expected because at this age, women have finished school and most of them are married. The findings also show that most of the respondents 50.2% had secondary education and 39.3% had primary level of education. The findings also show that majority of the women (77%) were married while (20.9%) were single and very few women were either divorced or widowed. The findings show that women were fairly distributed by parity.

The findings show that the medication and services received were adequate and this had improved on health of mothers and that of their babies. It was also mentioned that every HIV infected mother who gave birth received the required medication and that this was at no charge.

From the findings of the study, most of the mothers living with HIV attending PNC services in Mulago hospital were easily seen by the health provider. At the time of the survey, only 24% had not yet been seen by a health provider. The findings show that health workers’ attitudes affect access to PNC services received by mothers living HIV positive mothers by either encouraging or limiting access or utilization of such services.

According to the study findings, majority of the HIV infected women who received postnatal care services immediately after delivery revealed that health workers were always available to provide PNC services to them. The findings also show that waiting time before being seen by the health provider was short. The respondents were also satisfied with the quality of examination given by health care providers.
The findings also indicate that the respondents were satisfied with the cleanliness of the hospital and health care providers treated them well while at the hospital. The findings further reveal that mothers discussed their health concerns with the health providers and the discussions were good to have a positive impact on their health. It is shown that the most mentioned reason for lack of discussion with the health provider was large numbers of patients at the unit which limits the time the health provider spends with each client discussing health concerns.

The findings of the study show that outreaches as a means for making service delivery effective were not emphasized while giving PNC services to mothers living with HIV/AIDS. It was also found out that HIV infected mothers were treated according their needs as individuals, that the service providers were focusing on individual problems and concerns. It was revealed that information and services received were timely to solve mothers’ health issues and concerns and were also consistent to empower women to take charge of their health and that of their babies.

Finally, the findings show that there was no relationship between age of an HIV infected mother, her parity and access to PNC services. It was also revealed that there was no significant relationship between the age of a woman, parity and her satisfaction with the PNC services provided at Mulago hospital.

6.2 Conclusions
The study on the basis of the above summary of findings concluded that;
HIV infected mothers found the PNC services at Mulago Hospital to be very accessible since they were free and the health workers were available to cater for their health concerns and those of their babies.

It was also concluded that HIV infected mothers attending PNC services at Mulago hospital were satisfied with the services offered to them. Women attending PNC services mentioned that they had received all the services they wanted.

The findings further concluded that the PNC services received by HIV infected mothers in Mulago hospital were effective. According to the mothers, these services helped to improve on both their health and that of their babies.
It was also concluded that demographic and maternal factors like parity and age of a woman had no association with access and satisfaction with PNC services among HIV + mothers at Mulago hospital.

6.3 Recommendations
On the basis of the above conclusions, the following is recommended;
The study recommends that the required health providers be brought on board since there were complaints of delays in service delivery due big numbers of mothers giving birth.
The researcher recommends that health providers should spend enough time with the mothers after birth for adequate discussion of health concerns.

The researcher recommends that outreaches as a way of taking services closer to the people should be emphasized and resources to implement this should be planned for. This may help HIV positive mothers who may not be in good health and therefore cannot travel for long distances to have access to PNC services.
REFERENCES


Lonstein JS: Regulation of anxiety during the postpartum period. Front neuroendocrinol, 28(2–3):115-41.


APPENDIX I

Questionnaire for mothers attending postnatal care
Dear respondent, you have been selected to participate in the study that seeks to find out your opinion/views on the quality of postnatal care services provided by HIV positive mothers. You are therefore requested to participate in the study as honestly as possible and when you feel insecure answering some questions, you are free to stop the interview. Your responses will be treated in aggregate and with confidentiality and your name is not requested.

Please, can I go on with the interview?
Yes……………………1 (Continue with the interview)
No……………………2 (terminate the interview)

Section A. Bio data of the respondents
1. Age…………………

2. Education
No education……………………1
Primary education………………2
Secondary education…………….3
Tertiary education……………….4

3. Marital status
Single…………………………….1
Married ………………………….2
Widowed…………………………3
Divorced………………………….4

4. Religion
Protestant…………………………1
Catholic…………………………..2
Muslim…………………………..3
SDA……………………………..4
Others specify……………………

5. Parity of the child……………………
Section B: Accessibility to PNC services by HIV+ mothers at Mulago hospital.

6. In your opinion do HIV/AIDS positive mothers and babies receive the medication they need during the postnatal period?

Yes…………………………….…1
No……………………………….2
Not sure…………………………3

Explain your answer……………………………………………………………………………………
………………………………………………………………………………………………………………

7. Do you think that the medication HIV/AIDS positive mothers receive is adequate for their health needs?

Yes…………………………………..1
No…………………………………...2
Not sure………………………….….3

Explain your answer……………………………………………………………………………….
………………………………………………………………………………………………………………

8. Have you seen a doctor/nurse to day?
Yes                         No

9. If no why……………………………………………………………………………….

10. If yes, was it easy for you to see the doctor?
Yes                                   No

Explain your answer………………………………………………………………………..
11. How would you rate the time you spent here before seeing the doctor?
Very short……………..1
Short…………………..2
Long ………………….3
Very long…………….4

12. Are postnatal care services you are provided in this hospital are free of charge
Yes…………………………..1
No……………………………2

13. If no how do you find the cost
Very high…………………1
High…………………………2
Low…………………………3
Very low…………………4

14. In your opinion do you think that the cost of the service has hindered some HIV + mothers from accessing postnatal care services?
Yes……………..1
No……………..2

15. How do you find the attitude of health providers in this hospital while giving PNC services to mothers living with HIV
Negative…………...1
Positive……………2

16. Do you think the attitudes of health workers towards HIV + mothers has influenced their access to postnatal care services
Yes  No

Explain your answer…………………………………………………………………………………………
……………………………………………………………………………………………………….
Section C. Mothers living with HIV’s satisfaction with the PNC service provided at Mulago hospital

17. Are health workers to provide postnatal services to mothers available in this hospital?
   Yes always……………………….1
   Yes but not always ………………2
   Not at all…………………………3

18. How do you find the time you wait before seeing a health provider?
   Very short…………………1
   Short…………………………2
   Long…………………………3
   Very long…………………..4

19. While at Mulago hospital, have you been able to discuss your health concerns with the provider
   Yes                          No
   Explain your answer……………………………………………………………………..

20. Were the explanations by the health provider about your health concerns good?
   Yes                           No
   Explain your answer……………………………………………………………………..

21. Have you been discharged so far?
   Yes                        No

22. If yes what do you say about the length of time taken to be discharged after giving birth?
   Very long…………………..1
   Very short………………….2
   Satisfactory ……………….3

23. What do you say about the quality of examination and treatment you have so far been provided
   Excellent             Very good     Good      Poor      Very poor

24. Was the examination by the health provider provided with privacy?
   Yes                        No
25. How adequate was the medication you were provided with for your health concerns?
Very adequate    Adequate    Inadequate    Very inadequate

26. Are you satisfied with the time you are expected to receive PNC services at Mulago hospital?
Yes                     No

27. In your opinion, how satisfied are you with the cleanliness of the hospital?
Very satisfied    Satisfied    Dissatisfied    Very dissatisfied

28. How satisfied are you with how the staff treats you while at this hospital?
Very satisfied    Satisfied    Dissatisfied    Very dissatisfied

29. Are you satisfied with the cost of services or treatment you receive?
Yes                     No

Section C Effectiveness of PNC services

30. Has the health provider told you of the hospitals’ plan for outreach PNC services?
Yes                     No

31. Do you stay near this hospital?
Yes                     No

32. Does distance from this hospital to your home affect you from coming again for PNC services?
Yes                     No

33. In providing you PNC services, has any of the following been emphasized by the health provider?
A. Immunization
B Breastfeeding education
C. Family planning
D Regular examination of any infections
E. Others specify …………………………………………………………

34. Do the health providers attend to your health issues as an individual?
Yes                         No

Explain your answer…………………………………………………………………………………

35. Does each single mother have a health care professional?
Yes                        No

36. What would you have wanted to be done contrary to the one above?
………………………………………………………………………………………………………..

37. Is the information you receive during PNC timely to solve your health concerns and issues?
Yes                         No

38. Have you received consistent information and clear explanations to empower you to take care of your health and that of the baby?
Yes                        No

Explain your answer……………………………………………………………………………………

39. Has the health provider told you to report any concerns in relation to their physical, social, mental or emotional health?
Yes                No

40. Has the health provider told you any plans for follow-up during the postnatal period?
Yes                        No

Thank you very much
APPENDIX 2

OLUPAPULA OLULAGA OKUKKIRIZA (Consent form)

Erinnya ly’omusomo:
Empeereza eri abakyala banakawere naye nga balina akawuka ka siriimu e Mulago.

Omukungaanya omukulu: Basemera Jacqueline

Okukkiriza
Omusomo guno gugendeeera okuyigiriza. Nga sinnaba kusalawo kukola obwanakyewa ku musomo guno, nteekwa okutegeera ebigendererwa byagwo, ebizibu byenyinza okufuna, ebirungi byenyinza okufunamu nekinsuubirwamu nga mmaze okukkiriza okwetaba mu musomo guno.

Ebigendererwa byange nga Nakyeewa mu kunonyereza
Mu musomo guno, amawulire gonna gajja kuweebwa gateesebewe nange. Bwennaamala okutegeera n’okukkiriza okwetabamu, Nja kusabibwa okuteeka omukono ku kiwandiiko. Nyiinza okusalawo okubivaamu, era bwenkikola, tekigenda kutataganya ebyobulamu bwange.

Ekirubirirwa kyomusomo
Okwekeneenya omulimu omulungi oguli mundahirira eweebwa ba nakawere abalina akawuka ka siriimu.

Ennambulula y’omusomo
Nkitegedde nti bwemba nsazeewo okwetaba mu musomo, nsuubirwa okuddamu ebibuuzo ebinambuzibwa nga tebisussa daakiika asatu (30).

Okwekengera
Nsuubira nti temuli kwekengera kwonna gyendi.

Ebisuubirwa okufunamu
Sirina kyensubira kufuna mu musomo guno. Wabula ebinaba bivudemu bijja kuwerezebwa mu bakulira edwaliro okusobola okumanya ebyetaaga okutereezamu.
Okukuuma ebyama
Ngenda kuwaayo amawulire gonna agetaagisa mu musomo guno, naye amanya gange tegajja kwasanguzibwa.

Ekiwandiiko ekiraga okukkiriza

Nze awandiise ekiwandiiko kino, nsomye era ntgedde ebyo byonna waggulu, nolwekyo nzikirizza okwetaba mu musomo guno.

Ataddeko omukono ..................................

Emyaka gyange ......................................

Olunaku ..............................................

Omukono gwomunonyereza .......................  

Olunaku ..............................................
Form for obtaining consent

Title of the study: Quality of Post natal Services to mothers living with HIV at Mulago hospital

Principal Investigator: Basemera Jacqueline

Informed Consent

This study is being conducted for academic purposes. Before I can decide whether or not I will volunteer for his study, I must understand its purpose, risks to myself, benefits and what is expected of me if I agree to take part in the study.

My rights as a research volunteer

For this study, all information will be given and discussed with me. Once I understand and agree to participate, I will be requested to sign this consent form. I may decide to withdraw from the study, if I do so, it will not affect my medical care.

Purpose of the study

To assess the quality of postnatal care services provided to mothers living with HIV at Mulago hospital.

Study procedure

I understand that if I decide to participate in the study, I will be asked to answer some questions asked by interviewers and that this may not exceed 30 minutes.

Risks to me

I understand that there are no risks to me.

Potential benefits to me

There is no benefit to me in this study; however I understand that the findings of this study will be
also submitted to management of the hospital to identify areas that need improvement.

Confidentiality

I will give information required for this study, but my identity shall not be disclosed, I will remain anonymous.

Statement of consent

I, the undersigned have read/have been made to understand the above and therefore consent to participate in this study.

Signed…………………….

Age……………………

Date……………………

Researchers’ signature………………

Date……………………………..