

CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

A qualitative explorative and contextual research design was used to meet the objectives of this study which were to explore and describe the experiences of women regarding the postnatal services at health facilities, to explore the perceptions of the women and health care providers on postnatal services and explore the reasons why some women do not attend postnatal care in Lesotho.

An introduction and the statement of the problem were discussed in Chapter 1. A full description of the research methodology was done in chapter 2. The findings were reported in Chapter 3. The individual interviews and focus group discussions were conducted and field notes were recorded. The obtained results were categorized and analysed. The results from the data were shaped by environmental, social and cultural practices and a literature control employed, which validated the findings. Analysis was done by identifying themes and sub-themes that indicated the experiences of the mothers, perceptions of mother and midwives of strategies to improve postnatal care also the reasons why some mothers did not attend postnatal care.

Chapter 4 covered the feasible strategies to help improve the postnatal care in Lesotho based on the findings of the study. The strategies were supported by literature from previous research.

5.2 OVERALL CONCLUSION

Objective 1

The first objective highlights the experiences and suggestion of women on postnatal care. Despite the problems encountered during the postnatal period, a few women do view the postnatal care they received positively. These women perceive postnatal care to be satisfactory because they did not encounter any problems. In the current study a number of findings suggest the need for improvement of postnatal care services. Some women suggested that midwives should be provided regular in-service training, staff should treat and care for women respectively, women need to be attended timeously, maternal and child

services should be integrated and health education on postnatal care should be given to women.

Objective 2

The second objective highlights the perspectives of midwives of ways to improve postnatal care services. In this study, some midwives felt that the third day postnatal check of newly delivered women is not essential if a woman is examined well on discharge from the health facility. They further recommend that staff should receive continuing education on maternal and child health services, better incentives and recognition of midwives and that more competent, skilled midwives should be appointed and sensitized to protect women's privacy. Some midwives reported insufficient infrastructure which causes health education to be suboptimal.

They emphasized that women should be visited at community, household members to be involved in postnatal care through provision of health education and promotion of community norms by altering those that are unfavourable to mother and child health.

In both focus groups the findings reveal that there is an urgent need to empower and disseminate knowledge to the midwives on the current postnatal policies and guidelines, through in-service training and workshops. There should be emphasis on the recruitment and retention of midwives by recognising midwives and providing good remuneration to motivate them to perform their work with enthusiasm. This can reduce high rate of demoralization among midwives and staff attrition to greener pastures. The researcher was shocked about some midwives misunderstanding and lack of knowledge of the guidelines on postnatal care and the obvious shortage of midwives in the health facilities visited.

Privacy by the midwives should be addressed to improve maternal and child health services.

The midwives mentioned lack of equipment and supplies such as drugs, thus give the impression that there may be no problems with equipment and supplies, as perceived by midwives.

Objective 3

The reasons for not attending postnatal care mentioned were large distance from the home to the clinic, high cost of transportation, poor roads infrastructure, lack of postnatal care services in the villages, lack of awareness among women about importance of postnatal care and perceived lack of confidentiality. Factors associated with cultural norms such as

seclusion of mother and baby, control of movement by some husband and in-laws were also mentioned.

Some of these reasons presented by mothers reveal that the women do not understand the importance of early postnatal care services. Therefore there is a need that midwives or other skilled health care providers should provide information regarding the importance of postnatal care to the mother, her households and community already during antenatal care services. Promotion of waiting homes at health facilities can help to accommodate the mother whereby they may stay before or after her delivery period.

As found in other studies, Dhakal *et al.* (2007:1) health problems such as mastitis, vaginal infection and bleeding during this period were uncommon in the current study.

5.3 STRENGTHS AND LIMITATIONS

The study provides information on the experiences of mothers and perceptions of the mothers and midwives as well as reasons why mothers did not attend postnatal care. Strategies were developed from the findings. This can inform policy makers to intervene in the implementation of the suggested strategies to increase postnatal care uptake.

The use of an experienced interviewer, different data collection techniques and different groups of participants increased the validity of the study.

This study had few limitations- because of the nature of qualitative research which is not supposed to be generalized, purposive sampling was used to select the sample that could provide data to answer the research question. The researcher struggled to get women who did not attend postnatal care because they did not want to talk with her.

Another limitation of the study was that although the researcher consulted with peers about translated transcripts, translation of transcripts from Sesotho to English might have diluted the meaning of participant's perception.

5.4 RECOMMENDATIONS

The following recommendations for nursing research, nursing practice, nursing education and policy are proposed based on the findings of the study:

5.4.1 Recommendations for nursing research

- Research on where women want to receive postnatal care, whether at home or at health facility.
- Research on how much knowledge the community and traditional midwives have about the care of the women and their babies during postnatal period.
- Research on the content of the postnatal period examination
- Research on postnatal coverage and content of postnatal care in Lesotho.

5.4.2 Recommendation for nursing practice

- All the midwives should be trained on new practice, guidelines during their training and continued training should be done to update them while on service.
- Midwives providing postnatal care need to exercise a range of skills in order to provide choice for women.
- Midwives should provide good information, effective education to support the women so that they know when to come for postnatal services.
- Norms and cultural practices that are unfavourable should be harmonized so that nursing practice can build and support the family and community to improve postnatal services.
- Midwives providing postnatal care need to ensure that the environment in which they work supports safe and effective working practices and protects the woman and her family from harm.

5.4.3 Recommendations for nursing education

- The Ministry of Health, programme managers should assess the pre-service training curricula for all cadres of health care providers to ensure that essential postnatal care component is included.
- Midwives students should be provided with learning opportunities in postnatal care, and postnatal care should be comprehensively incorporated in their curriculum.
- The in-service training on postnatal care must be a central priority of Ministry of Health's development system as postnatal care is a determiner of good health to mother and baby's current health and through continued life.

5.4.4 Recommendations for policy

- The government has to build sufficient and adequate infrastructures to accommodate all clients who come for services and waiting rooms.
- Due to the terrain geographical structure of Lesotho, the policy makers must ensure the availability and access of postnatal care services to all women in Lesotho. Developments of roads to enhance easy transport to far reached health facilities are public needs that affect postnatal care attendance in Lesotho and other developing countries.
- The Ministry of Health must develop awareness campaigns on postnatal care that should be targeting mothers, mothers-in laws and the community to encourage women to attend postnatal care.
- Monitoring and evaluation of postnatal services should be enhanced to assess the gaps in supportive service provision, utilizing the postnatal registers and registers of integrated services of those provided in maternal child services.

5.5 FINAL CONCLUSION

Based on the above information, the study has explored the experiences and perceptions of midwives and mothers that attended postnatal care and those that did not attend postnatal care. Despite the varying experiences and perceptions on postnatal care, the number of findings suggests the need to increase quality of postnatal care at all levels of health care services. Efforts have to be made to communicate the benefits of antenatal care, during pregnancy period whereby teaching about the importance of postnatal care is initiated and postnatal care to mothers, households and communities more effectively. Recruitment of trained midwives, retention strategies and in-service training should be enforced to reduce workload and improve the current postnatal care services.

Maternal and child services are strongly supported and guided by donors such as WHO and UNICEF to develop postnatal care policies and clinical guidelines at both national and international levels. Such policies and guidelines must be disseminated to midwives at district and village or community levels.

Reasons that hinder women from attending postnatal care are varied. Few skilled midwives, lack of mother's knowledge and limited counselling regarding postnatal care, negative attitude of health care providers, socio-economic reasons, accessibility and availability of

health facility all need to be addressed in order for postnatal care to achieve its full potential for maternal and newborn health.

To be fully effective policy makers and Maternal Child Neonatal Health programmes managers need to consider these findings and service delivery strategies to improve postnatal care. They should focus on the individual, households and community postnatal care.