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Original Article

Utilization of postnatal care services among mothers aged 15-24 years at Kisenyi Health Centre IV, Kampala City- a cross-sectional study.

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Abstract

Background

Postnatal care (PNC) is a critical component of maternal and newborn health, particularly during the first six weeks after delivery when the risk of complications is highest. Despite its importance, the utilization of PNC services remains low among young mothers in Uganda. This study aimed to assess the utilization of postnatal care services and associated factors among mothers aged 15–24 years who attended Kisenyi Health Centre IV in Kampala City.

Methodology

A descriptive cross-sectional study was conducted using a structured, self-administered questionnaire. A total of 42 mothers aged 15–24 years were selected through convenience sampling. Data were collected on participants' background characteristics, knowledge, behaviors, and experiences with postnatal care services. Descriptive statistics were used to analyze the data, and results were presented in frequencies, percentages, and tables.

Results

The majority of respondents (52.4%) were aged 15–19 years, and 33.3% had attained secondary education. Most participants (66.7%) resided in urban areas, and 54.8% were unemployed. While 97.6% reported that PNC services were available at the facility, only 23.8% had a birth plan, and 31.0% rated their knowledge of PNC as poor. Health workers were the primary source of PNC information (50.0%), and 42.9% of respondents visited the clinic three times or more. Factors such as distance to the facility, perceived quality of care, provider attitudes, and affordability influenced utilization.

Conclusion

Despite the high availability of PNC services at Kisenyi HC IV, limited knowledge, lack of birth preparedness, and mixed perceptions of care quality still hindered their utilization by young mothers.

Recommendations

Health education during antenatal care, promoting respectful and youth-friendly services, should be enhanced. Increase community outreach to improve awareness and accessibility of PNC among adolescents and young mothers.

Keywords: Postnatal Care, Kisenyi Health Centre IV, Kampala City

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Background

Postnatal care (PNC) refers to the care provided to the mother and her newborn immediately after birth and during the first six weeks of life (Yixuan Zhang, Shuangyu Zhao et al., 2023). This period is critical for addressing complications that may arise post-delivery and ensuring the health and well-being of both the mother and the newborn. PNC services typically include physical examinations,

breastfeeding support, immunization, counseling on family planning, and education on infant care practices (McCauley et al., 2022). Postnatal care (PNC) begins immediately after the birth of the baby and continues for the first six weeks of life, a period that is critical for both the mother and the newborn (USAID, 2013). According to the World Health Organization (WHO), the initial 24 hours after childbirth are particularly crucial, as the majority of maternal and neonatal



deaths occur within this timeframe. WHO recommends at least four postnatal visits: the first within 24 hours of birth, the second on day 3 (48-72 hours), the third between days 7-14, and the fourth six weeks after birth (WHO, 2022).

Factors that affect utilisation of PNCs include: socio-demographic factors such as age, education level, and marital status (Asumah et al., 2023); knowledge, attitudes, and economic constraints (Towongo et al., 2024a); and accessibility, quality of care, and cultural barriers (Omona et al., 2021). Inadequate PNC can lead to increased risks of postpartum hemorrhage, infections, and other complications, which significantly impact maternal and neonatal morbidity and mortality (Kim et al., 2019). According to a study done in Uganda and Zambia, several factors influence postnatal care (PNC) utilization among recently delivered women. Positive experiences were more common among Zambian women, while key barriers included low awareness, fear of mistreatment by clinic staff, high costs, and long distances to healthcare facilities. Many women reported discrimination based on their place of delivery, with home-birth mothers often experiencing denial or delays in receiving PNC. Despite some positive experiences, significant barriers hinder access to essential postnatal services (Sacks et al., 2017).

Globally, the burden of inadequate postnatal care is significant, particularly in low- and middle-income countries (LMICs). The World Health Organization (WHO) estimates that around 830 women die from pregnancy or childbirth-related complications every day, with 99% of these deaths occurring in LMICs (WHO, 2024). In Uganda, the rate of maternal mortality is persistently high at 336 deaths per 100,000 live births in a year, with inadequate postnatal care being a major contributing factor (Alobo et al., 2022). Adolescent and young women aged 15-24 years face unique challenges that increase their risk of inadequate postnatal care. This age group often experiences higher rates of unintended pregnancies, lower levels of education, and limited access to healthcare services (Mariam Namutebi, 2022). These factors contribute to a higher incidence of complications during the postnatal period and poorer health outcomes for both the mothers and their infants.

Efforts to improve postnatal care in Uganda have included government-led health education campaigns, initiatives by non-governmental organizations (NGOs), and community-based programs aimed at increasing awareness and accessibility of PNC services (UNIPH, 2019). Strategies such as training healthcare workers, improving healthcare infrastructure, and implementing community health

programs have shown some success in enhancing PNC utilization. Postnatal care is crucial for identifying and managing complications that may arise after childbirth. It provides an opportunity to monitor the health of the mother and newborn, promote healthy practices, support breastfeeding, and offer family planning services. Effective PNC can significantly reduce maternal and neonatal mortality rates and improve long-term health outcomes (UNIPH, 2019).

Despite the recognized importance of PNC, its uptake remains low in Uganda (Nyondo-Mipando et al., 2023). Studies indicate that less than 50% of women receive adequate PNC within the recommended timeframe. Factors contributing to this low uptake include socio-economic barriers, cultural beliefs, limited awareness, and challenges within the health system (Dahab & Sakellariou, 2020). Several factors influence the uptake of PNC services in Uganda. Sociodemographic factors such as age, education level, and marital status play a crucial role. Individual factors include the mother's knowledge, attitudes, and economic constraints. Health system-related factors encompass the availability and quality of care, accessibility, and cultural barriers that may prevent women from seeking PNC services (Omona et al., 2021).

While several studies have examined postnatal care utilization in Uganda, there is a lack of comprehensive data on the specific factors affecting young mothers aged 15-24 years, particularly in urban slum areas like Kisenyi. Understanding these factors is essential for designing targeted interventions to improve PNC uptake in this vulnerable group. The study thus aimed to assess the utilization of postnatal care services and associated factors among mothers aged 15-24 years attending Kisenyi Health Centre IV, Kampala City.

Methodology

Study design

The study employed a cross-sectional study design using a quantitative data collection approach and analysis. This design was considered appropriate because it allowed for the collection of data at a single point in time, providing a snapshot of the current state of postnatal care service utilization among mothers aged 15-24 years. Additionally, the cross-sectional design was cost-effective and time-efficient, making it suitable for this study, which had limited resources.



Study Setting and Rationale

The study was conducted at Kisenyi Health Center IV, located in Kampala City, central Uganda. Kisenyi HCIV is a public, not-for-profit health center situated approximately 4 kilometers from the Kampala City Center, with the nearest major referral unit being Mulago National Referral Hospital. Kisenyi HCIV was established by the government of Uganda to address the gap in healthcare delivery in the country and to serve the population of Uganda living within Kampala City. This health center offers both inpatient and outpatient services for children and adults across various departments, including maternity, pediatrics, immunization, medical, surgical, and the post-natal clinic. The researcher will sample mothers from the post-natal clinic, which is primarily managed by midwives and nurses of various qualifications. The study area was chosen due to the substantial number of post-natal mothers attending the clinic, which will facilitate the researcher in accessing the required number of respondents to meet the study's requirements.

Study population

The study included all mothers aged 15-24 years attending the post-natal clinic at Kisenyi Health Center IV who consented to participate in the study.

Sample size determination

A convenient sampling technique was used involving 42 mothers aged 15-24 years attending postnatal care at Kisenyi Health Center IV. This sample size was appropriate to generate reliable and significant data, while also ensuring that the study is feasible and reflective of the target population.

Sampling procedures

The study employed a convenience sampling technique to select 42 mothers aged 15-24 years attending postnatal care at Kisenyi Health Center IV. Eligible and willing participants were recruited as they presented at the clinic during the data collection period. This method was chosen for its simplicity, cost-effectiveness, and suitability for time-limited academic research, allowing for quick access to the target population despite its limited generalizability.

Inclusion criteria

The study recruited mothers aged 15-24 years who attended the postnatal clinic at Kisenyi Health Center IV and

consented to participate. Additionally, participants within the catchment area of the health center who were within six weeks postpartum were enrolled. Mothers experiencing severe medical complications that would prevent participation were excluded.

Exclusion criteria

Mothers who did not meet the age requirement of 15-24 years, those who were not attending the postnatal clinic at Kisenyi Health Center IV, and those who were unable to provide informed consent, or were very sick, unwell, and mentally sick

The Dependent Variables

The dependent variables in this study were utilization and uptake of postnatal care services among mothers aged 15-24 years. These variables measured the extent to which mothers accessed and used postnatal care services, including the frequency of visits and the types of services received.

The independent variables

The independent variables in this study included socio-demographic factors (such as age, education level, marital status, and residence), individual factors (such as birth preparedness and knowledge about postnatal care), and health system-related factors (such as accessibility of health facilities, quality of care, availability of services, and healthcare provider attitudes). These variables were considered to influence the utilization of postnatal care services and were examined to determine their impact on the uptake of these services.

Research instruments

The study utilized self-administered structured questionnaires that were issued to participants.

The research instruments, self-administered questionnaires, were pre-tested before the actual data collection. Pre-testing involved a trial run of the instruments to ensure their validity and reliability. For this study, the questionnaire was pre-tested with 5 respondents at Kisenyi Health Center IV. As a result of the pre-testing, some questions were rephrased, rearranged, added, and removed, which enhanced the instrument's effectiveness. This method was chosen due to its ability to reach a broad range of respondents efficiently, saving time and minimizing researcher interaction with participants. The structured format of the questionnaire



facilitated systematic data collection and ensured that responses were standardized for accurate analysis.

Data collection procedures

Data collection involved administering self-administered structured questionnaires to eligible participants at the postnatal clinic of Kisenyi Health Center IV. The researcher, who ensured that all consenting mothers aged 15-24 years, meeting the inclusion criteria, understood the purpose of the study and how to complete the questionnaires, distributed the questionnaires. The researcher checked the completeness of the questionnaires after receiving them returned from participants.

Data management

Data management involved securely storing and organizing collected questionnaires, ensuring confidentiality and accuracy during data entry and analysis.

Data Analysis and Presentation

Results

Socio-Demographic Factors Affecting Postnatal Care Services among Mothers Aged 15-24 Years

TABLE 1: DISTRIBUTION OF SOCIO-DEMOGRAPHIC VARIABLES AFFECTING UTILIZATION OF POSTNATAL CARE

Characteristics	Frequency (f)	Percentage (%)
Age (years)		
15-19	22	52.4
20-24	20	47.6
Education level		
None	7	16.7
Primary	11	26.2
Secondary	14	33.3
Tertiary	10	23.8
Residence		
Semi-Urban	14	33.3
Urban	28	66.7
Employment status		
Employed	19	45.2
Unemployed	23	54.8
Monthly income		
Less than 100k	18	42.9
100-500k	17	40.5
Above 500k	7	16.7
Number of children		

After collecting the questionnaires from the participants, the data were compiled, processed, and analyzed using both Excel and descriptive statistics. The analysis focused on evaluating the outcomes of the variables by calculating frequencies and percentages. The results were presented using bar graphs, figures, tables, and pie charts. These methods were chosen for their convenience and clarity, facilitating an effective interpretation of the findings and a comprehensive understanding of the data.

Ethical considerations

An introductory letter was obtained from Mildmay School of Nursing and Midwifery and presented to the administration of Kisenyi Health Center IV. Permission was sought from the health center's management. Upon approval, the researcher was introduced to the patients and caregivers by the department in charge. The purpose of the study was fully explained to all potential participants, and informed consent was obtained from those who agreed to take part in the study.

1-4	35	83.3
Above 4	7	16.3

According to findings in Table 1, the majority of the study respondents, 22 (52.4%), were aged between 15-19 years, while 20 (47.6%) were aged 20-24 years.

In term of level of education, 14(33.3%) had attained secondary education, 11(26.2%) had primary education, 10(23.8%) had tertiary education and only 7(16.7%) had not formal education.

About employment, 23 (54.8%) of the respondents were unemployed, while 19 (42.5%) were employed.

On the distribution of monthly household income, 18 (42.9%) of the study participants noted that they earned less than 100,000 UGX, 17 (40.5%) earned between 100,000–500,000 UGX, while only 7 (16.7%) earned above 500,000 UGX.

When asked about the number of children, the majority, 35 (83.3%), had 1–4 children, while 7 (16.7%) had more than four children.

FIGURE 1: DISTRIBUTION OF RESPONDENTS ACCORDING TO MARITAL STATUS

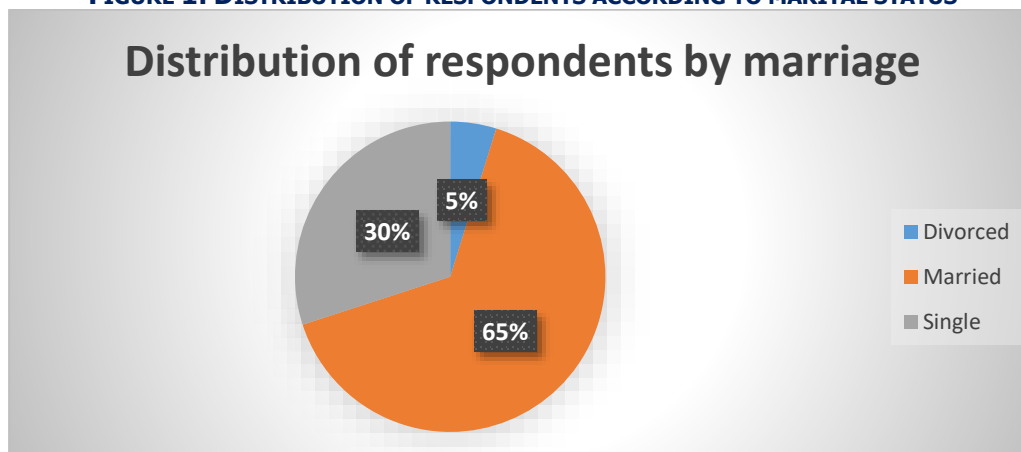


Figure 1 shows that 27(65%) of the respondents were married, 13(30%) were single mothers, while only 2(5%) reported that they divorced.

Distribution of Individual Factors Affecting Postnatal Care Services among women aged 15-24 years



TABLE 2: INDIVIDUAL FACTORS AFFECTING POSTNATAL CARE SERVICES AMONG WOMEN AGED 15-24 YEARS.

Characteristics	Frequency (f)	Percentage (%)
Birth-plan		
Yes	10	23.8
No	32	76.2
Number of ANC visits		
1-4	16	38.1
5-7	16	38.1
8	10	23.8
Information source		
Family	4	9.5
Friends	9	21.4
Health workers	24	57.1
Media	5	11.9
Support system (family/friends)		
No	13	31
Yes	29	69
PNC Visit Frequency		
Once	12	28.6
Thrice	18	42.9
Twice	12	28.6

Table 2 shows that most respondents, 32 (76.2%), reported not having a birth plan, while only 10(23.8%) had a plan for their delivery

When asked about the number of antenatal care (ANC) visits attended during the pregnancy, 16 (38.1%) mothers had 1–4 visits, another 16 (38.1%) had 5–7 visits, and 10 (23.8%) attended the maximum required 8 visits.

About the sources of information on postnatal care, the majority of the respondents, 24 (57.1%), cited health workers, followed by 9 (21.4%) who got their information

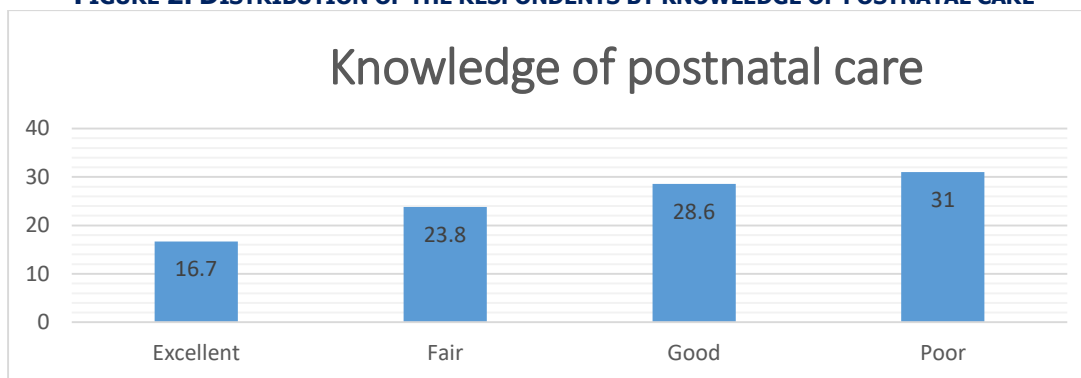
from friends, 5 (11.9%) from the media, and 4 (9.5%) from family.

Most respondents, 29(69.0%), acknowledged having a support system from family or friends, while 13(31.0%) did not have any support system to assist them with postnatal care.

In regards to the frequencies of the postnatal care clinic visit, 18(42.9%) reported visiting three times, while 12 (28.6%) visited once, and another 12 (28.6%) visited twice.



FIGURE 2: DISTRIBUTION OF THE RESPONDENTS BY KNOWLEDGE OF POSTNATAL CARE



In terms of knowledge about postnatal care (PNC), 13(31.0%) of the respondents rated their knowledge as poor, 12(28.6%) reported good knowledge, 10(23.8%) rated it as fair, and only 7(16.7%) rated it as excellent.

Health System-Related Factors Affecting Postnatal Care Services among Mothers Aged 15-24 Years

TABLE 3: DISTRIBUTION OF RESPONDENTS BY HEALTH SYSTEM FACTORS AFFECTING UTILIZATION OF POSTNATAL CARE

Characteristics	Frequency (f)	Percentage (%)
Distance		
5-10km	14	33.3
Above 10km	7	16.7
Less than 5km	21	50
Quality of Care		
Excellent	4	9.5
Fair	18	42.9
Good	17	40.5
Poor	3	7.1
PNC Services Available		
No	1	2.4
Yes	41	97.6
Provider Attitudes		
Excellent	7	16.7
Fair	15	35.7
Good	17	40.5
Poor	3	7.1
Affordability		
Affordable	21	50
Expensive	9	21.4
Very expensive	1	2.4
free	11	26.2
Ease of access to PNC information at the facility		

Difficult	8	19
Easy	25	59.5
Somewhat diff	9	21.4

Table 3 shows that 32(76.2%) of the respondents reported living less than 5km away from the health facility, 4 (33.3%) lived between 5–10km, while 7 (16.7%) resided more than 10km from the facility

On the perceived quality of care received, 18 (42.9%) rated it as fair, 17 (40.5%) as good, 4 (9.5%) as excellent, and 3 (7.1%) as poor.

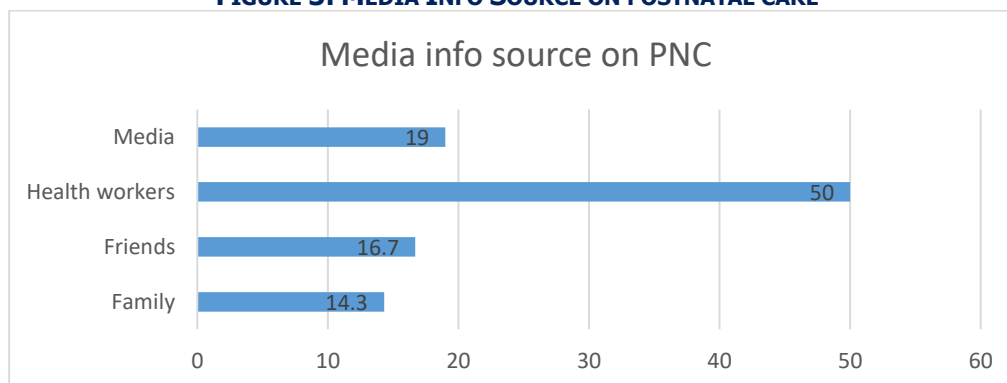
The availability of postnatal care (PNC) services was confirmed by the majority of respondents, with 41(97.6%) reporting the availability of the services and only 1 (2.4%) indicating unavailability.

Regarding the attitude of healthcare providers, 17(40.5%) rated them as good, 15(35.7%) as fair, 7 (16.7%) as excellent, and 3 (7.1%) as poor.

When asked about the affordability of the PNC services, half of the respondents 21, 50.0%) found the services affordable, 11(26.2%) reported they were free, 9 (21.4%) said the services were expensive, and 1 (2.4%) considered them very expensive.

In terms of the ease of accessing postnatal care information at the facility, 25 (59.5%) found it easy, 9 (21.4%) said it was somewhat difficult, and 8 (19.0%) found it difficult.

FIGURE 3: MEDIA INFO SOURCE ON POSTNATAL CARE



For the source of postnatal care information through media, 21 (50.0%) cited health workers, 8 (19.0%) reported media, 7 (16.7%) got it from friends, and 6 (14.3%) from family members.

Discussion

Socio-demographic factors influencing the utilization of postnatal care services

The study found that a majority of the respondents (52.4%) were aged 15.9years. This aligns with a finding by who noted that adolescent mothers, particularly younger ones, are more likely to face challenges accessing postnatal care due to limited autonomy and stigma. Similarly, found that older women are more likely to utilize PNC services than adolescent mothers, supporting this study's implication that age influences access.

In terms of education level, 33.3% had attained secondary education, while 28.8% had tertiary education. This corresponds with the findings of those who reported that higher education levels are associated with greater utilization of maternal services, including PNC. Educated mothers are more likely to understand the importance of PNC and overcome the logistical and cultural barriers to access.

According to the study findings, most participants (66.7%) resided in urban areas. This is consistent with (Dahab & Sakellariou, 2020) and (Machira & Palamulen, 2017), who reported in their studies that urban women are more likely to use PNC services than rural women due to better proximity to healthcare facilities and access to healthcare information.

In this study, the employment status of mothers was also relevant, with 54.8% of them being unemployed. (Omona et



al., 2021) observed that while employment can empower women financially, it might also pose time constraints that limit health-seeking behavior. Thus, employment alone does not guarantee improved PNC uptake unless other barriers are addressed.

Individual factors influencing utilization of postnatal services

The majority of the respondents (76.2%) who were interviewed did not have a birth plan. This finding diverges from the findings by those who reported in their study that birth preparedness is positively associated with higher utilization of PNC. The low rate of planning may indicate inadequate antenatal counseling or limited awareness about the benefits of early postnatal care.

The knowledge about PNC was reportedly poor by 31% while 16% rated their knowledge of PNC as excellent. This finding is consistent with the findings in studies by others who highlighted that limited awareness is a major barrier to PNC uptake among young mothers.

Regarding antenatal attendance, 38.1% of the mothers had 1-4 visits, and an equal number had 5-7 visits. This is somewhat consistent with (Towongo et al., 2024b), who indicated that more ANC visits are associated with increased awareness and utilization of postnatal care. However, with multiple ANC visits, the mother may still lack comprehensive information about PNC, pointing to a gap in the quality of the antenatal counseling.

When examining the sources of PNC information, 50.0% cited health workers, while 19.0% got their information from the media, 16.7% from friends, and 14.3% from family. These findings confirmed the conclusion of (Sacks et al., 2017) and (Sheba et al., 2022) that health workers are the most trusted and reliable sources of health information. The relatively lower reliance on media and community sources suggests an opportunity to strengthen health promotion through diverse channels.

Most respondents (69.0%) reported having support from family or friends, which aligns with the finding of, who found that social support, especially from spouses and family, plays a critical role in influencing postnatal care utilization.

Health system factors influencing utilization of postnatal care

Proximity to the health facility was a key determinant of PNC utilization, with half (50.0%) of the mothers living within 5km of Kisenyi HCIV. This is supported by (Ndugga

et al., 2020) and (Acevedo et al., 2020), who both note that shorter distances significantly increase the likelihood of attending PNC.

Most mothers (40.5%) rated the quality of care they received at Kisenyi HCIV as good, while 42.9% rated it as fair. These findings agree with (Bohren et al., 2014) and (Minckas et al., 2021), who highlighted that the perceived quality of care influences mothers' willingness to return for services. Poor or disrespected care may discourage further visits, particularly among the young mothers.

The availability of PNC services was confirmed by 97.6% of the respondents, a promising indication that structural barriers are minimal at the facility. This is supported by a study conducted by which reported that the availability of PNC services in a facility is a strong predictor of utilization. Regarding provider attitude, 40.5% of the respondents rated them as good, and 37.5% as fair. This aligns with (Sando et al., 2014) and (Minckas et al., 2021), whose studies found that respectful maternity care encourages repeat visits, whereas negative interactions with healthcare workers can be a major barrier.

In terms of affordability, 50.0% of the respondents found that services were affordable, and 26.2% received them free of charge. A study identified financial barriers as critical, particularly for low-income mothers. In any case, eliminating any form of user fees can increase access and adherence to PNC schedules.

Conclusion

Sociodemographic factors such as age, education level, residence, and employment status play a critical role in influencing PNC uptake. The majority of mothers were adolescents aged 15-19 years, a group that is often more vulnerable and less empowered to make independent health decisions. Higher educational attainment and urban residence were associated with increased service utilization, confirming that improved literacy and access are very important for health-seeking behaviors.

Under the theme of individual factors, this study found that a large proportion of mothers had not developed birth plans and demonstrated limited knowledge about PNC services. Although many had attended antenatal care visits, the conversion of that contact into active postnatal follow-up was not guaranteed. Health workers emerged as the primary and most trusted source of information on postnatal care, underscoring their pivotal role in maternal health education. Furthermore, social support systems such as family and



friends were found to influence mothers' decisions to attend postnatal services.

Health system-related factors also contributed significantly to service utilization among the respondents. Although most respondents lived within a manageable distance to the facility and acknowledged the availability of essential PNC services, perceptions regarding the quality of care and attitudes of healthcare providers varied. The affordability of services and ease of accessing information were also key determinants. Although the majority of respondents rated care as good or fair and found information access easy, there remains a segment of young mothers who experience barriers that deter repeat visits or full compliance with PNC recommendations.

Finally, the study demonstrated that despite the presence of PNC services at Kisenyi HCIV, their full utilization among young mothers is hindered by a combination of socio-demographic, individual, and health system factors. Strengthening health education, improving the quality of care, and addressing informational barriers will be essential for increasing utilization of PNC services, hence improving maternal and neonatal health outcomes.

Limitations

The use of the convenience sampling technique introduced selection bias affecting the generalizability of the findings to all young mothers in Kampala or similar.

Additionally, the relatively small sample size of 42 participants, although appropriate for academic purposes, did not capture the full diversity of experiences and perspectives among the target population.

Implications for the nursing practice

Nurses and midwives should actively provide comprehensive postnatal care education to mothers during antenatal and postnatal visits, with a focus on young mothers. This includes explaining the importance of PNC, expected visits, and recognizing danger signs in both the mother and newborn.

Recommendation

To enhance postnatal care (PNC) utilization among young mothers, health facility management and providers should strengthen birth-planning counseling during antenatal visits, especially for first-time mothers.

Health education should incorporate multimedia tools such as visual aids and radio messages to improve understanding and retention.

Additionally, continuous training in respectful and youth-friendly care is vital to improve provider-client interactions, while peer support groups at the community or facility level can offer practical and emotional support to young mothers. At the policy level, Kampala Capital City Authority (KCCA) and the Ministry of Health (MoH) should implement targeted community outreach programs focused on adolescents and young mothers to increase awareness of PNC services.

Health promotion should also be intensified through local media channels to reinforce key messages and dispel misconceptions, particularly among less-educated women.

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List of abbreviations

HCIV	: Health Centre IV
KCCA	: Kampala Capital City Authority
WHO	: World Health Organization
PNC	: Postnatal Care
SDG	: Sustainable Development Goals
NGO	: Non-Government Organization
UNMEB	: Uganda Nurses and Midwives Examination Board

Source of funding

The study was not funded.



Conflict of interest

The author declares no conflict of interest.

Author contributions

Esther Nantale- Study developer, pretested research tools, Data collector, Data entry, and analysis.

Hasifa Nansereko- Supervised the Study.

Jane Frank Nalubega, co-author of the study

Data availability

Data is available upon request.

Informed consent

There was full disclosure; full comprehension, and respondents voluntarily consented to participate in the study.

Author biography

Esther Nantale is a student at Mildmay Uganda School of Nursing and Midwifery, pursuing her Diploma in Midwifery Extension.

Hasifa Nansereko- a tutor and a Research Supervisor at Mildmay Uganda School of Nursing and Midwifery.

Jane Frank Nalubega is a tutor and the corresponding author of this particular study.

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