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Research Article

Challenges of Community Health Nurses During Postnatal Home Visitation in Selected Districts of the Ashanti Region, Ghana

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Abstract

Introduction: Efforts have been made to improve maternal and child health care globally, with a focus on promoting postnatal care for mothers and babies. In spite of the known significance of postnatal visits for enhancing maternal and child health care, concerns still exist regarding maternal and infant health care in the Ashanti Region and Ghana as a whole. The study aimed to explore and describe the challenges experienced by community health nurses that may have an impact on postnatal home visitation in selected districts of the Ashanti Region, Ghana. *Method*: Qualitative research method was used to collect data. Semi-structured interviews were conducted using 15 CHNs. Data were analysed using a thematic content analysis approach. *Results*: Two main themes and six categories emerged from the overall analysis of the data from the CHNs. One theme emerged based on the objective of the study and the other theme emerged based on the analysis of the responses of the participants. Themes emerged include: challenges of postnatal home visitation and preparation for and responsibilities during postnatal visits. *Conclusion*: The study concludes that postnatal home visits face significant challenges due to institutional limitations, socio-cultural barriers, and mother-related issues, which can hinder effective care. Additionally, community health nurses (CHNs) strive to provide essential services through preparation, skills application, and ongoing education.

Keywords

Community Health Nurse, Maternal and Child Health, Post-Natal Home Visitation

1. Introduction

Maternal health is a global priority due to the significant disparities in the well-being of mothers between high-income and low-middle-income countries [16]. Despite numerous campaigns focusing on the utilisation of maternal health care services to improve the health of women and children, the desired impact has not been achieved in certain parts of the world, including Africa and Asia [19, 2]. In low and lower middle-income countries, preventable causes and complications related to pregnancy and childbirth contribute to high maternal mortality rates. Approximately 800 women die from these causes every day, with 95% of these fatalities occurring in low and lower middle-income countries and 70% in sub-Saharan Africa [20, 2]. Bleeding and infections during the postnatal period are major contributors to maternal mortality in these regions [20].

The highest risk of a child's mortality occurs within the in-

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itial 28 days of life (the neonatal period). Every year, approximately 2.6 million babies die in their first month of life. Up to half of all deaths take place within the initial 24 hours of life, with 75% occurring during the first week [17]. Most of these infants are born in low and lower middle-income countries. Most infants die at home as a result of infections and complications associated with prematurity, such as respiratory distress syndrome and apnoea [17].

In the context of Ghana, a low middle-income country in West Africa, CHNs face several challenges during postnatal home visitations. Limited resources and inadequate staffing within the health care system hamper the capacity of CHNs to deliver comprehensive postnatal care services [14]. This scarcity of resources can result in a lack of necessary medical supplies and equipment, compromising the quality of care provided during home visits. Moreover, high workloads and time constraints are prevalent challenges faced by CHNs in Ghana, as they often serve a large number of postnatal mothers within a limited timeframe [13]. These constraints can lead to rushed visits and limited time for thorough assessments and counselling, potentially impacting the overall quality of postnatal care. CHNs may face challenges related to their attitudes, knowledge, and skills. Negative attitudes, lack of empathy, and poor communication skills can create barriers to effective interactions with postnatal mothers, diminishing trust and hindering the establishment of a supportive care relationship [8, 9]. Inadequate knowledge and skills in areas such as lactation support, newborn care and identification of postpartum complications can lead to suboptimal care provision and inadequate support for postnatal mothers [9, 8].

These challenges highlight the need for targeted interventions such as postnatal home visits and support to ensure the delivery of quality postnatal care services. Addressing these challenges and problems in the Ghanaian context is crucial to optimize postnatal care delivery, promote positive health outcomes, and ensure the well-being of postnatal mothers and their newborns.

This paper reports on results from a qualitative study that explored the challenges experienced by community health nurses who have an impact on postnatal home visitation in selected districts of the Ashanti Region, Ghana.

2. Methods

2.1. Study Setting

The study was conducted in the Ashanti Region of Ghana. The region is divided into 30 administrative and health districts. There are 530 health facilities in the region, of which 325 are public health institutions. These facilities include one teaching hospital, one regional referral hospital, twenty-seven district hospitals and the remaining five hundred and twenty are sub-district and first level facilities. The type of service offered depends on the level of each of the health facilities. Categories of nurses who provide maternal and child services include Registered General Nurses (RGN), Registered Midwives (RM), and Community Health Nurses (CHNs). The Ashanti Region was chosen because although maternal and neonatal mortality had increased, postnatal care (PNC) coverage had decreased [5]. District hospitals were chosen because they are located in almost all the districts in the region and also serve as a referral centre for lower-level facilities like sub-district hospitals and first level facilities.

2.2. Study Respondents

In-depth interviews were conducted. It constituted community health nurses (N=15) working at postnatal units in district hospitals of the Ashanti Region. Majority of the CHNs fell within the age range of 23 to 25 years. Simple random sampling was used in the selection of three district hospitals out of the twenty-seven district hospitals in the region. Participants were selected through purposive sampling.

2.3. Study Design

Qualitative in-depth interviews were conducted among community health nurses working at postnatal units in district hospitals of the Ashanti Region. Owing to the sensitivity of the subject matter, and respect for privacy of participants, individual interviews were deemed the most appropriate method for data collection.

Interview guides were semi-structured, open-ended, and made use of probes. Socio-demographic data were collected prior to the interview, and included age, religious affiliation, marital status, educational status and number of children. Nurse's rank and years of experience were included for the socio-demographic data. A pilot study was conducted to check for appropriateness and understanding, and revisions were made to improve the clarity and flow of the instrument. Interviewers, who had experience in qualitative research methods, conducted the interviews in English. The duration of the interviews averaged 45 minutes to 82 minutes. Interviews were digitally recorded and transcribed verbatim. All participants provided written informed consent, and confidentiality and anonymity were ensured. Ethical approval was obtained from the Research Ethics Committee, University of The Western Cape and Ghana Health Service Research Ethics Review Committee. Approval to conduct the study was obtained from hospital administrators.

3. Data Analysis

Data were analysed using a thematic analysis approach. Initial categories for analysing data were drawn from the interview guide and themes and sub-themes emerged after reviewing the data. Key themes to emerge were: challenges of postnatal home visiting and preparation for and responsibilities during visits.

The computer software package ATLAS ti 8 was used to

facilitate sorting and data management. Members of the research team developed and refined the codes using the key issues probed. The transcripts were coded by the research team and then cross checked for coder variation. The data were then reviewed for major trends and crosscutting themes were identified. Issues for further exploration were prioritised for final analysis. No coding discrepancies were encountered.

4. Results

4.1. Demographic Characteristics of the CHNs

A total of 15 nurses (3 principal community health nurses, 3 senior community health nurses and 9 community health nurses) with more than two years of work experience were interviewed. The majority of the participants in this study fall within the age range of 23 to 25 years, followed by 26-28 years. Most of the participants, 53.3%, belong to the Christian religion, followed by 26.7% being Muslims and the rest of the participants belonging to the traditional religion. All the community health nurses had tertiary and secondary education and had over 2 years working experience.

Table 1. *Sociodemographic characteristics of CHNs.*

Variable	Number	Percent (%)
Age group (in years)		
21-22	5	33.3
23-25	7	46.7
26-28	2	13.3
≥30	1	6.7
Religion		
Christian	8	53.3
Muslim	4	26.7
Traditionalist	3	20.0
Nurse's rank		
PCHN	3	20.0
SCHN	3	20.0
CHN	9	60.0
Years of experience		
2-3	2	13.3
4-6	5	33.3
≥7	8	53.3

4.2. Presentation of Findings

Two main themes emerged from the overall analysis of the data on challenges experienced by CHNs during Postnatal Home Visitation. Table 2 shows themes, categories and sub-categories which emerged from the analysis of the data obtained from the CHNs.

Table 2. *Summary of themes and their respective categories and sub-categories.*

Themes	Categories	Subcategories
Challenges of postnatal home visiting	Lack of institutional support to postnatal home visit	a. Transportation challenges b. Inadequate number of staff c. Lack of support and motivation from hospital facilities
	Socio-cultural barriers to postnatal home visit	a. Cultural barriers a. Language barriers
	Mother-related challenges	a. Mothers' non-adherence to child welfare clinic and immunisation schedule (CWC) b. Breastfeeding challenges among mothers c. Mothers' non-adherence to instructions d. Negative attitudes of mothers towards home visitation
	Education and training of CHNs	a. Restrictions on training from curriculum b. Knowledge upgrade and upskilling of CHNs
Preparation for and responsibilities during visits	Preparation for home visits	a. Items needed for home visits b. Planning activities for visits c. Strategies used during visits

Themes	Categories	Subcategories
	Responsibilities during visits	a. Assisting with cord care b. Direct observation therapy during visits c. Counselling and education d. Assessment of mothers and newborns e. Environmental assessment

Theme 1. Challenges Experienced by CHNs During Postnatal Home Visitation.

Challenges refer to the difficulties encountered by community health nurses during home visits. Postnatal home visitation is one of the essential responsibilities of every community health nurse as it helps to know the health status of the mother and the baby as well as reduces rates of maternal and infant mortality. Despite these benefits, almost all community health nurses experience one challenge or another during these visits as admitted by the participants. Different challenges were reported by the participants, some within their control and others out of their control. These were then grouped into four categories: 1) lack of institutional support to postnatal home visits, 2) socio-cultural barriers to home visits, 3) mother-related challenges and 4) education and training of nurses (see table 2). General views expressed by the participants concerning the challenges faced by them during the postnatal home visitation are shown in the quotes below:

"Some mothers live far and some of their places no car goes there due to their location and bad road system, so you have to walk a very long distance to their homes whilst carrying your equipment. Sometimes you get so tired after the visitation that you lose interest in it and it takes a very long time before you will decide to visit them again. Even though I know it is not good for the mothers and the babies, my health is also important because sometimes I get sick after the visit." – N1

"The main challenge we face is the decision of the mothers to stick to exclusive breastfeeding for the [first] six months. Even though we teach them at the clinics to feed their children with only breastmilk for six months, we find them not adhering to it when we go for the home visits. Most times, they are influenced by the elderly women at home. These women taunt them saying, 'Do you think you would have grown healthily if we hadn't added water to your food when you were a baby?' Even if a mother will want to adhere to it, she'll have to give deaf ears to these women, which is very hard to do. Another challenge is the transportation. It is not hard getting access to the clients in this area, but there are risks involved in the transportation." – N8

"When going on home visits, some of the logistics are not given. Equipment that you may need is unavailable to you. There's the need to check the mother's urine and her BP. So it's either you use your own money to buy the tools or first aid kit if you can or you just go empty handed and talk as usual until you leave." – N7

Theme 2. Preparation for postnatal home visits and responsibilities during visits.

Activities are planned out before a home visit is conducted. These activities include education of mothers, ensuring proper personal hygiene of both mother and baby and ensuring environmental cleanliness. These activities enable the prevention of infection and improvement of health of the mother and baby. Also, some items which are needed to be taken along need to be prepared before the journey to these homes for the visit. During the visits, the nurses are responsible for reminding the mothers of the education they received at the hospital, reminding them to report to the hospitals for reviews, assisting with the cord care, assessing mothers and the children, among other responsibilities. Community health nurses in this study listed certain preparations that were organised before the commencement of a study and the responsibilities that were expected of them during the home visits. These were classified under two categories: 1) Preparation for postnatal home visits; 2) Responsibilities during visits (see table 2).

"There's something called cord dressing. It is the treatment of the umbilical cord after birth for it to heal. Mothers are given medicine to give to their children to prevent infection but when you visit them you find the cord infected because they do not follow what is taught at the hospitals and [they] tend to use their old ways. When I visit these mothers, I consider it my responsibility to help them dress the cord properly, so I help them, because some mothers are stubborn and they ignore most of the important things that will help the child." – N14

"Yea logistics... sometimes I don't have some basic logistics to use.... like cotton, gloves etc... when I go for the home visits, so if you don't have money to purchase [them] you only go and talk for the day." – N3

"Sometimes you meet some of the mothers with wounds that are infected but you do not have sterilised items to dress the wound for them, including some instruments and gauze, so we are tempted to dress the wound with unsterilised items which is not healthy for the patients." – N6

5. Discussion

The challenges faced by the nurses in this study were grouped into three categories: institutional challenges, societal challenges, and individual challenges. These challenges collectively hindered their ability to deliver effective health care services.

Institutional Challenges: Nurses reported significant institutional barriers, primarily stemming from a lack of essential resources and systemic support. Items such as home visit bags and urine test strips, vital for conducting regular home visits, were often unavailable, forcing nurses to purchase them using their personal income. This finding aligns with existing research, which highlights inadequate resources as a major impediment to effective health care delivery [6]. Financial constraints were exacerbated by delays in receiving funds from non-governmental agencies, leaving nurses unable to cover transportation costs without using their personal finances.

Additionally, the lack of motivation and recognition from supervisors was frequently mentioned, leading to demoralization. These institutional shortcomings reflect broader issues within the health care system, consistent with previous studies that emphasize the impact of financial and logistical barriers on community health initiatives [1, 6, 4].

Societal Challenges: Transportation and infrastructure issues emerged as prominent societal challenges. Nurses highlighted poor road conditions and limited transportation options, particularly in rural areas. As a result, they often had to walk long distances while carrying medical supplies and equipment, which caused physical exhaustion and significantly restricted the number of households they could visit in a day. This challenge is not unique to this study, as inadequate road infrastructure across sub-Saharan Africa, including Ghana, has been well-documented as a barrier to effective health care delivery [7, 12, 15]. These limitations not only affect accessibility but also reduce the quality and scope of services provided to communities.

Individual Challenges: The physical and emotional toll on nurses due to the aforementioned barriers was a recurring theme. Long hours of walking under difficult conditions, combined with the financial strain of self-funding essential activities, created significant stress. Despite their dedication, these challenges often left nurses feeling undervalued and overburdened, further affecting their ability to perform optimally.

Preparation for and responsibilities during visits

Effective postnatal home visits by community health nurses (CHNs) require careful preparation and planning to ensure the provision of comprehensive care, education and support to postnatal mothers. CHNs should ensure they have the necessary items and supplies to effectively conduct postnatal home visits. These may include a dedicated home visit bag or kit, personal protective equipment (PPE), educational materials, assessment tools, medications and first aid supplies and referral forms and contact information. Having a well-equipped home visit bag allows CHNs to carry essential supplies during their visits. PPE, such as gloves, masks and aprons, is crucial for infection prevention and control [11]. Educational materials, such as pamphlets and visual aids, facilitate the provision of comprehensive education on topics like breastfeeding, newborn care, hygiene and immunisations [3]. Assessment tools, such as weight scales, thermometers, measuring tapes and blood pressure cuffs, enable CHNs to monitor the health status of the mother and newborn during the visit [10]. Medications and first aid supplies are essential for addressing minor health issues that may arise [18].

6. Conclusion

The study highlights that community health nurses (CHNs) face significant challenges during postnatal home visits, which affect the quality and consistency of care they can provide. Limited institutional support, including insufficient transportation and inadequate medical supplies, impedes nurses' ability to perform essential tasks like monitoring maternal and infant health. Preparations, including ensuring that necessary materials and plans are in place, enhance the nurse's ability to deliver essential services, such as cord care, infection prevention, and health education.

7. Limitations

The study was conducted only in 3 districts in the Ashanti Region, due to financial and time constraints and as such, it may be challenging to apply the findings in other parts of the country. Data was collected partly during the COVID-19 outbreak and outcomes of the first phase may be subjected to response biases due to the circumstances at the time. All CHNs who participated in the study were certificate holders and the findings may not reflect the challenges of other health care workers with higher training and qualification involved in home visitation.

8. Recommendations

Recommendations are made here to CHNs and for community health nursing practitioners, the Nursing and Midwifery Council and its affiliates, Ministry of Health and its affiliates, and Traditional leaders and community members.

1) There should be a proper orientation to the community of deployment before CHNs are made to start work in these communities. They should be well-oriented to the cultural expectations and norms during home visits and home care.
2) CHNs should endeavor to learn about the culture of the community of deployment, if necessary and endeavor to respect the cultural beliefs of the mothers whilst working at promoting adherence to evidence-based practices.

They should be willing to read about the cultural practices of the communities in available sources of literature including history books, from the internet and from opinion leaders in the community.

3) The NMC and its affiliates should conduct periodic monitoring and supervision of the work and the conduct of CHNs during home visitations and how well they keep to the ethics of the profession.
4) The MOH need to lobby for essential resources needed by the CHNs for the provision of efficient home visitation care, from donor agencies and the Ministry of Finance.
5) Community members and leaders should provide means of accommodation, transportation and other incentives for CHNs deployed to their respective communities for the conduct of home visitation activities.

Abbreviations

CHNs	Community Health Nurses
CWC	Child Welfare Clinic
MOH	Ministry of Health
PNC	Postnatal Care
PPE	Personal Protective Equipment
RGN	Registered General Nurse
RM	Registered Midwife

Author Contributions

YA: Conceived and designed the study, conducted data collection, data analysis, and interpretation of the results, and prepared the manuscript.

MB: Supervised the study methodology, data analysis, reviewed and edited the manuscript.

Conflicts of Interest

The authors declare no conflicts of interest.

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