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Factors Influencing Low Utilization of Postnatal Care at Six Days Among Mothers in Rural Zambia: A Case of Siavonga District Hospital

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ABSTRACT: Postnatal care (PNC) is a critical intervention for reducing maternal and neonatal morbidity and mortality, yet its utilization remains low in many rural African settings. This study assessed factors influencing low attendance of postnatal mothers at six days at Siavonga District Hospital, Zambia. A cross-sectional study design was employed involving 384 postnatal women selected from Maternal and Child Health (MCH) registers. Data were collected using structured questionnaires and analysed using SPSS version 24. Descriptive statistics and Pearson's chi-square tests were used to determine associations between socio-demographic variables and PNC attendance.

Only 14.2% of mothers attended postnatal services at six days, indicating critically low utilization. Significant factors associated with non-attendance included maternal age, parity, education level, distance to the health facility, and knowledge of PNC services. Social and cultural practices such as postpartum seclusion, negative perceptions of health workers, long waiting times, and limited partner support were also identified as key barriers.

The findings highlight the need for community-based awareness programs, improved quality of care at facilities, and strengthened male involvement strategies. Enhancing early postnatal follow-up services could substantially improve maternal and newborn health outcomes in rural Zambia.

KEYWORDS: postnatal care, maternal health, neonatal health, health service utilization, Zambia, rural health

INTRODUCTION

The postnatal period, defined as the first six weeks following childbirth, is widely recognised as one of the most vulnerable phases in a woman's reproductive life cycle(Wudineh et al., 2018). During this time, both mothers and newborns face heightened risks of morbidity and mortality, particularly in low- and middle-income countries. Globally, a substantial proportion of maternal and neonatal deaths occur within the first week after delivery, with the highest risk concentrated in the first 48 hours(Titaley et al., 2010a). Despite progress in maternal health interventions over the past decades, preventable deaths related to postpartum complications remain a significant public health challenge, especially in sub-Saharan Africa.

Postnatal care (PNC) refers to the care provided to a mother and her newborn immediately after birth and up to six weeks postpartum. It encompasses prevention of complications, early detection and treatment of health problems, counselling on breastfeeding and nutrition, family planning services, immunizations, and HIV testing and counselling(Sialubanje et al., 2015). PNC offers a critical opportunity for health professionals to identify postpartum complications such as haemorrhage, infection, and hypertension in mothers, as well as infections, feeding difficulties, and other neonatal conditions. Timely postnatal interventions can therefore play a decisive role in reducing maternal and neonatal mortality and improving long-term health outcomes.

The World Health Organization recommends a schedule of integrated postnatal contacts for both mother and baby: within 24 hours of birth, on day three (48–72 hours), between days 7 and 14, and at six weeks postpartum(Wudineh et al., 2018). These visits are designed to ensure early identification of complications, support healthy practices, and provide continuity of care following delivery. However, despite the proven benefits of PNC, utilization of these services remains suboptimal in many rural and resource-limited settings. Young women and older women may also differ in their health-seeking behaviors, with experience, perceived need, and prior exposure to health services influencing their likelihood of attending postnatal visits.

In sub-Saharan Africa, demographic and socioeconomic factors such as maternal age, education, parity, marital status, and distance to health facilities have consistently been associated with PNC utilization(Ganle et al., 2014a; Mkandawire & Hendriks, 2018). Cultural beliefs and traditional practices also play a significant role. In many communities, postpartum seclusion practices limit

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movement of mothers and newborns during the early days after delivery, discouraging attendance at health facilities. Negative perceptions of health workers, long waiting times, and lack of respectful care further contribute to low service uptake(Sialubanje et al., 2015). These barriers are often compounded by limited decision-making power among women and inadequate partner or family support.

Zambia is among the countries in sub-Saharan Africa that continue to face high levels of maternal mortality and morbidity(Sialubanje et al., 2015). Although facility-based deliveries have increased in recent years, utilization of early postnatal services remains low. Studies in Zambia have attributed this to negative attitudes towards facility-based PNC, low social status of women, lack of independent decision-making, limited partner support, and unfavourable sentiments from family and community members(Dhaher et al., 2008). Financial and physical barriers, including long distances to health facilities and high transportation costs, further discourage mothers from returning for postnatal check-ups(Sialubanje et al., 2015).

The Government of Zambia, through the Ministry of Health Zambia, has developed several strategies to improve maternal and newborn health, including the National Health Strategic Plan (NHSP) and initiatives aimed at strengthening referral systems and expanding maternal and child health services. Targets have been set to reduce the maternal mortality ratio and neonatal mortality rate through improved service delivery across the continuum of care. Despite these efforts, concerns remain about why many mothers, particularly in rural areas, do not attend recommended postnatal visits, especially within the first week after delivery when risks are highest.

Siavonga District Hospital serves as a first-level referral facility for over a dozen health centres in its catchment area in Southern Province. The district is largely rural, with dispersed settlements and limited transport infrastructure. Routine health records have shown an increase in facility deliveries in recent years; however, attendance of mothers for postnatal care at six days remains notably low. This gap between facility delivery and early postnatal follow-up represents a missed opportunity for preventing complications and promoting healthy practices for both mothers and newborns.

Although global and regional literature has identified numerous determinants of PNC utilization, there is limited context-specific evidence focusing on early postnatal attendance in rural Zambian districts such as Siavonga. Understanding the local demographic, socioeconomic, cultural, and health system factors that influence mothers' decisions to attend or not attend postnatal care at six days is essential for designing targeted interventions. Such evidence can inform community education programs, quality improvement initiatives within facilities, and policies aimed at strengthening early postnatal follow-up. This study therefore sought to assess the factors influencing low utilization of postnatal care services at six days among mothers in Siavonga District, with the ultimate goal of contributing to improved maternal and neonatal health outcomes in rural Zambia.

LITERATURE REVIEW

2.0 Overview

This chapter reviews literature related to the key variables investigated in this study. These include knowledge of mothers on the importance of postnatal care (PNC), facilitators of PNC utilization, barriers to PNC attendance, attitudes of mothers toward PNC, benefits of attending PNC, and community and cultural influences. The review further examines the broader global context of PNC before narrowing to the African perspective and finally the Zambian context.

2.1 Knowledge of mothers on importance of PNC

A study conducted in Kenya reviewed that there was no influence between education level and utilization of postnatal care services. Many of women who attended postnatal care services only went up to primary level of education(Dhakal et al., 2007a). In contrast Singh et al., (2012), stated that women that had completed primary level of education or higher were more likely to go for postnatal care at a health facility. In addition, Chakraborty et al., (2003), identified unawareness as a significant factor for use of most health services. These studies however, contradict each other; this can be as a result of the difference in the geographic locations where these two studies were carried out. Another reason for the difference would be the study design used in these studies. However, many studies have been conducted on the awareness of postnatal care services. One study found out that most women lacked knowledge on the services that are provided during PNC; most women associated it only to immunizations and family planning services. A study conducted in Nepal reviewed that the main reason for the non-utilization of postnatal care services was lack of knowledge or not perceiving a need for it(Dhakal et al., 2007a)

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2.2 Facilitators of PNC

Munabi-Babigumira et al., (2021) mentioned that age of the women was influencing the utilization of PNC; other factors were being married, number of children, educational level and awareness. Women who previously had previous pregnancy complications such as caesarean section or those that delivered with the aid of forceps are more likely to attend PNC.

2.3 Barriers of PNC utilization

The attitude of health workers is also regarded as one of the barriers of PNC (Munabi-Babigumira et al., 2021).

Women with higher birth of at least five mostly do not attend PNC this is because most of them feel they have had adequate experience in the raising of their children without the need for PNC.

Distance from where the women stay and the health facilities is also a barrier in for utilization of PNC services. Deterrents to use of PNC often range from attitude of health workers, lack of awareness, social cultural and facility based(Dhakal et al., 2007b). Sialubanje et al., (2015), found obstacles to utilization of postnatal care service exist, however they can be overcome by enhanced policy commitment to improving maternal health services. The long waiting periods during postnatal clinics tend to discourage women from accessing these services.

2.4 Attitude of Mothers towards PNC

Attitude is generally perceived as an inclination or a tendency of a person responding either positively or negatively toward certain idea, object, person or situation. Attitude of an individual has an emotional, cognitive as well as behavioral component. It is usually assumed that people behave in accordance with their attitudes and thus it can be both positive and negative influence on behavior.

The attitude of mothers towards PNC may or may not be an important influence on attendance. A study done by Dhaher in Nepal reviewed that the majority of women consider PNC as necessary. Despite these women having the information and a positive outlook on PNC, it is reported that their attitude towards the service was poor(Dhaher et al., 2008).

The report further indicates that women expressed that they did not feel sick at all and therefore saw no need to seeking PNC services.

2.5 Benefits of attending PNC

There is need for women to know and understand that there are a number of benefits for accessing postnatal services from their nearest health facility. Postnatal women have to be sensitized about the dangers that can occur to both a mother and child during the postpartum period(Wudineh et al., 2018). Male involvement is a key in utilization of PNC services and it must be highlighted to benefit women in decision making especially on seeking health services.

Postnatal care visit also serves as an entry point for provision of other health related services at the facility(Ganle et al., (2014). Accessibility to health services may be one of the challenges to effective health care utilization including PNC attendance. Some of these challenges include distance and means of transport to access health centers. In another study done in Nepal and Palestine by Dhakal and Dhaher reviewed that distance to the nearest clinic and unemployment were among the clear factors affecting PNC utilization(Dhaher et al., 2008). In Zambia, according to central statistical organization (CSO) (2007), the distance to the service area may discourage the women from going the clinic for PNC.

2.6 Community and cultural effects

Communities also have a part in use of PNC services therefore women that had high postpartum use of contraceptive usage were likely to access PNC. Residence was associated with low attendance to postnatal care(Acharya et al., 2015).

Cultural beliefs as well as religious beliefs influence the utilization of postnatal. Traditional beliefs similarly play a cardinal part in the utilization PNC services(Callaghan-Koru et al., 2013a).

The area around childbirth has been highly influenced by culture, traditional and religious beliefs in many African societies. Studies on influence of cultural and traditional practices have shown that period after birth is usually noticeable for cultural practices in many communities, especially in Asia(Singh et al., 2012). This period is normally understood to be a time of seclusion for mother and the baby which varies in different cultures.

Another important factor is the adverse role that culture plays in bringing about low utilization of PNC services and thus leading to unnecessary complications. There are many complications which can be prevented if mothers and babies are seen in the first week post-delivery.

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2.7 Global Perspective

Globally, PNC is recognized as essential for maternal and newborn survival. It supports breastfeeding, hygiene, nutrition, and immunization. Although Nepal reduced maternal mortality significantly between 1990 and 2010, postnatal attendance remained low. Studies in Nepal reported utilization rates ranging from 26% to 46%, with socioeconomic and educational factors playing important roles(Fagbamigbe & Idemudia, 2015a).

A number of studies have investigated postnatal care utilization and timing in developing countries such as Indonesia and Bangladesh. However, the literature for postnatal care in Nepal remains limited. Only two studies have reported postnatal care utilization in Nepal. One study conducted in 2006 reported that only 34% of women utilized postnatal care service within the 42 days after birth. The same study reported that occupation, ethnicity, household economic status and education of spouse were significantly associated with the utilization of postnatal care. The study was not without limitations. First, the study was restricted to two village development committees near the nation's Capital, Kathmandu. Second, the sample size was small (n = 150). More recently, Neupane et al reported postnatal care utilization in Nepal using data collected by the 2006 NDHS. The study found that only 26.5% of mothers attended at least one postnatal care visit. A literature search did not yield any other publication related to postnatal care in Nepal using data collected after 2006(Dhakal et al., 2007).

Updated knowledge using nationally representative data could provide useful information to policy makers to implement future intervention on increasing utilization of postnatal care and improve maternal and newborn survival rates. In addition, no previous studies have reported the utilization of immediate postnatal care (within 24 hours). Given the availability of the most recent national data of NDHS 2011, and existing gaps in the literature from Nepal, this study aimed to determine the factors associated with utilization of postnatal care within i) the first 42 days after birth, and ii) the first 24 hours after birth.

2.8 African Perspective

Worldwide, more than one million babies die on their first day of life each year, making the day of birth the most dangerous day for babies in nearly every country. Almost all newborn deaths occur in developing countries; with the highest number in South Asia and the highest newborn mortality rates in Sub-Saharan Africa (SSA). Most of the newborn deaths in SSA occur among children delivered at home or outside a health facility. These deaths are mainly as a result of poor maternal health, inadequate care during pregnancy, inappropriate management of complications during pregnancy & after delivery, poor hygiene during delivery & the first critical hours after birth, and lack of newborn care(Assefa et al., 2017; Mukunya et al., 2017).

Elsewhere, literature reveals that, most of the factors that lead to neonatal deaths could be averted through postnatal check-ups. Postnatal care (PNC) is defined as the care given to the newborn baby immediately after birth (within 24 hours) and for the first 6 weeks (42 days) of life, with the aim of ensuring optimum health for the newborn. The care received in PNC includes; providing care, monitoring danger signs in the newborns' breathing, temperature, breastfeeding, and movement as well as counselling the mother on health, nutrition, and healthy lifestyle practices(Singh et al., 2012b).

The World Health Organization (WHO) recommendations on PNC prescribe that, for every uncomplicated vaginal birth in a health facility, healthy newborns should receive care in the facility for at least 24 hours.

In case the birth occurs at home, the first postnatal contact should be at least within 24 hours of birth. Regardless of place of delivery, at least three additional postnatal contacts are recommended for all mothers and newborns, on day 3 (48-72 hours), between days 7 and 14, and 6 weeks after birth. However, less than a quarter of newborns in less developed countries receive PNC within 48 hours of delivery(Mwaba, 2019).

2.9 Zambian Perspective

The 2013-14 Zambia Demographic Health Survey (ZDHS) shows some improvement in the survival rates of infants and of children under age 5 in recent years. Statistics show that the under-five mortality rate dropped from 128 deaths per 1,000 live births in 2003 to 75 deaths per 1,000 live births in 2013-14, and infant mortality declined from 76 deaths per 1,000 live births in 2003 to 45 deaths per 1,000 live births in 2013-14.

In spite the fact that, nearly two-thirds of deliveries occur in health facilities, there have been only marginal improvements in neonatal mortality (NNM) in the past 10 to 15 years, from 29 deaths per 1,000 live births between 1999 and 2003 to 24 deaths per 1,000 live births between 2009 and 2013. This scenario may be explained in part by the low level of PNC (16%). Moreover, one-third of home delivered newborns, are even less likely to receive PNC within the first 2 days (8%) than those delivered in a health

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facility (19%). This is despite the fact that the Government of the Republic of Zambia through the Ministry of Health (MoH) and Ministry of Community Development Mother and Child Health (MCDMCH) and other cooperating partners have developed and put in place various policies, programs, and interventions aimed at improving the general welfare and health of children(Mwaba, 2019).

The Zambian government has been committed to the promotion of child health through its policy and program implementation, some of which include: Integrated Community Case Management of Childhood Illnesses (ICMCI), with the support from UNICEF and other partners, the government has introduced integrated case management of pneumonia, malaria, diarrhea, and malnutrition in 23 selected districts. The government intends to scale it up to all districts of the country. To date, 1 209 community health workers have been trained. In addition, in order for the government to improve safe motherhood and newborn health, the government through the Ministry of Health has provided mentorship to six of the ten provinces of the country.

District teams have also been trained on emergency obstetric and newborn care (EmONC) and safe motherhood action groups (SMAGs) have been established, trained and provided with basic supplies in an effort to reach the highly disadvantaged populations in urban and rural areas. Expanded Programme on Immunization (EPI) is also another program government has been able to implement. The program is aimed at scaling up and sustaining high-impact nutrition interventions, including early initiation of breastfeeding, among others. All these programs aim at reducing the rates and levels of neonatal and post-neonatal mortality in Zambia(Mselle et al., 2023).

In Zambia, studies related to PNC among newborns and based on the nationally representative surveys like the ZDHS are scarce. This is because data on PNC among newborns had never been collected until recently during the 2013-14 ZDHS. Despite this dearth in empirical literature in Zambia, studies in other countries have shown that, regardless of whether delivery was at home or in a health facility, several factors contribute to low levels of PNC, including mother's age at birth, perceived size at birth, maternal education, household wealth, maternal employment status, geographic distance, such as household distance to a health facility, place of delivery, lack of antenatal care, and place of residence, among others.

To increase coverage of PNC in Zambia, a better understanding of its associated factors is important. The objectives of this study were twofold: first, to assess the demographic and socioeconomic factors associated with any PNC for newborns; and second, to examine the demographic and socioeconomic factors associated with the timing of the first PNC. It is envisaged that an understanding of such factors may help develop necessary strategies and interventions to help improve PNC coverage and in turn improve neonatal survival in Zambia.

2.10 Conceptual Framework

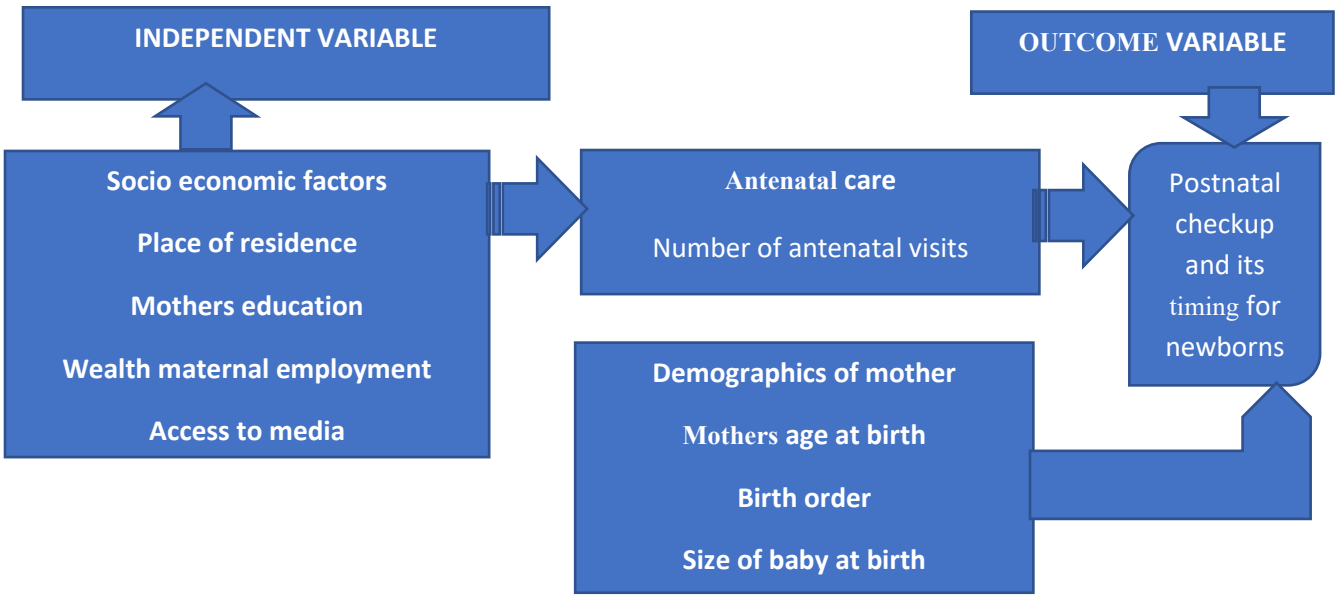

Figure 1. conceptual framework

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The conceptual framework guiding this study illustrates the relationship between postnatal care utilization and demographic, socioeconomic, and antenatal care (ANC) factors. The framework is based on empirical evidence from previous studies and variables available in the 2013–14 ZDHS.

Socioeconomic factors such as place of residence (urban vs rural), maternal education, wealth status, employment, and media exposure may directly influence PNC attendance. Urban residents often have better access to health facilities than rural residents. Similarly, educated and economically empowered women may better understand the benefits of PNC and be more likely to seek services.

Demographic characteristics including maternal age, birth order, and perceived size of the baby at birth also influence care-seeking behaviour. ANC attendance and number of visits may further affect postnatal service uptake, as mothers who receive antenatal counselling may be more aware of the importance of early PNC.

Conclusion

The literature reviewed shows that PNC is very vital to the survival of women and their new born babies. Considerable efforts have been made in various countries to address factors which may lead to underutilization of PNC services. Several factors have been highlighted in the study reviewed which indicates that the low attendance to PNC may be influenced by the attitude of mothers towards the health service, lack of knowledge on importance of PNC, poverty, distance to health facility, traditional or cultural behaviors, religious and social-economic factors. Together, these factors interact to determine whether and when mothers access postnatal services for themselves and their newborns.

METHODOLOGY

3.0 Overview

This chapter outlines the study design, setting, sampling, data collection methods, analysis procedures, data quality control, and ethical considerations used to investigate factors influencing low utilization of postnatal care services in Siavonga District.

3.1 Study design

A study was a cross-sectional survey with women of childbearing age, which was conducted in Siavonga district. This design was relevant to the study because it ensured that specific data is captured at the time of research and also to prove or disprove assumptions.

3.2 Study population

Siavonga District Hospital is one of the 1st level Hospitals in Southern Province. The Hospital is situated in the heart of Siavonga district which is spread out along the north bank of Lake Kariba. Siavonga district is 196 kilometers from Lusaka and it shares its boundaries with Zimbabwe in the south as well as Chirundu. It has an area square of 2,514km square with a population projection of 46,765 people and a density of 24.18/km squared. Siavonga district hospital has a bed capacity of 52 with an occupancy rate of 110%. The hospital has maternity ward and also receives referrals from over 15 rural health centers around the district. The hospital has 2 Medical Officer, 2 Medical Licentiates, 15 midwives' nurses and over 80 Safe motherhood action group attendants that are trained in the modern techniques in management of maternal child health services.

3.3 Study sample

384 women were sampled for this study. The participants were selected from the MCH registers and PNC cards at Siavonga district hospital.

3.4 Sample size

The formula below was used to determine the sample size for the study

$$n = \frac{Z^2 P(1-P)}{e^2}$$

Where;

Z value = 1.96, degree of precision which will be at 95% confidence interval; e = 0.05 marginal error; p = 0.5 proportional of participants;

n = (1.96 x 1.96) x 0.5(1 – 0.5) / (0.05 x 0.05) **n = 384.16**

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The study therefore recruited 384 postnatal women.

3.5 Sampling strategy

Participants were selected using a simple random probability technique for this study. This was because in simple random sampling techniques members or units of measurement have an equal chance of participating thus you cannot intentionally introduce sampling bias. These women were selected from the register in the hospital and their addresses were taken note. The identified women were then being followed up and were explained to, the purpose of the study, they were also being given chance to either accept or refuse to be part of this study. Those that consented were part of this study.

3.6 Data collection tools

Data for this study included both primary and secondary data. A well-structured questionnaire was developed, which used both open and closed ended questions. The questionnaires were given to sampled participants. The researcher also explains the purpose of the study to participants.

Those participants who accepted were be part of the study, but for those that declined were not forced to be part of the study. The principal investigator or the research assistants read out the questions either in English or Tonga, the answers were then ticked and recorded.

3.7 Data analysis

Gathered data was entered into Microsoft office 2016 excel package for corrections and cleaning. Then it was being further analyzed using IBM SPSS software version 24 (IBM Corp, 2016). The descriptive statistics was used in summarize socio-demographic data of the study. Inferential statistics was used to determine relationship between dependent variable and independent variables. The Pearson's chi-square tests were deployed to help determine if there is any association between variables. Statistical significance of $P<0.05$ with confidence interval of 95% was used. The analyzed data was then be presented in form of tables, graphs, pie charts, line charts and bar charts.

3.8 Data management and quality

The questionnaire was being pre-tested at Matua rural health Centre. This study was not using names for the participants but was rather use unique serial numbers that was different from others and was used for follow-up in an event that the questionnaire was improperly entered by the research assistants. All questionnaires were examined on daily basis for their completeness while the gathered data was cleaned up using Microsoft excel software.

3.9 Ethical consideration

Research conducting is guided by ethics, which are associated with the provision of a safe environment and protection of participants, as well as provision of mechanisms for ensuring accountability and responsibility by the researcher. Various codes of ethics have been put into existence to help avoid violation of human rights during research. Ethics clearance was sort from University of Lusaka and its Ethical Committee Department. Permission was further being asked from the Siavonga District Health Director and Medical Superintendent from Siavonga District Hospital to allow us visit the Medical Records and Maternity Wards departments.

RESULTS AND DISCUSSION

5.0 Introduction

This chapter presents the findings on factors influencing utilization of postnatal care (PNC) services within six days after delivery among postpartum women in Siavonga District. The dependent variable was attendance of early postnatal care, while independent variables included demographic characteristics, knowledge and awareness of PNC, household decision-making patterns, cultural influences, and facility-related experiences. Data were analysed using descriptive statistics, cross-tabulations, and Pearson's chi-square tests to establish associations between variables using SPSS version 24. All 384 questionnaires were completed, yielding a 100% response rate. High response rates increase confidence that study findings are representative and reduce the risk of non-response bias. Findings are presented in line with study objectives, with tables and figures placed where relevant.

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5.1 Demographic Characteristics of Respondents

5.1.1 Age and Postnatal Care Attendance

Figure 1 illustrates the age distribution of respondents. The majority of women were aged 21–30 years (74.2%), while only 1.7% were aged above 40 years. The results in Figure 1 indicate that attendance of postnatal care within six days was higher among younger women. A statistically significant association was observed between maternal age and early postnatal care attendance ($p = 0.034$).

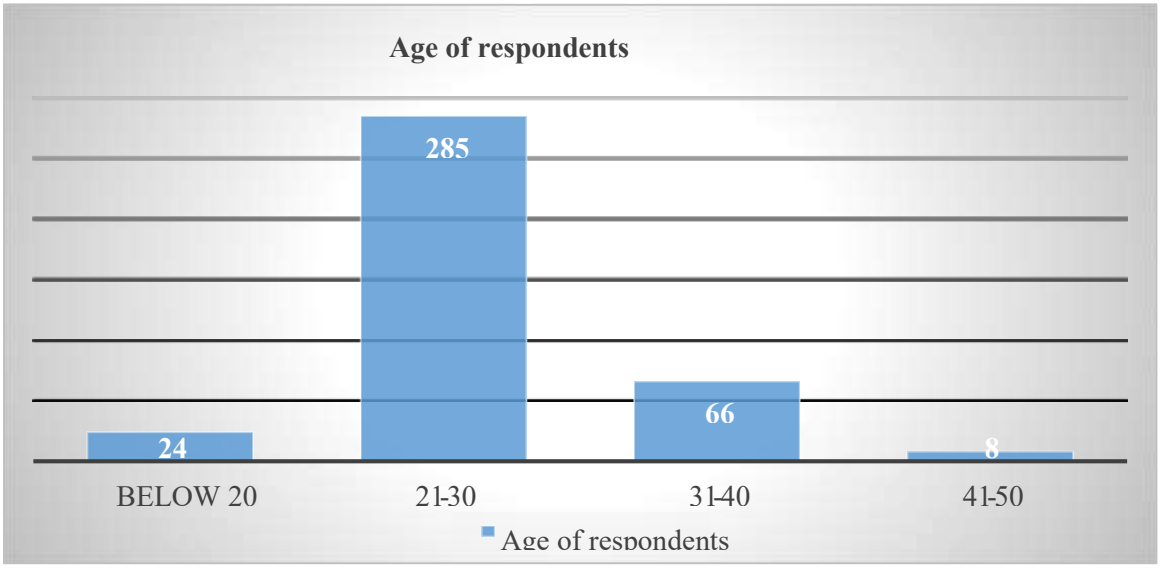

Figure 1: Distribution of Respondents by Age

This pattern suggests that younger mothers may be more receptive to facility-based follow-up care, possibly due to greater exposure to health education, social media messaging, and antenatal counselling compared to older women. Older mothers, especially those with multiple prior births, may rely on past experience and perceive themselves as knowledgeable enough to manage the postpartum period independently. Similar trends have been documented in Ethiopia, where (Aboagye et al., 2022) found that women under 25 were significantly more likely to attend early PNC than those above 35. In Tanzania, He et al., (2021) also observed declining maternal service utilization with increasing age, linked to confidence built through prior childbirth experience. Studies in Nigeria report comparable findings, with younger mothers demonstrating stronger compliance with recommended postnatal schedules than older multiparous women(Fagbamigbe & Idemudia, 2015b). These consistent patterns highlight how perceived risk and exposure to modern health information shape early postnatal care-seeking behaviour.

5.1.2 Education Level and PNC Attendance

Table 1 shows the educational attainment of respondents. Nearly half of the women (47.1%) had secondary education, while 12.1% had tertiary education. The results presented in Table 1 indicate a statistically significant association between education level and postnatal care attendance ($p = 0.010$).

Table 1: Education Level Distribution

Level	Frequency	Percent
Primary	153	40.8
Secondary	180	47.1
Tertiary	47	12.1
Total	384	100.0

Source: field work (2019)

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Education is widely regarded as a strong determinant of maternal healthcare utilization because it enhances knowledge, autonomy, and decision-making capacity(Chakraborty et al., 2003b; Le & Nguyen, 2024). However, the findings here suggest that education alone may not overcome other structural or perceptual barriers. Similar contradictions have been observed in Ghana, where(Ganle et al., 2014a) found that even educated women failed to attend PNC when services were perceived as overcrowded or of low quality. In Uganda,(Adams et al., 2023) noted that women with secondary schooling still missed early postnatal visits due to long waiting times and competing domestic responsibilities. These parallels suggest that while education may improve awareness, the ultimate decision to attend PNC depends on how women weigh perceived benefits against practical inconveniences and service experience. Therefore, service quality and community perceptions can override the expected positive influence of formal education.

5.1.3 Marital Status and Decision-Making Dynamics

Figure 2 presents the marital status distribution of respondents. The majority of women were married (81%), while single women accounted for 18% of the sample.

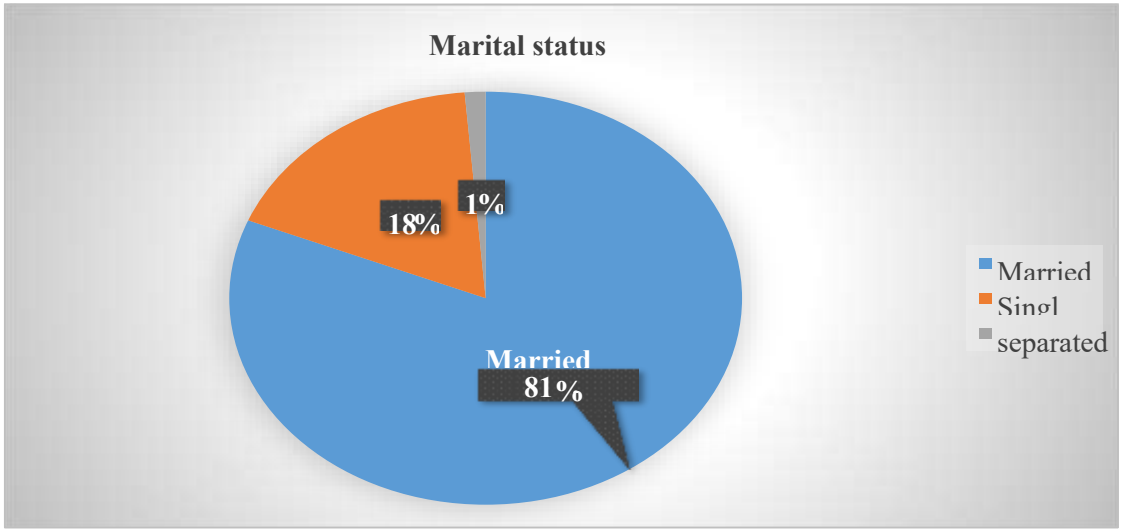

Figure 2: Marital Status Distribution

This distribution reflects the demographic context of rural settings where marriage is closely associated with childbearing and family formation. Marital status is an important social characteristic that shapes household roles, access to support systems, and family structures within communities(Phiri et al., 2023). Understanding the marital composition of the study population therefore provides essential contextual information for interpreting maternal health–related behaviour and for designing socially appropriate interventions in rural communities.

5.1.4 Parity (Number of Children) and PNC Attendance

Table 2 presents the distribution of respondents by parity. Nearly half of the women (49.6%) had two to three children, while only 2.5% had more than five children. The results in the table show that postnatal care attendance declined with increasing parity, and this association was statistically significant (p = 0.010).

Table 2: Parity Distribution

No. of Children	frequency	Percent
1	169	44.2
2-3	190	49.6
4-5	15	3.8
>5	10	2.5
Total	**384**	**100.0**

Source: field work (2019)

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Higher parity often leads to reduced perceived need for professional follow-up, as experienced mothers may feel confident managing postpartum recovery independently. Similar findings were reported in Bangladesh, where Chowdhury et al., (2023) showed that women with four or more children were significantly less likely to attend postnatal care. In India, (Singh et al., 2012) observed that multiparous women only sought care when complications occurred. Studies in Kenya also found declining maternal service utilization with increasing birth order. These patterns suggest that experience can paradoxically reduce preventive care-seeking(Atahigwa et al., 2020). Therefore, health education should specifically emphasize that postpartum risks persist regardless of previous childbirth experience, and multiparous women should be actively targeted during antenatal counselling.

5.1.5 Distance from Health Facility

Table 3 shows the relationship between distance from the health facility and postnatal care attendance. The results in Table 3 indicate that distance was not statistically associated with postnatal care attendance (p = 0.076). However, attendance declined as distance increased, and no women residing more than 15 km from the hospital attended early postnatal care.

Table 3: Distance Versus PNC Attendance

Distance from Hospital (km)	No (Did Not Utilize PNC)		Yes(Utilized PNC)		Total
	Freq	%	Freq	%	
0–5	129	84.3	24	15.7	153
5–10	42	82.4	9	17.6	51
10–15	13	92.9	1	7.1	14
>15	22	100.0	0	0.0	22
Total	**206**		**34**		**240**

Source: Field Work (2019)
Chi-square(χ^2)=4.902
df=3
p-value = 0.076

Distance remains an important physical barrier, especially in rural settings where transportation is costly or unreliable. In Ethiopia, Titaley et al. (2010), found that women living more than 5 km from a facility were significantly less likely to attend early PNC. Research in Zambia also shows that long travel distances reduce maternal healthcare utilization, particularly where terrain and transport infrastructure are poor(Sialubanje et al., 2015). Even when not statistically strong, distance interacts with other factors such as low perceived risk and household responsibilities, making early attendance less likely. Thus, outreach services or community-based postnatal follow-ups may be essential in improving coverage among women living far from facilities.

5.2 Utilization of Postnatal Care Services

Table 4 presents respondents' utilization of postnatal care services within six days after delivery. Only 14.2% of women attended early postnatal care, while 85.8% did not utilize postnatal services during this period.

Table 4: PNC Attendance

Response	Frequency	Percent
Yes	55	14.2
No	329	85.8
Total	384	100.0

Source: Field Work (2019)

This level of utilization is considerably low for a critical period of maternal and neonatal vulnerability. Comparable low rates have been reported across sub-Saharan Africa. A multi-country analysis by the Shanto et al. (2023), found that early PNC coverage remained below 20% in several African countries. In Ethiopia, Aboagye et al. (2022) documented similarly low attendance despite increased facility deliveries. In Tanzania, (Mselle et al. (2023) noted that women often left facilities without clear follow-up

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instructions. These findings indicate that delivering in a facility does not guarantee continuity of care. Early postnatal services may be underutilized due to weak counselling, low awareness of timing, or perception that facility contact ends at discharge.

5.3 Knowledge and Awareness of Postnatal Care Services

5.3.1 Knowledge Levels on Postnatal Care

Assessment of knowledge showed that 33.3% of respondents had poor knowledge of postnatal care, 24.2% had inadequate knowledge, 22.9% had adequate knowledge, and only 19.6% demonstrated very good knowledge.

Table 5: Postnatal Knowledge Scores

Knowledge scores	Frequency	Percent	Cumulative Percent
Poor knowledge	127	33.3	33.3
Inadequate knowledge	93	24.2	57.5
Adequate knowledge	88	22.9	80.4
Very good knowledge	75	19.6	100
Total	384	100.0	100

Source: field work (2019)

These findings indicate that more than half of the respondents lacked sufficient understanding of the scope and importance of postnatal care services. Limited knowledge reduces women's ability to recognize postpartum danger signs and the preventive value of early follow-up visits. Similar knowledge gaps have been reported in Nepal, where many mothers associated postnatal care only with child immunization rather than maternal health assessment(Dhakal et al., 2007). In Nigeria, (Fagbamigbe & Idemudia, 2015b), found that women with low awareness of postpartum risks were significantly less likely to seek PNC. Studies in Ethiopia also show that women with limited information about maternal danger signs were less likely to attend early postnatal visits(Birhane et al., 2024). These patterns suggest that knowledge is not merely informational but directly shapes risk perception and health-seeking behaviour. Strengthening antenatal and community education programs could therefore play a vital role in improving early postnatal care utilization.

5.3.2 Health Talks on PNC During Antenatal Care

Table 7 shows whether respondents received health talks on postnatal care during antenatal visits. The majority of women (78.8%) reported not receiving such information, while only 21.3% indicated that postnatal care was discussed during pregnancy.

Table 7: Health Talks on PNC During ANC

Received Health talk	Frequency	Percent
Yes	82	21.3
No	302	78.8
Total	384	100.0

Source: field work (2019)

This reveals a missed opportunity within the maternal healthcare continuum. Antenatal care provides a key platform for preparing mothers for the postpartum period, including education on timing of PNC visits, recognition of danger signs, and benefits of early assessment. When PNC counselling is not emphasized, women may assume that care ends at delivery unless illness arises. Similar gaps have been observed in Malawi, where Adams et al. (2023) found that postpartum education was rarely discussed during ANC visits. In Tanzania, Mselle et al. (2023) reported that women who received structured postpartum counselling during pregnancy were significantly more likely to attend PNC. These findings suggest that strengthening counselling protocols and ensuring that PNC education is systematically delivered during ANC could substantially improve early postnatal attendance.

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5.4 Barriers and Service-Related Factors Affecting PNC Utilization

5.4.1 Cultural and Household Restrictions

Figure 3 presents the health-related and household factors reported by respondents as restricting movement after delivery. The most commonly reported problem was bleeding (22%), followed by baby umbilical cord problems (13%). Fewer respondents reported being restricted because they were sick (6%) or because the baby was sick (4%).

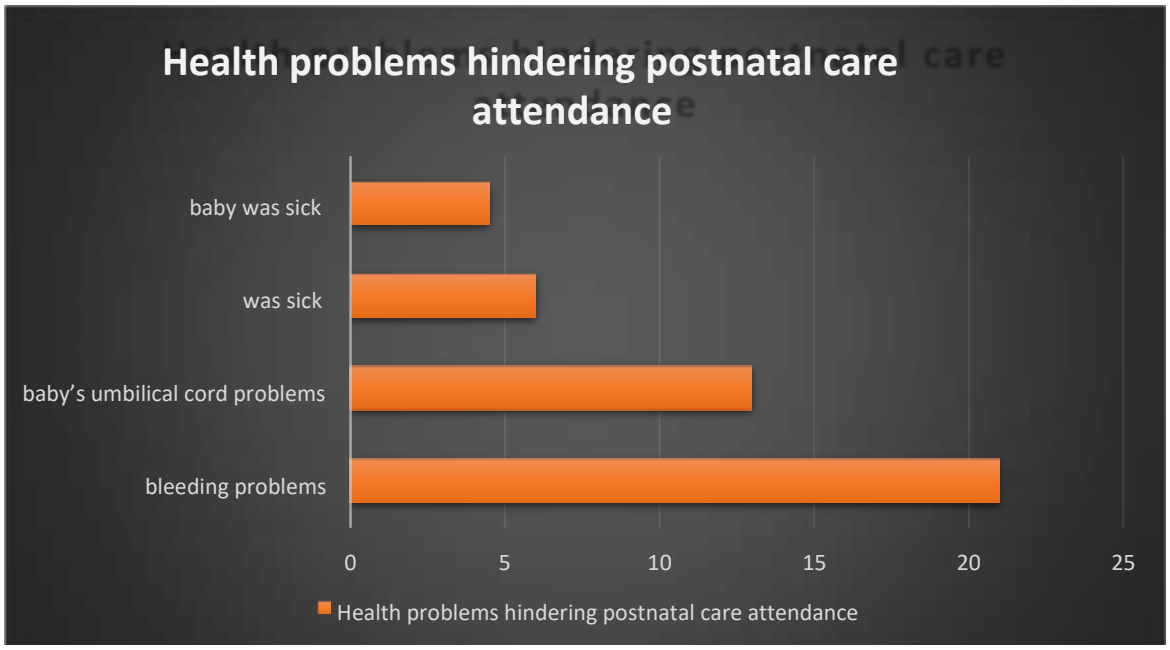

Figure 3: Restrictions Affecting PNC Attendance

The results indicate that physical health-related problems affecting either the mother or the newborn were common reasons for restricted movement after delivery. Bleeding emerged as the most frequently reported issue, suggesting that postpartum complications may limit women's ability to leave home during the early post-delivery period. Umbilical cord problems affecting newborns were also reported by a notable proportion of respondents, highlighting concerns related to newborn health and care practices.

Similar findings have been reported in other settings, where maternal complications such as postpartum bleeding and concerns about newborn conditions influence women's post-delivery behaviour. Studies from Nepal and India have shown that health-related concerns during the postpartum period can delay engagement with services outside the home (Acharya et al., 2015; Dhakal et al., 2007a). In sub-Saharan Africa, maternal and newborn health problems, combined with household norms, have been reported to restrict women's mobility following childbirth(Najjuuko et al., 2025). These findings underscore the importance of addressing both maternal and newborn health concerns alongside broader cultural factors when designing interventions for women in the post-delivery period.

5.4.2 Facility Experience and Dissatisfaction

Figure 4 presents respondents' levels of satisfaction with postnatal care services. While most women (71.2%) reported satisfaction, nearly one-third (29%) expressed dissatisfaction, mainly due to long waiting times and provider-related concerns.

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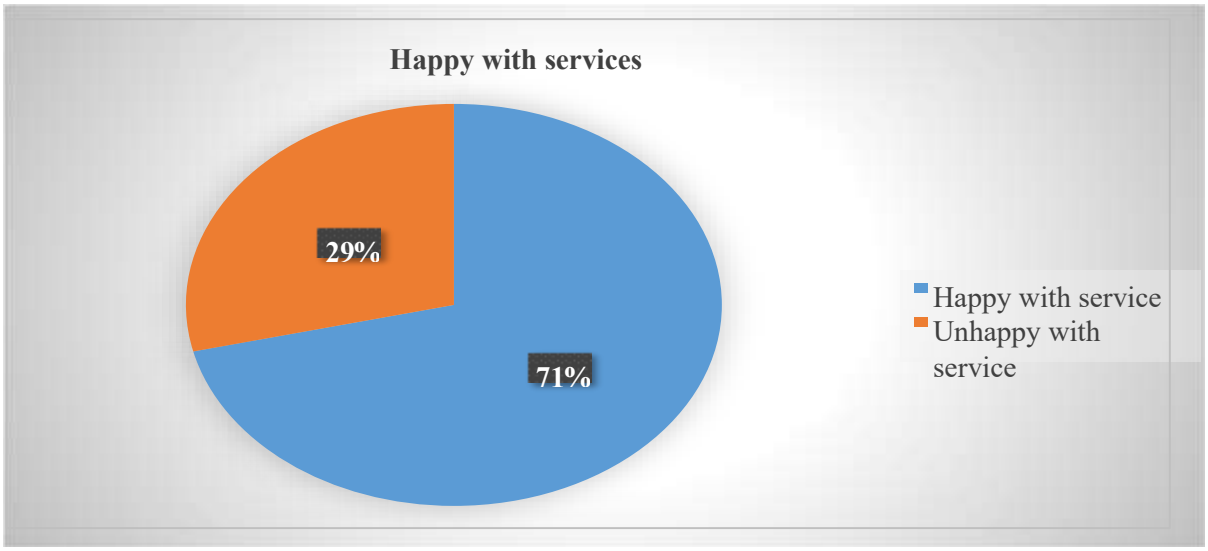

Figure 4: Satisfaction with Services

The respondents reported that long waiting times discouraged mothers who are recovering physically and managing newborn care from attending PNC. Negative provider attitudes further reduce trust in health services. Similar findings have been reported in Kenya, where Shanto et al. (2023) linked disrespectful maternity care to reduced service utilization. In Uganda, Chowdhury et al. (2023) found that poor provider interaction significantly reduced postpartum follow-up attendance. WHO (2016) emphasizes respectful maternity care as a cornerstone of service quality and continued engagement. When women feel neglected or disrespected, they are less likely to return unless complications arise. Therefore, improving staff attitudes, supervision of trainees, and clinic flow management may be as important as increasing awareness.

5.4.3 Positive Service Experiences

Table 8 shows reasons reported by respondents for satisfaction with postnatal care services. Good treatment, provision of advice, and family planning counselling were the most frequently cited reasons. Among satisfied respondents, good treatment (41.5%), good advice (22.2%), and family planning counselling (21.1%) were major reasons respectively.

Table 8: Reasons for Being Happy with Services

Reason	Frequency	Percent
Cleanliness	30	11.1
Good family planning health education	57	21.1
Good sitting	11	4.1
Good treatment	113	41.5
Good advice	22	22.2
Total	273	100.0

These positive interactions reinforce confidence in the healthcare system and increase the likelihood of repeat attendance. Studies in Ghana show that respectful and supportive care encourages continued maternal service use (Ganle et al., 2014). In Ethiopia, women who reported positive provider communication were significantly more likely to return for postpartum follow-up(Callaghan-Koru et al., 2013). These findings highlight that quality of interaction, not only clinical care, shapes health-seeking behaviour. Strengthening interpersonal skills and ensuring patient-cantered communication can therefore support improved postnatal care coverage.

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5.5 Suggestions for Improving Postnatal Care Services

Table 9 presents respondents' suggestions for improving utilization of postnatal care services. Reducing waiting time, employing more health workers, and strengthening health education were the most commonly proposed measures. Women recommended reducing waiting time (43.0%), employing more health workers (19.3%), improving politeness (9.6%), strengthening education (12.3%), supervising students, and introducing shift systems.

Table 9: Suggestions for Improvement

Suggestion	Frequency	Percent
Reduce waiting time	165	43.0
Health workers need to be polite	37	9.6
Supervise students	29	7.9
Teach mothers on postnatal care	46	12.3
Employ more health workers	74	19.3
Introduce shift to see clients on Lunchtime	34	7.9
Total	384	100.0

Source: Field Work (2019)

These suggestions point to both structural and behavioural improvements. Staffing shortages often increase waiting times and reduce patient satisfaction. Studies in Tanzania and Ethiopia report similar patient concerns linking overcrowding and staff shortages to poor maternal service uptake(Birhane et al., 2024; Callaghan-Koru et al., 2013). Improved counselling was also emphasized, reflecting persistent knowledge gaps. Addressing these issues through workforce expansion, workflow redesign, and enhanced communication training could significantly improve service acceptability. When health systems respond to client feedback, trust grows and utilization increases. These recommendations therefore provide practical entry points for strengthening early postnatal care coverage in Siavonga District.

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

This study established that utilization of postnatal care (PNC) services within six days after delivery is low at Siavonga District Hospital, with only 14.2% of respondents attending early postnatal services. This indicates a significant gap in the continuum of maternal and newborn care during a critical period when both mother and baby are highly vulnerable to complications.

The findings showed that several factors influenced postnatal care utilization. Maternal age was significantly associated with attendance, with younger women more likely to seek early PNC than older women. Marital status also influenced utilization, suggesting that household decision-making dynamics affect a woman's ability to access services. Parity was another key determinant, as women with more children were less likely to attend PNC, possibly due to increased confidence from previous childbirth experiences. Knowledge of postnatal care services strongly influenced attendance, highlighting the importance of awareness and health education in shaping health-seeking behaviour.

A major gap identified was the inadequate emphasis on postnatal education during antenatal care. Many women reported not receiving sufficient information about the importance, timing, and benefits of postnatal care. Service-related challenges such as long waiting times, limited staffing, and negative provider attitudes were also reported as barriers. In addition, cultural and religious practices that restrict women's movement after delivery contributed to low attendance.

Overall, the study concludes that low postnatal care utilization is influenced by a combination of individual, socio-cultural, and health system factors, all of which need to be addressed to improve maternal and newborn health outcomes.

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5.2 Recommendations

1. Strengthen postnatal care education during antenatal visits and through community awareness to address low knowledge and the belief that care is only needed when problems occur.
2. Improve service delivery by reducing waiting times and promoting respectful communication, since negative service experiences discouraged women from attending postnatal care.
3. Involve male partners and family members in maternal health education to support women's decision-making and improve access to postnatal care services.
4. Ensure consistent emphasis on the importance and timing of early postnatal visits so that mothers understand the need for follow-up even when they feel well.

5.3 Suggestions for Further Research

There is still limited evidence on postnatal care utilization in Zambia, and further research is recommended to expand understanding in this area. Future studies could include a comparative study examining differences in postnatal care utilization between rural and urban settings, a study comparing employed and unemployed women in terms of postnatal service uptake, and research assessing community awareness and perceptions regarding the availability and importance of postnatal care services. Such studies would provide deeper insight into context-specific barriers and inform more targeted interventions to improve maternal and newborn health outcomes.

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