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Barriers to Utilization of Postnatal Care Services: Mothers and Health Providers Perspective

Jene Shrestha,¹ Dipendra Kumar Yadav¹

ABSTRACT

Background: Access to and utilization of post-natal care services is a major challenge as the majority of maternal deaths occur during post-natal period. Although geographical factors and access to health facilities in urban area are feasible as compared to rural area the utilization of all three postnatal visits remains low. Hence, this study aims to explore the barriers in utilization of postnatal care services by mothers from the perspective of mother's and health service providers as well.

Methods: A qualitative study was done using community- based exploratory design in urban area of Kathmandu district. In-depth interview with mothers with infants above 45 days to 1 year of age and key informant interviews with health care providers were done using interview guidelines. Thematic analysis was done.

Results: Seven themes emerged through thematic analysis, which were further classified into category and sub categories. Poor recording and reporting system, poor health communication, postnatal care visits less prioritized among maternal health services, prerequisites to construction, and postnatal care services/information dependent on female community health volunteer, less utilization of mass media, and perception of people were identified as barrier for utilization of postnatal services.

Conclusions: The common reason for non-utilization of postnatal care service is identified as poor health communication that resulted in lack of knowledge on the benefit and timing of postnatal care. Lack of awareness among women on postnatal care services shows lack of effort in making postnatal care related information easily available and accessible. Hence, education and awareness on postnatal care services along with proper therapeutic communication is seen essential to complete the continuum of care in maternal health services.

Keywords: Barriers; health Personnel; non- utilization; postnatal care; qualitative

INTRODUCTION

Postnatal period is a critical phase as most of the maternal and infant deaths occur in the first month after birth and almost half of postnatal maternal deaths occur within the first 24 hours, almost sixty six percent occur during the first week.^{1,2} During the first postnatal year, postnatal complications could increase the risk to perinatal and infant mortality and other mental problem. The complications also imply negative financial and productivity consequences.^{3,4}

Access and utilization of post-natal care services is a major challenge as the majority of maternal deaths occur during post-natal period. Although geographical factors and access to health facilities in urban area are feasible as compared to rural, area the utilization of all three PNC visits remains low. Hence, this study aims to explore the barriers to utilization of postnatal care

services from the perspective of mother's and health service providers as well.

METHODS

A qualitative study was conducted from February 2019 to August 2020. Community- based exploratory design was conducted in Chandragiri Municipality of Kathmandu district. A total of fifteen interviews were conducted out of which ten were with the clients or mothers and five interviews were conducted with the key health service providers of the government health facility of Chandragiri Municipality.

The study population were mothers with infants above 45 day to 1 year of age residing in the study area from two years and the health care providers of health facilities working within the study area for at least one year. In-depth interviews were conducted with

Correspondence: Jene Shrestha, School of Health and allied sciences, Faculty of health sciences, Pokhara University, Kaski, Nepal. Email: shresthajene@gmail.com, Phone: +9779841639811.

mothers and key informant interviews were done with health care providers who are directly associated with providing maternal health service such as staff nurse, Auxiliary Nurse Midwifery. Mothers with children up to one year of age who did not complete three PNC visits (may have utilized first or second postnatal care) as per the government protocol were selected. Similarly, health care providers working in that municipality for at least one year were included in the study.

Ethical approval was taken from the Ethical Review Board (ERB) of Nepal Health Research Council and permission from the health section of Chandragiri municipality was taken before the study was carried out. A written consent was taken from all the participants.

Thematic analysis was done through thorough analysis of verbatim details and narrative details were given to support the theme. Open coding were done at first from the verbatim details, and axial coding was done to identify the similar codes. Later on selective coding was done to develop a sub category for the codes. During the data collection the interviews were recorded with permission and note taking for recording of expressions was done. Records were listened to repeatedly and transcription was done in Nepali.

RESULTS

Most of the mothers' had attended the first PNC visit but missed the second and third visits; only two participants have attended up to second postnatal care visit.

Among the health care providers engaged in providing maternal health services their age group ranged from 30 - 40 years and all of them were female. The table 2 shows the basic information of the health service

providers.

Table 2. Socio-demographic information of health care providers.

Code no	Name of organization	Age in years	Sex	Position	Educational level
H01	Satungal Health Post	36	Female	S.ANM	ANM
H02	Matatirtha Health Post	32	Female	S.ANM	ANM
H03	Thankot Health Post	35	Female	S.ANM	ANM
H04	Thankot Primary Health Care centre	33	Female	ANM	ANM
H05	Balambu health Post	36	Female	S.ANM	ANM

The main barriers in utilization of postnatal care among mothers identified through clients and health care providers perspectives are poor recording and reporting system, poor health communication, prioritization among maternal health services, prerequisites to construction, and PNC services/information dependent on FCHV, poor coverage of contents during counselling, and perception among people .

It is well understood that those facilities that did not provide the birthing services, will always refer clients to those facilities where services were available. It is mandatory practice for health facilities such as health posts to refer the clients to higher-level government facilities. However, the practice of referral system seems to be lacking where re-referral and proper detail documentation of the specific client is still not in practice. Disruption in continuum of the service occurred, as the referral system are not utilized properly. An online system for proper recording of data can be the solution to resolve this issue as through online portal

Table 1. Socio-demographic information of Clients.

Code no	Age in yrs	Caste	Educational level	Husband's educational level	Participant Occupation	Husband's occupation	Family type
M01	20	Tamang	Primary	Primary	Housewife	Service	Nuclear
M02	24	Limbu	Primary	Primary	Housewife	Service	Nuclear
M03	22	Limbu	Secondary	Bachelor	Housewife	Service	Nuclear
M04	20	Limbu	Primary	Secondary	Housewife	Foreign employment	Nuclear
M05	32	Newar	Secondary	Secondary	Housewife	Business	Nuclear
M06	24	Newar	Secondary	Secondary	Housewife	Business	Joint
M07	26	Newar	Secondary	Secondary	Housewife	Service	Joint
M08	24	Brahmin	Higher Secondary	Bachelor	Housewife	Service	Joint
M09	28	Chhetri	Bachelor	Bachelor	Housewife	Service	Nuclear
M10	26	Chhetri	Secondary	Bachelor	Housewife	Business	Joint

health care provider can follow up on their client and encourage them to seek health care in case they don't visit on their own.

....."In case of postnatal care services as this facility is not a birthing centre when pregnant women come during their antenatal care visit, we give them their due date and refer to hospitals for delivery." Health care provider (H01)

.....no, they are not referred back neither the client visit on their own nor we try to access them". Health care provider (H05)

.....in case of second and third visit as they go to hospital for delivery we won't have any data on when was the delivery, in addition to that we don't have any home visit service so they only come in case of any complication experienced". Health care providers (H01)

This study has identified gap in therapeutic communication between client and the health care providers. Failure to provide detail information creates a barrier that results in disruption in continuing the services. In case of the post natal visit clients were not informed about the exact time for receiving the services as per the protocol and PNC visits seems to be not prioritized by the health care provider as most of the clients were informed to visit health facility in case of any difficulties experienced.

....."they told me to come after one month but in case of any health difficulties faced they told to come back immediately but I didn't face any problems so I didn't go for check up as other people also said its okay not to visit if there is no problem experienced ." Client (M03)

It is a client's right to information towards PNC visit when the information is not provided from health care providers it create a barrier.

....."Obviously, we would have gone if they have told us to come". Client M03

....."no, (nodding head), I was not informed about that". Client M05

....."That is right I already told you about the government protocol on PNC visits but they (health care workers) also did not inform clients that they need to visit on third day and on seventh day. But we have our FCHV's to inform them about PNC visits but when they come for ANC visits we are mostly focused in ANC

services so we couldn't inform them or miss to inform them about PNC visits which is lacking in our services". Health care provider (H02)

Every services in maternal health ANC, delivery by SBA and PNC are important. Nevertheless, the prioritization of those services among health facilities have led to missing out of information to the clients creating a barrier.

..... "we have not focus PNC visit that much, we do not provide them information on PNC so, and that is one of our weakness. Clients go to hospitals and they then visit health facility only in case of any problem experienced. We have not focus mainly in PNC that is a lacking part of our services. In case of problem we get informed through FCHV otherwise, we do not have special provision for PNC." Health care provider (H05)

The prerequisites to construction such as physical infrastructures has been identified as the barrier. Even the location of the health facilities should be decided based on the infrastructures available otherwise, they might result as barrier to utilization of services.

.....this health facility is built in a height, as we know that not only local people but people from far distance also come for delivery services. Local transportation service is not available here, client need to come in reserve vehicle. Therefore, only those with private vehicle can easily reach here. This is one of the problem here". Health care provider (H04)

Most of the health facilities are dependent on FCHV for the PNC services. FCHV are responsible for providing new mothers with Vitamin A and advising them to visit health facility. Despite of the effort of the FCHV mothers may miss PNC visit if all the stakeholders both the health facility staffs and community are not liable towards their responsibility for upgrading maternal and child health. As PNC home visits are not mandatory missing out of PNC visits may occur.

....." FCHV's visit the pregnant women, provide them with iron tablets, and suggest them to visit health facility and some time they bring pregnant women to health facility with them for check-up. And for PNC they provide vitamin a supplementations to household level of pregnant women". Health care provider (H01)

.....no, if people come for suggestions and call FCHV's for visit they will go but it's not compulsory for them to go on home visit". Health care provider (H02)

Even during the sessions, information related to PNC is missed due to which new mothers miss their PNC visits. The contents during ANC service should be strictly followed so as to avoid missing out of any information. Both the health care providers and FCHV should have a proper training and re-training on counselling.

..... *“we usually tell them about PNC in the fourth monthfourth ANC visit but very less people attend their fourth ANC visits here because according to government protocol first visit should be done after completion of three months and then in sixth month , 8th month and in 9th month. Very few people come during ninth month as their due dates are nearer and some may go into labor before the given date so they go to hospital with facility of video X-ray and other services so they would not have enough information about PNC visits”.* Health care provider (H02)

Most of women participating in this study did not knew about the postnatal visits hence are unknown about its importance. As compared to ANC visits, although it was difficult for them to recall the exact time they visited health facility for ANC they confirmed that they visited more than four times as per the health care provider’s instruction however they were found to be clueless about the postnatal visits. Even for ANC visit they only followed the instruction of health care providers for timing of visit. But they were unknown about PNC visits as they were not informed about it during counselling sessions.

.....*“I don’t know.”* Client M03

.....*“No, I don’t know about it.”* Client M04

.....*“I don’t know. (Nodding head), I wasn’t informed about that”.* Client M05

The perception of people on health facility also affects the health service seeking practice of people. In case of government health facilities, the image of even advanced hospital with tertiary level services is quite not good. In such situation, it is difficult to make people believe about the services being provided in health facilities such as primary health care centre and health posts. The health care providers stated about perception of people towards the health post being a small unit and not being able to provide quality services mainly in urban areas.

.....*“I do not know about the cases outside the valley but in Kathmandu valley, I think it is not due to lack of information but the perception regarding health post that this is a small unit and not much service are*

provided here”. Health care provider (H05)

DISCUSSION

The study gives in-depth insight into a range of client and health facility/staff related factors for low utilization of health facility for postnatal services. This study indicated that although all women gave birth in government health facility none of them completed all PNC visits as per the protocol. This shows that only attending health facility couldn’t guarantee all the services unless and until there is proper communication.⁵ Communication is persistently cited as a component of high quality maternity care in major policy frameworks to improve women’s experiences and other outcomes of maternity care, including Lancet Framework for Quality Maternal and Newborn Care⁶ and respectful maternity care⁷. In terms of the infrastructure, most of the study done in Ethiopia, Nigeria, Nepal and Bangladesh identified urban area as facilitator to utilization of PNC services but this study highlights that even in urban area proper location should be selected considering the availability and easy access to transportation facilities.⁸⁻¹¹ Most of the health care providers accepted that they are dependent on FCHV to provide vitamin A to new mothers. Similar findings were observed in a study conducted in Klaten district of Indonesia where midwives reported insufficient time to conduct the home visits to mothers when the mother does not come to the village clinic.¹² The findings from the client’s perspective highlighted that the majority of the mothers lacked health literacy including knowledge and awareness on the postnatal period. The postnatal care wasn’t continued unless health care providers informed them about their next visit which was found to be similar to the study done in Indonesia where mothers didn’t visit health facilities unless they were informed by midwives that there have been persisting health problems.¹² Hence, health information on importance of postnatal care should be conveyed through different means and methods stating PNC as an important part of continuum of care for reducing those barriers. The qualitative research reported in this paper was conducted in community and government health facilities of only one municipality and cannot be generalised to entire population.

CONCLUSIONS

This study identified poor recording and reporting system, poor health communication, prioritization among maternal health services, prerequisites to construction, and PNC services/information dependent on FCHV, less utilization of mass media, and perception among people as barrier for utilization of postnatal services. The most

common reason for missing postnatal care service is poor knowledge on the benefit and timing of postnatal care. The importance of therapeutic communication has been highlighted, as most of the mothers did not know about postnatal visits although they attended ANC visit and had an institutional delivery. This supports as the evidence for the necessity to strengthen health promotion programs and to boost community awareness about the protective role of the maternal health services that are available.

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Author Affiliations

¹School of Health and Allied Science, Faculty of Health Sciences, Pokhara University, Kaski, Nepal.

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REFERENCES

1. WHO. The World Health Report 2005 Make every mother and child count [Internet]. Geneva; 2005 p. 229. Available from: https://www.who.int/whr/2005/whr2005_en.pdf?ua=1
2. WHO, USAID. Postnatal Care for Mothers and Newborns Highlights from the World Health Organization 2013 Guidelines [Internet]. 2015. Available from: https://www.who.int/maternal_child_adolescent/publications/WHO-MCA-PNC-2014-Briefer_A4.pdf
3. Acuin CS, Khor GL, Liabsuetrakul T, Achadi EL, Htay TT, Firestone R, Bhutta ZA. Maternal, neonatal, and child health in southeast Asia: towards greater regional collaboration. *The Lancet*. 2011 Feb 5;377(9764):516-25. [\[Article\]](#)
4. Carroll M, Daly D, Begley CM. The prevalence of women's emotional and physical health problems following a postpartum haemorrhage: a systematic review. *BMC pregnancy and childbirth*. 2016 Dec;16(1):1-1. [\[Article\]](#)
5. Abuka Abebo T, Jember Tesfaye D. Postnatal care utilization and associated factors among women of reproductive age Group in Halaba Kulito Town, Southern Ethiopia. *Arch Public Health*. 2018 Feb 8;76(1):9. [\[Article\]](#)
6. Renfrew MJ, McFadden A, Bastos MH, Campbell J, Channon AA, Cheung NF, et al. Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *The Lancet*. 2014 Sep 20;384(9948):1129-45. [\[Article\]](#)
7. Veronica Reis MD. Respectful maternity care. Country experience [Internet]. AFAR bibliographical database. Alliance francophone pour l'accouchement respecté (AFAR); 2016 [cited 2020 Sep 30]. Available from: <https://afar.info/id=2681/en>
8. Ayele BG, Woldu MA, Gebrehiwot HW, Gebre-egziabher EG, Gebretnsae H, Hadgu T, et al. Magnitude and determinants for place of postnatal care utilization among mothers who delivered at home in Ethiopia: a multinomial analysis from the 2016 Ethiopian demographic health survey. *Reprod Health*. 2019 Nov 8;16(1):162. [\[Article\]](#)
9. Dahiru T, Oche OM. Determinants of antenatal care, institutional delivery and postnatal care services utilization in Nigeria. *Pan Afr Med J*. 2015;22(1). [\[Article\]](#)
10. Dhakal S, Chapman GN, Simkhada PP, Van Teijlingen ER, Stephens J, Raja AE. Utilisation of postnatal care among rural women in Nepal. *BMC Pregnancy Childbirth*. 2007 Sep 3;7:19. [\[PubMed\]](#)
11. Islam MR, Odland JO. Determinants of antenatal and postnatal care visits among Indigenous people in Bangladesh: a study of the Mru community. [\[Article\]](#)
12. Probandari A, Arcita A, Kothijah K, Pamungkasari EP. Barriers to utilization of postnatal care at village level in Klaten district, central Java Province, Indonesia. *BMC health services research*. 2017 Dec;17(1):1-9. [\[Article\]](#)