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Barriers to early postnatal care attendance among women in Ubungo Municipality in Tanzania: A qualitative study

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Abstract

Introduction: Adequate utilization of postnatal care services is associated with improved maternal and neonatal health outcomes. The World Health Organization recommends postnatal women attend postnatal care as early as seven days after delivery because most maternal deaths occur within 7 days of the postnatal period. However, many postnatal women attend postnatal care very late during the 42 days and mainly for child immunization purposes. Little information is known on barriers to postnatal women who delay initiating postnatal care clinics for seven days post-delivery. This study explored barriers to attending early postnatal care among women attending early postnatal care services in Ubungo municipality, Dar es Salaam.

Methods: A cross-sectional study design using a qualitative approach was used to explore factors associated with early postnatal care attendance among postnatal women in Ubungo Municipal, Dar es Salaam, Tanzania. Study participants were purposively selected. In-depth interviews were used to collect data. Audio-recorded interviews were transcribed verbatim and translated into English. Thematic analysis approach was used to excerpt barriers to delaying seeking early postnatal care services in Ubungo Municipality.

Findings: The finding revealed a lack of awareness of the appropriate time to start early postnatal care visits and the recommended number of postnatal visits, the perception of postnatal women that the postnatal period is a normal condition that does not require health personnel's attention, thus the perception that no need to initiate early postnatal care clinics if they were not sick. Similarly, long waiting times, transport costs, and healthcare providers' attitudes were major reasons reported by postnatal women to contribute to late postnatal care attendance. Thus, healthcare providers should continue providing education to pregnant women on when and the importance of attending early postnatal care.

Keywords: *Barriers, early postnatal, Dar es Salaam, Tanzania*

Introduction

Worldwide, more than half of maternal deaths occur after childbirth (Ronsmans and Graham, 2006). Postpartum haemorrhage and sepsis are the leading causes of maternal deaths (Khan et al., 2006). The postnatal period begins immediately after the birth of the baby and extends up to 42 days. It is described as an instant postpartum period which covers 24 hours from birth, followed by early postpartum periods from day 2 to day 7; and from day 8 through 42 days is known as a late postpartum period. The postnatal period is a critical time for both mothers and babies who need a close follow-up since about 60% of maternal deaths occur during the early postpartum period (first week postpartum) (WHO, 2010). Moreover, early postnatal care (PNC) visits potentially capture early detection of

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postnatal danger signs which are necessary for protecting maternal health and prevention of maternal deaths. Additionally, early PNC offers an opportunity for a woman to discuss with healthcare providers the effective use of family planning methods, exclusive breastfeeding, screening of HIV/AIDS and nutrition status (WHO, UNICEF, UNFPA, 2019, Lwelamira et al., 2015). In 2017, it was estimated that 295,000 maternal deaths occurred during pregnancy, delivery, and postnatal with 94% reported from low and middle-income countries (LMICs) (WHO et al., 2019). The majority of maternal and neonatal deaths are caused by preventable conditions such as haemorrhage, sepsis, hypertensive disorders, or neonatal sepsis, birth asphyxia and prematurity, respectively (WHO, et al., 2019, WHO, 2013, Ronsmans and Graham, 2006).

Low PNC coverage, few postnatal visits, and late attendance of postnatal women are common problems throughout Sub-Saharan Africa posing difficulty in accomplishment of the WHO recommendation of a postnatal schedule of at least three times. PNC is an opportunity to provide preventive care and management of existing potential causes of maternal morbidity and mortality (Hokororo et al., 2015). Tanzania still ranks the highest in maternal cases with about 556 deaths per 100,000 live births caused by low coverage of postnatal attendance of 46% (TDHS, 2015-16). Most maternal deaths occur during the first week of life and certainly, the first two days after birth are the most crucial period for postnatal care.

Several factors have been reported to be the cause of late initiation of early postnatal care (PNC) among postnatal women, which may vary between rural and urban areas (Ndugga et al., 2020). Some studies show that the timing of initiation of the postnatal care visit is of paramount importance for ensuring a continuum of care and health outcomes for women and children. There are many factors affecting early postnatal care attendance in developing countries such as availability of services, accessibility and quality of health services including demographic characteristics of the women's socio-economic status, knowledge of the importance of early postnatal care services, previous pregnancy experience and cultural beliefs (Konje et al., 2021). For example, a study conducted in Dodoma Tanzania at the time of initiating care reported that only 41.7% of the postnatal mothers initiated care within 7 days (Lwelamira, et al., 2015).

Even though women have heard of PNC very few access the services. This is, mostly, because women do not recognize the importance of seeking PNC. Some women think that since they have delivered the baby successfully they do not need the PNC. Some women are not able to obtain PNC services because they are not delivered in the health facility and yet others stay far from the clinics and fear the cost of obtaining PNC services (UNDP, 1998).

The scarcity of vehicles, especially in remote areas, and poor road conditions can make it extremely difficult for women to reach even relatively nearby facilities. Walking is the primary mode of transportation, even for women in labour (Williams et al., 1985). In rural Tanzania, for example, 84 per cent of women who gave birth at home intended to deliver at a health facility but did not due to distance and lack of transportation (Bicego et al., 1997). Fees reduce women's use of maternal health services and keep millions of women from having hospital-based deliveries or from seeking care even when complications arise. Even when formal fees are low or non-existent, there may be informal fees or other costs that pose significant barriers to women's use of services. These may include costs of transportation, drugs, food, or lodging for the woman or for family members who help care for her in the hospital (Gertler and van der Gaag, 1988; Gertler et al., 1988).

According to Mit (1999) in her study looking at the knowledge and attitude of mothers towards PNC in Lusaka, she found that the older women, covering 60% of the women with positive attitudes, did not utilize PNC services. It was also revealed that the majority of those with poor knowledge (54%) had no source of information on PNC meaning the IEC was not adequately given in the health institutions. IEC on the importance of PNC seems to be inadequate in the health centres, so

it needs to be intensified and strengthened. While another study conducted in Algeria by United Nations Population Fund, (2002) on factors associated with maternal mortality revealed that maternal mortality was high estimated at 117 per 100,000 live births. Factors related to such high rates of maternal mortality include insufficient attention given to the mothers and underutilization of PNC. The study also revealed that low utilization of these services was higher in poor areas where infrastructure, human resources and access to care were particularly deficient (UNFP, 2002).

In some cases traditional beliefs and practices are associated with low utilization of PNC services, e.g. most mothers are kept in seclusion after delivery for about one week because it is believed that during this time they are considered to be impure (Mwelwa, 1997). Several socio-demographic characteristics of the individual affect the underlying tendency to seek care (Addai, 2000). In this regard, good examples are maternal age and parity, which have been examined as determinants of healthcare use repeatedly (Adekunle et al., 1990; Celik and Hotchkiss, 2000; Leslie and Gupta, 1989).

The greater confidence and experience of the older and higher parity women, together with greater responsibilities within the household and for child care, have been suggested as explanatory factors for their tendency to use services less frequently (Kwast and Liff, 1988). Maternal education has also been shown repeatedly to be positively associated with the utilization of maternity care services (Addai, 2000; Addai, 1998; Beker et al., 1993; Celik and Hotchkiss, 2000). Although, in general, women in higher socioeconomic groups tend to exhibit patterns of more frequent use of maternal health services than women in the lower socioeconomic groups, factors such as education appear to be important mediators (Addai, 2000; Leslie and Gupta, 1989).

Another important factor affecting the utilization of maternity care services, especially in Africa, is the cultural background of the woman (Leslie and Gupta, 1989). The cultural perspective on the use of maternal health services suggests that medical need is determined not only by the presence of physical disease but also by cultural perception of illness. In most African rural communities, maternal health services coexist with indigenous health care services; therefore, women must choose between the options. The use of modern health services in such a context is often influenced by individual perceptions of the efficacy of modern health services and the religious beliefs of individuals (Addai, 2000).

Women in rural Southern Tanzanian though generally positive about antenatal care (ANC) and postnatal care (PNC), also perceived PNC as a service for children of all ages, lasting well beyond 42 days after delivery, discovered, in their study of rural southern Tanzanian women (Mrisho, et al., 2009, and Dhakal et al. (2007) also reported that (47%), of women and their families lacked awareness or did not perceive a need for postnatal care.

Nankwanga (2004) revealed that out of 330 participants in the study in Uganda, 139 (42.1%) did not attend post-natal care services at all. Of these, over half (53%) were unaware of PNC services. Fourteen per cent (14%) were attending to other family matters and 7.9% thought it was not necessary. The majority 93 (66.7%) of those who attended did so for immunization of their babies. Similarly, Mohamed (2012) in his study in Zanzibar, Tanzania, revealed that lack of knowledge emerged strongly as the reason for the delays in the decision to seek care and identify the place of care, which contributed to underutilization of health facilities during labour, delivery and postpartum period. Mrisho, et al. (2009) also stated that the majority of women who gave birth at home delayed in seeking PNC services mainly to allow the mother and baby to regain energy lost during childbirth, waiting for the baby's cord stump to fall off, lack of money and distance to the health facility.

Tao et al. (2009) revealed that only 4.2% and 4.5% of women received one or more postnatal visits at home in County A and County B. Perceived reasons given for this low rate of provision and utilization of postnatal care, include limited value placed on postnatal care by women and providers,

inadequate funding for maternal health care, limited human resources and lack of transport in township hospitals. Nevertheless, according to Dhaher et al. (2008), the most frequent reason for not obtaining PNC was that women did not feel sick and therefore did not need postnatal care (85%). Use of PNC was higher among women who had experienced problems during their delivery, had a caesarean section, or had an instrumental vaginal delivery than among women who had a spontaneous vaginal delivery. Interestingly, the same study revealed that the majority of the women deemed PNC necessary.

A study by Warren et al. (2006) revealed that there are feasible, sustainable and cost-effective measures that could be adapted to reach mothers and their newborns, especially for the 18 million African women who deliver at home. For example, about fifteen per cent (15%) of women in Madagascar receive a postnatal visit by a health professional at home. The same study also reported that one pilot study done in rural Kenya also had retired midwives facilitating childbirth at home and visiting the mother and baby two or three times in the first week.

Tanzania as a country adopted the United Nation's Sustainable Development Goals (SDGs), with the third Goal targeting on the reduction of global maternal mortality to less than 70 maternal deaths per 100,000 live births by 2030. The Emergency Obstetric and Neonatal Care (EmONC) assessment survey conducted in 2015 identified the most common causes of maternal deaths. The leading cause of maternal death is haemorrhage which accounts for 39% of maternal deaths is followed by hypertensive disorders in pregnancy (13%), abortion complications (11%) and anaemia (11%) with most of these deaths occurring in early postpartum period (Hokororo et al., 2015, Ndugga et al., 2020).

In Tanzania, the percentage of births taking place in health facilities is 63% while the postnatal care visits are 46% of those only 34% were reported to have a timely check-up that is, within the first 2 days after birth, and 22% reported they were checked within 4 hours after giving birth (TDHS 2015/2016). Maternal mortality continues to be high in Tanzania despite the implementation of interventions such as safe motherhood, emergency obstetric care, and basic emergency obstetric care. In Tanzania, the maternal mortality rate is 524 per 100,000 live births and the neonatal mortality rate at 25 per 1,000 live births (WHO et al., 2019). In Low and Middle-income countries including Tanzania, most maternal deaths occur within the first 24 hours after delivery and it is reported that up to 75% of neonatal deaths occur within the first week of life (WHO et al., 2019).

Ubungo Municipal Council has 62 health facilities that provide postnatal care services. Nevertheless, in the year 2021, only 15.4% of postnatal women attended early postnatal care (Https://dhis.moh.go.tz). Despite the availability of health services for postnatal women, utilization of postnatal services, especially in Ubungo Municipal Council is still low (Https://dhis.moh.go.tz). To my knowledge, no study has been done in Tanzania to explore barriers to early PNC attendance. This study, therefore, sought to assess barriers to early PNC attendance in Ubungo, Dar es Salaam, Tanzania. The findings of the present study are expected to contribute insights into the potential interventions that could be designed to further promote the use of early PNC.

Materials and Methods

Study design and setting

This was a Phenomenological qualitative study. An in-depth interview (IDI) guide was used to explore barriers to attending early postnatal care among postnatal women in Ubungo Municipal Council in Tanzania. The study was conducted at Sinza Hospital and Kimara Health Centre, located in the Ubungo Municipal Council, Dar-es-Salaam region in Tanzania. Ubungo Municipal Council is an urban area with a population of approximately 1,068,623 people (https: //dhis.moh.go.tz.). The Council has 14 administrative wards and 90 streets. The Council covers a total surface area of 210 km2, located in the Northern part of the region. The council has a total of 147 functioning health facilities, 21 of which are

public-owned. Out of 147 facilities, 61 health facilities provide reproductive and child health (RCH) services of which 21 health facilities are publicly owned (https: //dhis.moh.go.tz.).

Sinza Hospital and Kimara health centres were selected to participate in this study due to the high number of women who deliver at the health facilities which contribute to 87% of Ubungo Municipal deliveries with low early postnatal attendance of 15% (Https://dhis.moh.go.tz). Furthermore, Ubungo was selected because it is a highly populated Municipality in Dar-es-Salaam and, therefore, has the potential to serve a huge number of postnatal women with a diversity of characteristics attending postnatal care. In addition, the District Health Information System shows that Sinza Hospital and Kimara Health Centre reported maternal deaths of 9 (2018), 11 (2019) and 6 (2020); and 75% of those maternal deaths occurred in Sinza Hospital and Kimara Health centre (https: //dhis.moh.go.tz.). Besides, 50% of these deaths occurred during the postnatal period mostly caused by postpartum haemorrhage (https: //dhis.moh.go.tz.). Data were collected from April 2022 to May 2022.

Recruitment of study participants

Study participants were recruited purposively by selecting postnatal women who bring children for their first immunization (42 days post-delivery). The study participants were recruited purposively to get rich case participants who would facilitate a rich description, experience and understanding of the phenomena under investigation based on the study topic (Palinkas et al., 2015). To get the intended participants, the meetings between the researcher and the nurse in charge of Sinza Hospital and Kimara Health Center were held before data collection. In the meeting, we discussed the aims of the study and the kind of study participants needed to participate in the study. Participants who participated in this study were postnatal women attending first-child immunization at Sinza Hospital and Kimara Health Centre in Ubungo Municipal Council. A total of sixteen study participants were recruited to participate in this study. This number of study participants was selected based on the principle of data saturation where the responses do not give any new information and the interview stopped (Palinkas et al., 2015, Boddy, 2016).

Data Collection tool

An interview guide was used to collect information from participants through in-depth face-to-face interviews. The interview guide was developed by reviewing different literature (Kelly and, Bourgeault, 2010). The interview guide covered demographic characteristics, perceived susceptibility and barriers that contribute to not attending early postnatal service among postnatal women. The guide also collected valid and insightful findings on postnatal women's perception of early postnatal attendance (Kallio, et al., 2016, Showkat and Parveen, 2017). The interview guide was translated from English into Kiswahili. Translation of the information provided rich information on data and ensured enough information was collected from all participants systematically and comprehensively (Showkat and Parveen, 2017). The PI conducted in-depth interviews in Kiswahili, a language in which all the informants were competent. A conducive room was secured to provide privacy and free conversation between the PI and the informants. The interviews were audio-recorded. Each interview took an average of sixty minutes.

Data Analysis

Data were transcribed verbatim. Data was analyzed by using a thematic analysis approach by applying five stages according to Braun and Clarke to establish meaningful patterns: familiarization with the data, generating initial codes, searching for themes among codes, reviewing themes and presenting the results (Braun and Clarke 2013, Braun, et al., 2019). Nvivo 12 version computer software was used

to aid data analysis process data. The presented findings capture the essence of the data with quotes directly from participants (Kallio, et al, 2016, Braun and Clark, 2006).

Ethical Considerations

Permission to conduct the study was obtained from the Institutional Review Board of the Muhimbili University of Health and Allied Sciences (Ref No DA.282/298/01.C). Further permission was sought from the Municipal director and District Medical Officer of Ubungo Municipality. Further permission was sought from the In-charge of health facilities where the study was conducted before data collection. Similarly, informed written consent was obtained from all study participants to confirm their willingness to participate in this study after they received an explanation of the objectives of the study. Participants' privacy and confidentiality were ensured, and anonymity was maintained (no names were recorded during the interviews). Participants' voluntary participation and their right to withdraw from the study at any time were emphasized. Consent to record the interviews was sought from the study participants.

Results

Demographic characteristics of study participants

A total of 16 postnatal women were interviewed. Their mean age was 27 years. Three postnatal women were aged 25 and below, and 13 participants were above 25 years. Nine postnatal women were standard seven leavers while 6 of them had secondary education levels, and one had a degree. Eleven participants reported attending late postnatal care visits; four attended an early postnatal clinic within seven days. Regarding marital status fourteen were married, two participants were single mothers; ten were para 1-3 and five of them were para four and five.

Perceived risk related to late initiation of PNC attendance

Most of the study participants reported delaying attending early PNC because they were not aware of when to start early postnatal care services at clinics. They further narrated that they do not know the recommended number of PNC visits. One participant had this to say:

> *"When I gave birth, I was not told when I should come back for PNC, but I have heard on the street that when the baby is one month, I should go to the clinic for the baby's immunization. I was not told when to return to the clinic for PNC; I was not informed to return to the clinic early for PNC services"* (IDI, 25 years, a late PNC attendant, 2022).

Many of the study participants believed that the postnatal period was a normal period that didn't need the healthcare provider's attention. They further recounted that they believe the postnatal period is a normal life event rather than a condition requiring health personnel's attention. Most of the study participants further narrated that they waited forty-two days for the child's first immunization unless they felt unwell. One participant had this to state:

> *"I do not see the need to come early to the clinic; I will only go to the clinic for the child immunization after 42 days, mmmh! Maybe if you have a problem during childbirth… For example when you have a cesarean section, but if you give birth normally there is no need to come [to the clinic]"* (IDI, 25 years, a late PNC attendant, 2022).

Many study participants reported that they were not aware of when to initiate postnatal care early. The study participants revealed that mothers who attend late postnatal visits are not clear on when to attend early postnatal clinics. One postnatal mother said that:

"*We are not informed when to come for postnatal care attendance, there is no timetable on when to attend postnatal clinic earlier, this is the reason I didn't come early for postnatal care*" (IDI, 31 years a late PNC attendant, 2022).

Barriers to early PNC Attendance

Some of the study participants mentioned the shortage of nurses and a high number of clients as the reason for the long waiting time in the health facility. The study participants further reported perceiving long waiting times during the consultation at the PNC as a significant barrier contributing to early postnatal care attendance. They further narrated that they can wait up to three hours without receiving the PNC service, thus discouraging women from attending the PNC. For example, one participant commented:

> "*At the health facility, you stay for a long time without being served for two to three hours, this affects clinical attendance*" (IDI, 22 years old, a late PNC attendant, 2022).

One study participant had this to add:

> "Long *waiting hours for PNC service is a challenge because sometimes you find yourself in a queue among many other clients waiting for one nurse who is busy providing care, at least there would be as many as three nurses, one will be doing this [examining children, for instance], and another one doing that [weighing the children], in that way maybe we could spend less than an hour at the PNC clinic. Otherwise, that is a challenge*" (IDI 33 years, a late PNC attendant, 2022).

Financial difficulties as a barrier to early PNC attendance

Some study participants reported that the social socioeconomic status of the women is significantly associated with non-utilization of the early postnatal care services among postnatal mothers. Study participants reported that transportation cost to and from the clinic is a barrier that makes postnatal women delay initiating early postnatal care services. They affirmed that there are some costs involved in going to and from the health facility for PNC. The study participants recounted that transport cost depends on the distance from the health care facility. They said that those who live far from the health facility paid more cost than those who live near the health facility. One participant had this to share:

One of the participants said:

> *"The cost to attend PNC services is too high for me to come to the health facility … I am using almost 20,000 Shillings for fare and other uses per one visit at the health facility ... Where I come from, there are no major hospitals [health care centre] that provide PNC services, I think my low economic status contributes to not attending early postnatal care within seven days [post-delivery]"* (IDI, 22 years, a late PNC attendant, 2022).

Another study participant had this to share on transport costs:

> *"The cost of travel is a major obstacle among some women to attend PNC services. The fare to go to a health facility by Bajaj [a tricycle] is 5,000 Tanzanian shillings and to return is 5,000 thousand Tanzanian shillings, a total of 10,000 thousand is too much for us with low economic status and who live far from the health facility"* (IDI, 38 years a late PNC attendant, 2022).

Quality of service provided as a barrier to attending early PNC

Quality of the service is another barrier mentioned by study participants. Some study participants narrated that they did not see the importance of attending PNC within seven days after giving birth because of the quality of services given during postnatal care attendance. One participant opined:

> "*I do not see any importance of attending early PNC service, because even if you come early there is nothing important health care providers will do to you [mother and the baby], they will just ask you some questions then you go home*" (IDI, 28 years, a late PNC attendant, 2022).

Many of the study participants perceived early PNC attendance as for those mothers who faced some problems like over-bleeding during delivery if the baby fell sick after delivery or failing to breastfeed.

But if you deliver safely without any problem for the mother or the baby you continue with your life as usual. One participant commented that:

> "*Early postnatal attendance is important if you have a problem like continued heavy bleeding, maybe the baby has a fever, unable to suck [breastfeed] then you must come back very early if you are well life goes on you just wait for child immunization*" (IDI 28 years, a late PNC attendant, 2022).

Most of the study participants reported being unaware of postpartum complications and the role of medical services during the postnatal period. They narrated that mothers who delivered normally and with no problem don't see the importance of attending PNC which is why most postnatal mothers do not attend early postnatal services. One participant commented that:

> "*In my opinion, once the mother has given birth and the baby is doing well, it is important to focus on the baby`s immunization schedule and the development of the baby. Mmmh! If you had a problem during childbirth, for example, you may have had an earlier operation, but if you have a normal birth, I do not see the need to come early to PNC services*" (IDI, 25 years, a late PNC attendant, 2022).

Furthermore, many of the study participants reported not recognizing the benefits of early PNC visits for their health rather than the progress of their newborns. One participant said that:

> "*Mmmmh! I think postpartum clinic attendance is for the baby to get immunization and to monitor baby's health and his development or if the baby has any problem*" (IDI, 25 years a late PNC attendant, 2022).
>
> Another study participant had this to share:
>
> "*All I know is that postpartum attendance is to check the development of the baby, also it is for the baby to get immunization and is not for examining the mother's health as far as she had normal vaginal delivery that means the mother had given birth without any complications*" (IDI, 31 years a late PNC attendant, 2022).

Providers' attitudes as a barrier to early PNC attendance

Some study participants reported those healthcare providers' attitudes as one of the barriers contributing to the late initiation of postnatal care attendance.

Some study participants recounted that healthcare providers are using abusive language and disrespecting them, something which might contribute to the late initiation of PNC**.** One study participant had this to narrate:

> "*You find they [nurses] encouraging us to come early in the morning, but when you reach there they are busy talking, charting on phones and if you ask them they become very angry … They bring their home anger at work … For example, one day I came here [at the clinic] when my child was sick, I did not know the procedure … When I arrive at the clinic, I put my clinic card waiting to be called… All the people [mothers] at the clinic are gone, when I asked the health care providers why I was not called for the service, they became angry and said why did you put the card without asking … I was so embarrassed about that day … I am of the view that such behaviours make the mother not to come for checkup early during postnatal period … They wait for child immunization unless she [the baby] had a [health] problem*"(IDI, 31 years a late PNC attendant, 2022).

Most of the postnatal women in this study recognized good care given by the health care providers; study participants who attended late PNC also recognized the advantages of early PNC attendance and had this to say:

> "It *is important to attend early postnatal care because it helps to know the condition of the child, the child is medically examined properly, you grow up in peace, the challenge is like time spent at the facility, there is a queue in RCH clinics"* (IDI, 38 years, late PNC attendant).

Negligence of postnatal period

Most of the study participants narrated that negligence is a reason for some women not attending postnatal care early. They narrated that healthcare providers insist on attending early PNC within seven days after delivery. Despite being insisted to attend early PNC majority of mothers don't adhere to what they are told by the health care providers. One study participant had this to say:

> "*From my experience, other women are not taking things seriously …When they are discharged they get advice from their mothers that they just stay home as they are feeling well, and they can go back during child immunization at 42 days. As they have no complications life goes on. They don't care for early PNC attendance at all"* (IDI, 23 years an early PNC attendant, 2022).

Cultural beliefs as barrier contributing to early PNC attendance

Few study participants reported that cultural beliefs and practices such as the belief that postnatal mothers are not allowed to go outside until 42 days elapse after delivery; a postnatal mother has to stay indoors for 42 days without going outside. The study participants recounted that such cultural beliefs can act as barriers to not attending early postnatal care visits. One study participant said;

> "*Like us Muslims, our religion states that we must go out 42 days after delivery that is when a Muslim mother who has delivered is allowed to be free to continue with life as usual. Is that right? Then you are allowed to attend the clinic, and at that time the baby will be a little bit healthier, yes! At least the weight of the baby would have increased"* (IDI, 31 years, a late PNC attendant, 2022).

The majority of study participants appreciated the spouse support during PNC attendance. They recounted that engagement of the family members especially husbands in early PNC service is of paramount importance as men are the key decision-makers who permit women to attend PNC services. One participant has this to say:

> "*My husband is the one advising me to attend early postnatal care visit, paying for transport, After coming back the first thing he looks at is the card, and asks me what the doctor said, he wants to know how the baby is progressing as well as me"* (IDI, 26 years old, an early PNC attendant, 2022).

Discussion

This study aimed to explore barriers to attending early postnatal care among women attending early postnatal care services in Ubungo municipality, Dar es Salaam.

The findings revealed a lack of knowledge and information on the importance of early postnatal care services and when to start early postnatal care. There is a perception that the postnatal period is a normal life event rather condition that requires the attention of health care personnel. This is in line with the study conducted in Northern Ethiopia which reported that women without any prior postnatal-related complications did not see the importance of early postnatal attendance. Therefore, the postnatal women waited until they fell sick or their children were sick that is the time they initiated early postnatal care visits (Gebrehiwot et al., 2018).

They further revealed that postnatal women did not attend early postnatal care because they did not receive all the recommended components of postnatal care. When women go for PNC they report receiving counseling or are asked few questions therefore they see that there is no importance

of attending early PNC. This finding shows that attending health facilities for maternal and child health services did not guarantee that women and their newborns received all of the recommended components of postnatal care services. Furthermore, Amsalu et al., 2022 revealed that 78% of participants reported being not appointed to PNC as a reason for non-utilization of the service. They further revealed that poor counselling was mentioned as one of the reasons for not utilizing the PNC services. Poor counseling was attributed to a lack of training in healthcare providers and a shortage of human power in the setting (Amsalu et al., 2022, Berhe et al., 2017).

Also, the findings revealed that postnatal women attending antenatal care (ANC) clinics several times, and delivered in the health facilities, did not attend early postnatal care services, this is contrary to the study findings from Bahi, Dodoma Tanzania and Ethiopia that showed those women who attended ANC services and delivered in health facilities utilize early postnatal care services (Hokororo et al., 2015, Ayele et al., 2019). The differences in these studies might be due to different study contexts.

Long waiting time was the most mentioned barrier in this study that negatively affected the decision to start attending PNC services early. This study's finding corresponds with findings from a study conducted in rural Tanzania, which reported long waiting times as a problem that discourages postnatal women from accessing the service (Mahiti et al., 2015). A high number of clients and a shortage of nurses are mentioned as the reasons for the long queues in the PNC clinics that make postnatal women not utilize PNC services early. Furthermore, a lack of healthcare personnel is often a barrier to the provision of effective early PNC services.

These findings correspond with the findings from a study conducted in northwest Tanzania that reported workload due to healthcare providers' shortage and multitasking among healthcare providers as barriers to PNC services utilization (Konje, et al., 2021). These similarities might be due to several factors such as geographical location, methodology used, inadequate staffing level and the overwhelming workload experienced by healthcare providers which encouraged women not to initiate PNC until six weeks after delivery. Therefore, the findings of this study suggest increasing the number of healthcare personnel, especially nurses; will help to reduce the long waiting time at the health facility.

Financial constraints such as transportation costs perpetuate late PNC initiation. It was indicated by women in this study that lack of fare for transport to and from the health facilities is a barrier for them to attend early in PNC services. The transport costs to and from the health care facility prevented women from going for early PNC visits and even when fares were at a low rate, women who lived in extreme poverty could not afford to pay. These findings are similar to studies conducted in Bahi, Tanzania, Kenya and Nigeria which showed that transport to reach healthcare facilities is the biggest challenge for postnatal women to utilize early PNC services. (Gebrehiwot et al., 2018, Mahiti et al., 2015, Ochieng and Odhiambo, 2019, Somefun and Ibisomi, 2016, Amsalu et al, 2022).

Religious beliefs and other cultural practices are among the barriers mentioned by the participants as barriers to utilizing early PNC services. For example, Muslim women have to remain indoors until 42 days after delivery limiting them from initiating PNC clinic visits. Likewise, another belief is that postnatal women do not recognize the benefits of early postnatal care visits for their health rather than the progress of their newborns and not for women`s health. These findings correspond with findings from other studies elsewhere (Bishanga et al., 2019, Iyanda, 2016).

Furthermore, the study findings revealed that postnatal women perceived that early PNC attendance is not urgent if there is no complication during pregnancy, or delivery and immediately after delivery they attend only when they had complications like heavy vaginal bleeding, or fever without any problems for the mother or the baby they come for child immunization. These findings are congruent with studies conducted in Kenya and Indonesia that show that a woman who just

delivered a baby attends early postnatal care if they are sick, if they are not sick, then there is no need to seek PNC care. They wait until they are sick that is the time they attend PNC. This might be due to complications encountered during delivery that drive postnatal women to attend PNC service early (Ochieng and Odhiambo, 2019, Somefun and Ibisomi, 2016, Mon et al., 2018).

The study findings revealed that some healthcare providers' attitudes and abusive language were the reason for not initiating early PNC. Also, the study findings revealed that poor relationships between healthcare providers and postnatal women can act as a barrier to attending early PNC. Our study findings are similar to findings from other studies which were conducted elsewhere (Bishanga et al., 2019, Mon et al., 2018, Berhe et al, 2017, Simona et al., 2022) revealed that miscommunication and disrespectful behaviour from healthcare providers are influencers of the non-utilization of PNC services. Furthermore, workload and poor working conditions are among the factors contributing to healthcare providers' misbehaviors (Mahiti et al., 2015, Ochieng and Odhiambo, 2019, Iyanda, 2016).

Additionally, the findings from this study showed limited knowledge of postpartum complications among postnatal women and postnatal women not being scheduled for PNC and other suboptimal quality of PNC care as barriers to health health-seeking behaviour during the postpartum period. These results are consistent with the study findings conducted in Ethiopia, Northwest Tanzania, South Indonesia and Uganda that reported most mothers lack awareness of danger signs during the postpartum period which is why most of the women do not attend early PNC services; it has been noted that presence of birth-related complications increases immediately seeking PNC (Gebrehiwot et al., 2018, Bishanga et al., 2019, Mon et al., 2018, Ndugga et al., 2020). This implies that postnatal women visit health facilities only when they face complications or when they or their children are ill.

Strengths and Limitations and mitigations of the study

This study was conducted at two public health facilities that are accessible by the majority of the Ubungo and other Dar es Salaam residents, so other health facilities were excluded from this study. However, in-depth interviews with a small number of study participants of postnatal women can be considered a strength by exploring barriers to early PNC attendance. Since this study was facility-based there was a possibility of missing the experience of other women who did not attend the health facilities where the study was conducted. However, this study emphasized selecting a variety of study participants. Limitations aside, these study findings shed some light on barriers to early PNC attendance among postnatal women in Ubungo Municipality.

Conclusion

Delay in seeking early PNC services remains a big problem in Tanzania. The study findings revealed that the long waiting time, lack of information on the availability of early postnatal services, proper timing to initiate early postnatal clinic, transport costs, distance from the health facility, economic status, and providers' attitude were the major reasons reported to contribute to late initiation of early PNC service. We recommend that the Ministry of Health should continue to remind healthcare providers to continue providing education to pregnant women and the delivered mothers before discharge on the importance of PNC attendance starting from antenatal clinics, antenatal wards, postnatal wards, and postnatal clinics. Regarding long waiting times, the government of Tanzania should employ more healthcare workers so that they serve pregnant and PNC women without delay. Further, after delivery, healthcare providers should remind and schedule dates for early PNC visits before women are discharged.

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