

Knowledge of Postnatal Care Services among Women in Nyamagana District, Mwanza, Tanzania.

Tumaini William¹, Patrick Masanja², Francis F. Lyimo³

^{1 2 3} Department of Social Science and Humanities, St. Augustine University of Tanzania

DOI: <https://dx.doi.org/10.47772/IJRISS.2025.910000467>

Received: 19 October 2025; Accepted: 24 October 2025; Published: 15 November 2025

ABSTRACT

Nyamagana is one of the leading districts in the Mwanza Region, with a total of 165 health facilities. However, women in the district continue to face challenges in utilizing these health services. This study investigated the knowledge of postnatal care services among women in Nyamagana District, Mwanza, Tanzania. A qualitative approach was employed, involving in-depth interviews with 16 women who had given birth within the past twelve months, as well as two key informants (community health workers) from two different streets-Ngaza Street in Luchebele Ward and California Street in Nyegezi Ward. Participants were purposively selected, and the data were analyzed thematically. The findings revealed that women's understanding and interpretation of postnatal care services, including the timing of when to access them, largely depended on the place of delivery. In conclusion, postnatal care services are not determined solely by giving birth in a hospital, but rather by the meaning and understanding women have, as well as the guidance they receive during delivery. Postnatal care also varies from one hospital to another, with public hospitals particularly lagging behind in providing accurate information on the appropriate time to access these services compare to private hospitals. The study recommends the government should prioritize the strengthening of community awareness on the importance of timely and continuous postnatal care (PNC). This can be achieved through targeted health education campaigns, integration of community health workers (CHWs), culturally sensitive health messaging aimed at addressing misconceptions surrounding the timing and purpose of PNC. Additionally, the government should invest in training and deploying more skilled healthcare providers to deliver postnatal services, particularly in underserved and rural areas where access remains limited.

Keywords: knowledge, postnatal care services, women.

BACKGROUND

Postnatal care refers to the care given to the mother and her newborn baby immediately after the birth and for the first six weeks (42 days) of life (WHO, 2022). Postnatal care services play a crucial role in the continuum of care for mothers, newborns, and children, and are essential for meeting Sustainable Development Goals related to reproductive, maternal, and child health. These services contribute significantly to lowering maternal mortality and preventing avoidable newborn deaths (WHO, 2020). Despite its importance, this period continues to be marked by high rates of maternal and newborn illness and death, and the potential to enhance maternal health and promote optimal care for infants is often not fully realized (World Health Organization, 2022).

Every day around the world, about 810 women lose their lives due to complications that could be prevented during pregnancy and childbirth (WHO, 2020). A large majority 94% of these deaths happen in countries with low and middle incomes. The World Health Organization (2020) highlight that more than 60% of maternal deaths take place during the postpartum period, especially within the first week after childbirth.

In sub-Saharan Africa, the overall rate of women using postnatal care services is about 52.5%. Among the regions, Central Africa records the highest usage at 73.5%, while the lowest rate is seen in East Africa, where only 31.7% of women access postnatal care (Hailemariam et al., 2024).

In Tanzania, about 51% of women aged 15 to 49 received a postnatal checkup within the first two days after delivery, while only 28% were examined within four hours postpartum. Despite these efforts, 44% of women did not receive any postnatal care within 41 days of giving (TDHS, 2022)

The Tanzania government has undertaken various efforts to improve utilization of postnatal care services among mothers. Tanzania promotes four postnatal checkups within the first six weeks after childbirth. These guidelines aim to ensure that postnatal care is delivered in a timely, accessible, and comprehensive manner, thereby reducing risks of maternal and neonatal deaths (WHO, 2022).

In addition, the government has initiated M-mama program which aim to offer emergency transportation for pregnant women and newborns, helping them reach health facilities quickly during critical situations (Fund for Innovation in Development, 2024). This program uses mobile technology and local drivers to coordinate urgent responses. Also a pilot programs like Watoto Care aim to maintain consistent care after hospital discharge.

The expectation of these initiatives is to ensure that mothers utilize fully post natal care services so as to reduce negative health outcomes like deaths and illnesses. However, the existing evidence highlight that utilization of postnatal care remains low in Tanzania only 43.5% of women utilize postnatal care services (TDHS, 2022).

Mwanza Region records a high rate of health facility deliveries, with 76.8% of births occurring in medical institutions. However the existing report shows that, postnatal care utilization remains relatively low at just 43.5%. This notable gap between facility-based births and postnatal care service use raises concerns about why many women do not utilize PNC despite, delivering in health facilities (Tanzania Demographic Health Survey, 2022).

This situation triggered the decision to conduct the study in Nyamagana District because of its number of health facilities and to develop knowledge on determinants for the utilization of postnatal care services among women in Nyamagana District. Nyamagana District alone has 165 health facilities, including a regional referral hospital. These comprise 2 public hospitals, 7 private hospitals, 4 faith-based organization hospitals, 11 health centers, 35 dispensaries, and 106 other health facilities (Ministry of Health, 2024). These statistics indicate that Nyamagana District has more health facilities than any other district in the Mwanza Region. However, the utilization of postnatal care services is still a challenge. As highlighted in a study conducted at Bugando Hospital by Fulli (2021), inadequate family support and poor economic status of the family were challenges faced by women during PNC.

METHODOLOGY

A qualitative approach and cross-sectional design were employed in this study. The cross-sectional design was chosen as it allowed for the collection of data from the population at a single point in time, and facilitated comparisons between different subgroups (Creswell, 2014). The qualitative approach was selected because it enabled the researchers to gain in-depth insights into women's personal experiences, emotions, and cultural beliefs that influence their decisions regarding postnatal care (Creswell, 2014). The study was conducted in Nyamagana District, Mwanza, due to limited existing knowledge on the sociocultural determinants affecting the utilization of postnatal care services among women in this area.

The target population included women of reproductive age (15-49 years who had given birth within the previous 12 months and resided in Ngaza and California streets within Nyamagana District. This group was selected as they are directly impacted by low uptake of postnatal care services. A total of 16 participants were purposively selected to ensure diversity in socio-demographic factors such as age, education level, marital status, and number of children. Data were gathered through in-depth interviews, and two key informants {community health} workers from the selected streets-were also interviewed to provide additional insights. Thematic analysis was conducted following Braun and Clarke (2021), using repeated reading, reflective note taking, and descriptive coding in NVivo 14. Data were further organized in Microsoft Excel and Word, and themes were developed through constant comparison, supported by demographic context and participant quotations.

FINDINGS

The researcher identified the knowledge of women living at Ngaza Street in Luchebele ward and at California street in Nyegezi ward Nyamagana district. The knowledge of women on postnatal care use were measured by considering two themes which are meaning and interpretation given to postnatal and time of use postnatal care.

Meaning and Interpretation on Postnatal Care Services

Most of participants had different meaning and interpretation on postnatal care services use. The findings show that meaning and interpretation depends on the prior knowledge of postnatal care among women because most of women mix PNC with Child immunization and growth monitoring. Therefore, one of women in Ngaza Street 39 years said:

“Postnatal care is a service provided to a child to help protect them from various diseases such as tetanus, convulsions, measles, and whooping cough. It is given after one month and two weeks.”

Another women in California Street 40 years said

“Postnatal care is the support given to a mother to help her regain strength, such as providing food so she can breastfeed the baby, helping with tasks like cooking, washing clothes, and massaging different parts of the body such as the abdomen and waist”.

Also, another women Ngaza street 22 years said:

“Postnatal care is the kind of support that requires close attention from someone like the birth mother, mother-in-law, or a close person to help and guide the new mother on how to take care of and raise the baby, especially for first-time mothers”.

But also, community health worker in California Street said:

“Postnatal care is the service given to a mother after childbirth. Starting within the first twenty-four hours. After that, if both the mother and her baby are doing well, they are discharged and advised to return after one month for the child's clinic”.

Time of Use Postnatal Care

Most of participants were unaware on the appropriate time to use postnatal care. Most of participants who were unaware are those from public hospitals, this is because most of them were informed to come for clinic after one month and two weeks which is quite different participants who gave birth in private hospitals. Therefore, one of women in California street 29 years said;

“I gave birth at one of the government hospitals in Nyamagana District. Both my baby and I were given vaccinations, the baby was injected in the shoulder and given oral drops. Later, they told me that everything was fine and that I should return after one month and two weeks to continue with the child's clinic”.

Another women in Ngaza street 33 years said;

“After giving birth, the doctors checked my health and my baby's health, then took us to a place where other women were and asked if anyone was feeling unwell or if our babies were breastfeeding well. He emphasized that if anyone felt unwell, they should see the nurse on duty. He also told us to return after one month and two weeks or to go to the health center nearest to where we live. He concluded by saying no one should hesitate to come back whenever they feel unwell”.

Community health worker in California said;

“Postnatal care begins within the first twenty-four hours in the hospital and continues after one month for the child's clinic, and this applies to mothers who experience no complications after childbirth for both the mother and the baby”.

This finding highlights that the timing of postnatal care (PNC) remains a significant issue. Despite women giving birth in hospitals, the appropriate time to utilize PC services is not well understood. Alarming, even community health workers who are expected to educate and guide the community lack adequate knowledge on this matter.

DISCUSSION OF THE FINDINGS

Meaning and Interpretation of Postnatal Care Services

The finding of the study revealed that most of participant's knowledge of postnatal care services depended on the place of delivery. Most of participants who delivered in public hospitals in Nyamagana districts interpreted postnatal care as care based on child immunization and growth monitoring and provided after one month and two weeks after birth.

The study revealed that participant's knowledge of postnatal care (PNC) services was largely shaped by their place of delivery, with the majority of those delivering in public hospitals in Nyamagana District associating PNC primarily with child immunization and growth monitoring services typically initiated after one month and two weeks postpartum. This finding reflects a limited understanding of the full spectrum and timing of PNC, and raises concerns about the effectiveness of health education and discharge counseling provided in these facilities.

The findings align with the Theory of Planned Behavior suggesting that participants' knowledge and use of postnatal care services were influenced by their attitudes, perceived norms, and perceived behavioral control. Women who delivered in public hospitals commonly interpreted postnatal care as beginning only after one month and two weeks, primarily focusing on child immunization and growth monitoring. This limited understanding reflects how institutional communication and provider emphasis shape subjective norms and attitudes toward PNC, ultimately influencing women's intentions and behaviors regarding timely utilization of comprehensive postnatal services.

The findings from this study related World Health Organization (2013) defines postnatal care as the care given to both mother and newborn immediately after birth and continuing for six weeks (42 days). It encompasses a wide range of services including early detection of complications, breastfeeding support, hygiene education, maternal mental health screening, and family planning counseling. However, the perception among participants that PNC begins only after several weeks coinciding with routine child vaccination schedules suggests that health communication at facility level may be narrowly focused or poorly timed.

This is consistent with findings by Ahinkorah et al (2021), who argued that in many low resource settings, PNC services are underutilized due to a lack of awareness about their importance and timing. Similarly, Titaley et al. (2009) observed in Indonesia that women were more likely to associate PNC with child related services than with maternal health, a pattern also echoed in Pallangyo et al. (2017) in Tanzania. These studies emphasized that when PNC is viewed solely through the lens of child immunization, critical maternal health interventions especially during the early postnatal period (within 48 hours) may be neglected.

This knowledge gap may be perpetuated by health system weaknesses, such as limited staffing, time constraints, and the absence of standardized postpartum counseling protocols in public hospitals (Konje et al, 2021). In many cases, discharge instructions are brief, informal, or only focused on return dates for child vaccination, with minimal emphasis on maternal follow-up. As Warren et al. (2010) suggest, integrating structured postnatal education into routine facility-based care can significantly enhance both maternal and newborn outcomes, particularly when such information is contextually relevant and culturally sensitive.

To improve this, there is a need for holistic, mother baby centered postnatal models of care that begin immediately after birth and extend beyond immunization services. Community based follow-ups, particularly

through trained community health workers, could help reinforce early PNC and correct misconceptions regarding its timing and purpose (Idris et al 2015). Furthermore, interventions should be tailored to first time mothers, who often lack prior exposure to postnatal services and may depend heavily on the information provided at the point of delivery.

Time to Use Postnatal Care Services

Most of participants were unaware on the appropriate time to use postnatal care. Most of participants who were unaware are those from public hospitals. This is because most of them were informed to come for clinic after one month and two weeks which is quite different from participants who gave birth in private hospitals.

This finding reveals a critical knowledge gap regarding the timing of postnatal care (PNC) among participants, particularly those who delivered in public health facilities. The majority of these women reported being told to return for clinic visits only after one month and two weeks postpartum, which aligns with the schedule for routine infant immunizations but contradicts WHO recommendations, which emphasize the importance of early postnatal visits within the first 24, 48 hours, and at days 3, 7-14, and 6 weeks (WHO, 2013).

This misinformation contributes to delayed utilization of PC services, potentially leading to missed opportunities to detect early complications for both mother and newborn. In contrast, participants who gave birth in private hospitals appeared to have better awareness of timely postnatal care, suggesting disparities in quality of discharge counseling and communication practices between public and private facilities. The issue may reflect systemic constraints in public hospitals, including overcrowding, staff shortages, or lack of standard protocols for postpartum education. Research by Warren et al. (2010) supports this, noting that health worker communication and patient education are often inconsistent in resource limited public health settings.

To improve outcomes, there is a need for standardized discharge instructions that emphasize the full scope and timing of PNC. Additionally, investing in training for healthcare workers, particularly in public hospitals, can help ensure that accurate and consistent messages are delivered to all postpartum women, regardless of facility type.

CONCLUSIONS AND RECOMMENDATIONS

Although many women give birth in hospitals, the use of postnatal care services remains a challenge for mothers in Mwanza Region, especially in Nyamagana District. This is largely due to the meanings and interpretations they hold regarding the use and timing of these services. In conclusion, postnatal care services are not determined solely by giving birth in a hospital, but rather by the meaning and understanding women have, as well as the guidance they receive during delivery. Postnatal care also varies from one hospital to another, with public hospitals particularly lagging behind in providing accurate information on the appropriate time to access these services compare to private hospitals.

The study recommends the government should prioritize the strengthening of community awareness on the importance of timely and continuous postnatal care (PNC). This can be achieved through targeted health education campaigns, integration of community health workers (CHWs), culturally sensitive health messaging aimed at addressing misconceptions surrounding the timing and purpose of PNC. Additionally, the government should invest in training and deploying more skilled healthcare providers to deliver postnatal services, particularly in underserved and rural areas where access remains limited.

REFERENCES

1. Ahinkorah , B. O., Seidu, A.-A., budu , E., Adu. C., Osei R. J., & Yaya S. (2021). Factors Associated with the Utilization of Postnatal Care Services Among Women in Mali: Analysis of the 2018 Mali Demographic And Health Survey. BMC Public Health, 21, 1552. <https://doi.org/10.1186/S12889-021-11597-W>
2. Ajzen, I. (1991). The Theory of Planned Behavior. Organizational Behavior and Human Decision Processes, 50(2), 179-211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)

3. Braun, V., & Clarke, V. (2021). One size fit all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 18(3), 328–352. <https://doi.org/10.1080/14780887.2020.1769238>
4. Creswell, J. W., & Creswell, J. D. (2014). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. London: Sage publications.
5. Fulli, J. P. (2021). *An Examination of Challenges Facing Maternal Care among Women: A Case of Bugando Referral Hospital*. Master's thesis, The Open University of Tanzania
6. Fund for Innovation in Development. (2024). *A Postnatal Care Solution for Reducing Neonatal Mortality in Tanzania*. Retrieved from <https://fundinnovation.dev/en/projects/postnatal-care-solution-reducing-neonatal-mortality-tanzania>
7. Hailemariam, T., Atnafu, A., Gezie, L. D., Belayneh, T., & Tilahun, B. (2024). Postnatal Care Utilization and Associated Factors among Women Who Gave Birth Within the Last 12 Months in Northwest Ethiopia: A Cross-Sectional Study. *Pan African Medical Journal*. <https://doi.org/10.11604/pamj.2024.48.126.42397>
8. Idris, S. H., Gwarzo, U. M. D., & Bature, S. B. (2015). Factors Responsible for Under- Utilization of Postnatal Care Services in Maiduguri, North-Eastern Nigeria. *Sahel Medical Journal*, 18(4), 109-115. <https://doi.org/10.4103/1118-8561.172045>
9. Konje ET, Hatfield J, Sauve R, Kuhn S, Magoma M, Dewey D. (2021). Late Initiation and Low Utilization of Postnatal Care Services among Women in the Rural Setting in Northwest Tanzania: A Community-Based Study Using a Mixed Method Approach. *BMC Health Services Research*. Jul 2;21(1):635. doi: 10.1186/s12913-021-
10. Ministry of Health. (2024). *Tanzania Health Facility Atlas 2023*. United Republic of Tanzania. <https://www.moh.go>
11. Pallangyo, E., Sanga, A., Yussuf, N., & Mbekenga C. (2017). Knowledge, Attitude and Intention of Postpartum Women towards Postpartum Care in Tanzania: A Cross- Sectional Study. *BMC Pregnancy and Childbirth*, 17, 66.
12. Tanzania National Bureau of Statistics (NBS) & ICF. (2022). *Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2022*. Dar es Salaam, Tanzania, and Rockville, Maryland, USA: NBS and ICF.
13. Titaley, C. R., Hunter, C. L., Dibley, M. J., & Heywood, P. (2009). Why don't some Women Attend Antenatal and Postnatal Care Services? A Qualitative Study of Community Members' Perspectives in Garut sukabumi and Camis districts of West Java Province. Indonesia. *BMC Pregnancy and Childbirth*, 9(1), 1-12. <https://doi.org/10.1186/1471-2393-9-75>
14. Warren, C., Daly, P., Toure, L., & Mongi, P. (2010). *Opportunities for Africa's newborns: Postnatal care*. WHO/UNICEF.
15. World Health Organization (2022). *Postnatal Care for Mothers and Newborns: Highlights from the World Health Organization 2022 guidelines*. Geneva: WHO
16. World Health Organization (2020). *Maternal Mortality*. Retrieved From <https://www.who.int>
17. World Health Organization (WHO). (2013). *Postnatal care for Mothers and Newborns: Highlights from the World Health Organization 2013 Guidelines*. WHO.