

Barriers, Facilitators, and Lived Experiences Influencing Mothers' Uptake of Postnatal Care at Primary Health Care Facilities in Ondo State, Nigeria

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Abstract

Postnatal care (PNC) is critical for improving maternal and child health outcomes, yet uptake remains suboptimal in many developing countries including Nigeria. This study explored barriers and facilitators influencing mothers' utilization of PNC services in Nigeria, as well as their knowledge and experiences of care. A qualitative exploratory study design was employed from February 6, 2026 to February 26, 2026 using semi-structured interviews with Postnatal and ANC clients as well as users of under-five services in primary health facilities in Ondo State. Participants were purposively selected to gain rich insight into the PNC utilization in the setting. All interviews were audio-recorded, transcribed verbatim, and analysed thematically. Thematic analysis identified financial constraints, transportation challenges, cultural beliefs, preference for alternative care providers, and health system factors such as long waiting times and negative provider attitudes as major barriers. Enablers included positive health-seeking behaviour, availability of free or subsidised services, supportive provider attitudes, and mothers' perceived need for care. Mothers demonstrated moderate PNC knowledge and reported predominantly positive care experiences. Despite positive experiences with PNC, structural, socio-cultural, and individual barriers continue to hinder optimal service uptake. Strengthening health systems, improving geographic access, and implementing culturally sensitive interventions are essential to promote maternal and child health outcomes.

Keywords: *Barriers and Facilitators, Experience of Care, Maternal Health, Nigeria, Postnatal Care, Primary Healthcare.*

Introduction

The postnatal period- the period immediately after birth up to the sixth weeks is a crucial period in the health and survival of the mother and the baby [1, 2]. The period creates a critical time where

women and infants are mostly susceptible to complications that can easily be avoided when proper and prompt care is taken. Postnatal care (PNC) is crucial in the awareness and treatment of these complications, the promotion of healthy behavior, including breastfeeding, and the

provision of the necessary health education [3]. Although important, the use of PNC services is still not optimal in most low- and middle-income countries, and access, awareness, and quality of care are usually unevenly distributed [4].

There is now evidence that there is an intricate interaction of personal, socio-cultural and health systems factors that affect the uptake of PNC services. In Malawi, a study revealed that despite the high use of postnatal services by women, there was decline in the use of the services over time due to constraints related to limited awareness, financial difficulties and unfavourable experience of using the services [5]. Greater qualitative research indicates that the use of healthcare is strongly influenced not only by the availability of services but also by beliefs about the need, social convention, and decisions taken within the household [6, 7]. These results show that the uptake of PNC is entrenched in social and contextual realities [8].

On the individual level, utilisation is largely dependent on knowledge and awareness of postnatal care services. Well-informed women regarding the advantages of PNC and timeliness of using these services tend to seek services and follow up on recommendations. On the other hand, insufficient knowledge has always been linked to late care-seeking and poor use of services [5, 9]. Nevertheless, knowledge alone cannot be relied upon to ensure utilization since it is an interaction with other variables like education, financial ability and autonomy of caregivers.

Health system factors also contribute significantly to the level of engagement of mothers in the postnatal care services. A recent scoping review in sub-Saharan Africa points out that the lack of workforce and implementation gap on the application of maternal health guidelines remains a

major setback in the provision of quality postnatal care [10]. The attitudes and styles of communication of healthcare providers are crucial because respectful and supportive care leads to increased trust and subsequent utilisation [11, 12]. Also, frequency of ANC visits by pregnancy women, [13] and wealth index [14-16] affect the PNC uptake.

Health-seeking behaviour is also influenced by cultural beliefs and traditional practices in the postnatal period. Even in contemporary care settings, family members, community standards, and conventional understanding of illness influence care choices, which might lead to a shift in the type of care provider or delay formal care [17-19]. Cultural and social determinants should thus be addressed as a way of enhancing the uptake of the PNC services.

In Nigeria, Maternal Mortality Ratio is estimated at 512 deaths per 100,000 live births [8] and the Neonatal Mortality Ratio is 41 deaths per 1,000 live births [20]. Although the states have a policy to enhance maternal healthcare at the primary level, the uptake of postnatal care within the first 48 hours of delivery is still suboptimal and inconsistent across states [20]. It is worth noting that the PNC coverage rates among mothers and newborns during the first two days of birth in Ondo State were 76 and 74 percent respectively, which is much higher than the national average of 42 percent, with a death rate among newborns also standing at only 3 deaths per 1,000 births in Ondo State, which is significantly lower than the SDG target of less than 12 per 1,000 births [20].

Although this is a fairly good performance, there is little context-specific qualitative data that concurrently analyzes the knowledge of mothers with regard to postnatal care, lived experiences, and the interactions between facilitators and

barriers that shape the uptake of services in the primary healthcare environment in Ondo State. The study thus aimed to fill the gap that exists by examining obstacles and enablers that affect the use of PNC services by mothers, their level of knowledge and seeking their views and experiences within the primary healthcare setting.

Methods

Study Setting and Period

The research was carried out in Ondo State, where the entire number of citizens is estimated at 5.316 million as at 2024 [21]. The state contributes to 0.2% of the national neonatal mortality and was ranked as the state with the lowest neonatal mortality rate in Nigeria in 2024. The particular study locations were 20 primary health facilities in three Local Governments, Akure South, Owo, and Ifedore, which are a combination of rural, semi-urban, and urban environments in two of the three senatorial districts. Data will be sourced between February 6 and February 26, 2026.

Study Design

This study was an inclusion of a larger mixed methods study. The findings in this manuscript are results of the qualitative part, which utilized an exploratory qualitative design to determine the influencing factors for PNC uptake and examine the experiences of mothers in the state. The design was to be able to accomplish profound understanding of community and health system factors that affect care-seeking behaviour.

Study Population

The target population included women and caregivers who had recent ANC and PNC clients and caregivers of under-five service users. The purposive sampling was used to recruit participants so as to have diversity in terms of experience.

Sample Size

A total of 20 individuals were sampled to have in-depth interviews based on literature that saturation of qualitative research could be reached with 9-17 respondents [22]. However, 19 in-depth interviews were granted and completed. The respondents for In-depth Interview comprising of 10 PNC clients, 6 ANC clients, and 3 caregivers who utilized under-five health services including immunization, and one focus group discussion (FGD).

Inclusion Criteria

The sampled participants were those who had last their last delivery in the two years prior the study and utilise either PNC services, ANC services, or under-five health services in the sampled facilities. This inclusion criteria was considered to minimize recall bias.

Data Collection

One-on-one semi-structured interviews were conducted using a recorder with note taking in which an experienced researcher, who is also a lecturer in school of health technology engaged in one-on-one in-depth interviews with the interviewees using a semi-structured interview guide. Interviews were conducted in English or native languages based on interviewee preference, and all were recorded with informed consent. Field notes recorded contextual factors and observation.

Data Analysis

Thematic analysis with phenomenological orientation was used to analyse transcripts. The inductive coding was performed to enable themes to emerge out of the narratives of the participants. Experience, barriers, and facilitators at individual, household, community, and health system levels were organised into themes.

Results

The results have been reported against the research objectives, which addressed the uptake of postnatal care among mothers and caregivers in the primary healthcare setting. The comparison showed that there were a number of common themes that were repeated and reflected the knowledge of mothers about postnatal care, their experiences during service delivery and what factors affected their use of PNC services.

Participants' Characteristics

There were 18 in-depth interviews and one focus group discussion. They consisted of nine PNC clients, six ANC clients, three caregivers of under-five service users, and one mixed focus group. Age was within the range 18 to above 44 years with urban, semi-urban, and rural areas being represented. The level of education varied between no formal education up to tertiary. A summary of the characteristics of the participants is given in Table 1.

Table 1. Participants' Characteristics

ID	Age	Marital Status	Residence	Education	Employment	ANC	PNC Use	Type
1	30–34	Married	Urban	Secondary	Employed	Yes	Yes	PNC
2	25–29	Single	Urban	Primary	Unemployed	Yes	No	ANC
3	18–24	Single	Semi-urban	Secondary	Employed	Yes	Yes	PNC
4	35–39	Married	Rural	Tertiary	Employed	Yes	Yes	PNC
5	25–29	Single	Urban	Secondary	Employed	No	Yes	PNC
6	30–34	Married	Urban	Tertiary	Employed	Yes	Yes	PNC
7	18–24	Single	Semi-urban	Primary	Unemployed	Yes	No	ANC
8	25–29	Single	Rural	Secondary	Employed	Yes	No	ANC
9	35–39	Married	Urban	Secondary	Employed	Yes	Yes	PNC
10	40–44	Widowed	Rural	None	Unemployed	Yes	Yes	PNC
11	30–34	Divorced	Urban	Primary	Employed	Yes	No	ANC
12	25–29	Single	Urban	Secondary	Employed	Yes	No	ANC
13	18–24	Single	Semi-urban	Primary	Unemployed	No	Yes	Caregiver
14	35–39	Married	Rural	Primary	Employed	No	Yes	PNC
15	30–34	Married	Urban	Tertiary	Employed	Yes	Yes	PNC
16	25–29	Single	Urban	Secondary	Employed	Yes	No	ANC
17	40–44	Married	Rural	Secondary	Employed	Yes	Yes	PNC
18	18–24	Single	Semi-urban	Primary	Unemployed	Yes	No	Caregiver
19	30–34	Married	Urban	Tertiary	Employed	Yes	Yes	Caregiver
FGD	Mixed	Mixed	Mixed	Mixed	Mixed	Mixed	Mixed	FGD

Themes and Sub-Themes

There were seven key themes that were identified in terms of barriers and facilitators of PNC uptake. Likewise, there

were six themes based on the experience of care and two themes based on knowledge assessment. A summary of themes and subthemes is provided in Table 2.

Table 2. Summary of Themes and Subthemes: Barriers and Facilitators to PNC Uptake

Theme	Description	Key Subthemes / Findings
BARRIERS		
1. Financial Constraints	Cost barriers to accessing PNC	Inability to afford medications; hidden charges (consumables, gloves); need to take part in economic activities
2. Transportation & Geographic Accessibility	Distance and transport barriers	Long distance to clinic; lack of transport money; poor road/transport infrastructure
3. Cultural Beliefs & Traditional Practices	Socio-cultural factors affecting care-seeking	Preference for TBAs/herbal practitioners; religious/traditional interpretations of illness; community misconceptions about PNC procedures
4. Health-Seeking Behaviour & Knowledge Gaps	Knowledge and education deficits	Low PNC awareness; low educational attainment; paternal dominance limiting women's autonomy
5. Health System Factors	Service delivery failures	Negative provider attitudes; long waiting times; workforce shortages and work overload
6. Preference for Alternative Care Providers	Competing informal systems	Preference for TBAs; pluralistic healthcare use fragmenting care
7. Maternal Attitudes & Non-Compliance	Motivational barriers	Non-compliance with medical advice; low perceived need for PNC when feeling well
ENABLERS / FACILITATORS		
1. Positive Provider Attitudes	Respectful, supportive care	Friendly, accommodating staff; empathetic interactions building trust; positive experiences encouraging repeat visits
2. Free or Subsidised Services	Financial accessibility through policy	ABIAMO free maternal health policy; free delivery, drugs, and diagnostics; removes financial barriers
3. Health Education by Workers	Information provision improving knowledge	Explanation of medication regimens; nutrition and self-care guidance; immunisation schedule education
4. Accessibility & Continuity of Care	Proximity and follow-up systems	Proximity to facility; structured appointment cards; community health worker reminders
5. Maternal Attitudes & Perceived Need	Positive health-seeking behaviour	Prior complications motivating attendance; educated mothers recognising care importance; compliance with recommendations
6. Community & Social Support	Social encouragement and awareness	Encouragement by friends/neighbours; community sensitisation via radio and TV; multi-sectoral stakeholder engagement

Barriers to PNC Utilisation

Theme 1: Financial Constraints and the Cost of Healthcare

One of the biggest obstacles to PNC uptake was financial constraints. The participants explained that access and continuity of care were influenced by costs, both direct and indirect or hidden costs.

"It is money to me as a person, sometimes I must have money to take prescribed drugs and purchase of these drugs are mandatory, sometimes I cannot come one month without money until I have money am owning when I visit the hospital" (FGD 1 Respondent 3)

There were also the hidden costs: "The only thing we were free of is palpation, we purchase glove due to palpation, we purchase drugs due to palpation, we do not purchase a free service (FGD 1 Respondent 6). These results imply that financial obstacles function on a variety of levels, deterring prompt care-seeking, interrupting care adherence, and causing mothers to seek less formal healthcare.

Theme 2: Transportation and Geographic Accessibility

Geographic accessibility and transportation were cited as one of the barriers. Respondents cited distance and transport expenses:

"There are some difficulties related to distance and transport costs: Sometimes we simply lack the money to cover transport costs, however, the God is on our side, we need to walk, sometimes, I walk myself to this point" (Interview Respondent 4)

Physical access to healthcare services is restricted by geographic distance and the means of transportation, especially in routine follow-up visits, and may result in delayed care initiation, missed

appointments, and inconsistent use of postnatal services.

Theme 3: Cultural Beliefs, Traditional Practices, and Religious Influences

Health-seeking behaviour was very much affected by cultural beliefs and practices. Misunderstandings of sickness were present:

"Essentially, that would be perhaps under-fives, when they see a child with acute diarrhoea the legend would be that the child was about to bring forth tooth, they would instead go to the markets and meet her Alagbo and take herbs or bangles." (Interview Respondent 10)

These observations indicate the deeply-rooted cultural and traditional beliefs may influence the disease interpretation and management, which in most cases results in the delay in the pursuit of formal care or the adoption of alternative remedies. Such beliefs have the potential to undermine the maximum use of postnatal care services unless there are culturally sensitive interventions.

Theme 4: Health-Seeking Behaviour, Knowledge, and Education

Poor knowledge and education played a role in delays in PNC uptake:

"One of the reasons said to contribute to delays is knowledge gap: ignorance and level of education, poverty, cultural belief, paternal dominance that is male dominance" (Interview Respondent 16)

Poor education restrains women to identify health needs and get services at the right time, and supports reliance, false beliefs, and late uptake of services.

Theme 5: Health System Factors

Factors in the health system such as the processes of service delivery and provider attitudes also contributed in a two-fold

capacity. Disputing demeanor among the providers was reported to be discouraging:

"Fine. they are, some of them are, some of them have reasons, reason number one of the reasons may be the attitude of the health workers to them, when they reach the TBAs, they reach the faith homes, they treat them very well." (Interview Respondent 14)

The waiting time that could be caused by workforce shortages was also mentioned: I guess the biggest barrier is the waiting time and it is caused mainly by the work overload. You are understaffed in healthcare workers and you still have the massive populations that are receiving this healthcare (Interview Respondent 10).

Theme 6: Preference for Alternative Care Providers

Embracing traditional birth attendants (TBAs) and informal care providers was a big obstacle:

"No. I went to the hospital, when I went to the concoction woman, to get some sort of herbal preparation." (Interview Respondent 8)

Formal and informal healthcare systems have co-existed, offering mothers competing options and thereby risking disintegration of care and consequent non-compliance with medical guidelines.

Theme 7: Maternal Attitudes, Compliance, and Perceived Need

Barriers were found to be non-compliance with medical advice and perceived need. The penalties of the defiance were graphically depicted:

"There was the case of a specific pregnant woman who was informed that her PCV was low and her reaction was that her husband did not have money and she died in the end..." (FGD 1 Respondent 2)

In the absence of the understanding of the significance of care by mothers or limitations in implementing recommendations by financial or social reasons, health risks are greatly exaggerated.

Facilitators of PNC Utilisation

Theme 1: Positive Provider Attitudes and Interpersonal Behaviour

Professional, understanding, and supportive communication helped to build trust, improve satisfaction, and invite repeat attendance:

"The health workers are quite nice and accommodating here." (Interview Respondent 2)

Loyalty in the long term established due to good interactions was also recorded. A single participant had been visiting the same facility since 2016, initially with her sister-in-law, and then with two more subsequent pregnancies because she found the care consistently respectful and free of charge (Interview Respondent 4).

Theme 2: Availability of Free or Subsidised Services

One of the key enablers was found to be the ABIAMO free maternal health policy:

"We have the ABIAMO policy which has made the maternal services free of charge... So, it's free of charge to access Antenatal care and Postnatal care. Hence, individuals, they are aware of it" (Interview Respondent 15).

Another participant also attested that the tests, delivery and drugs were all offered at no cost eliminating a major obstacle to attendance (Interview Respondent 3).

Theme 3: Health Education and Information Provided by Healthcare Workers

Health education made mother empowered and adhered to care better:

“They advise pregnant women to take care of themselves by consuming healthy food to ensure the baby is healthy to drink a lot of water.” (Interview Respondent 6) and “educate us during the antenatal on danger sign during pregnancy and need for mother and newborn check up after delivery” (Interviewer Respondent 7)

Participants additionally reported being thoroughly educated about medication regimens such as iron supplements, malaria prophylaxis, and immunisation regimens.

Theme 4: Accessibility and Continuity of Care

Health-worker-client follow-up, schedules of appointments, and regular service availability facilitated PNC visit adherence:

“There is no time, they give us date to visit the hospital and I do not usually visit it, and it has always been a good one.” (Interview Respondent 2)

Reminders on the appointment date by community health workers were also relevant to maintain the level of engagement with postnatal services.

Theme 5: Maternal Attitudes and Perceived Need

Mothers who realized the value of postnatal care were more inclined to use services on a regular basis. Identified major contributors were education and financial independence:

“I believe that the most is level of education. And a woman with a job who is employed, and who has funds of her own, can make decisions about when and how to go to her health needs, must be assisted.” (Interview Respondent 10)

Theme 6: Community Engagement and Awareness

Sensitization Multi-sectoral campaigns involving healthcare providers, community stakeholders, schools, and media platforms expanded awareness and triggered utilisation:

“The awareness is growing on a daily basis. Then they bring so many others involved... they have been engaged with the chairman of the local government, the stakeholders, the schools... They spread on radio, on television everywhere.” (Interview Respondent 11)

Knowledge of Postnatal Care Among Mothers

Theme 1: Awareness of Postnatal Care Services and Programmes

The increasing awareness of the PNC services among mothers was a result of multi-sectoral sensitisation. Awareness was strengthened by policy-generated efforts, especially those overcoming financial obstacles, which enhanced service awareness. The level of awareness was however not evenly distributed, mothers who regularly used formal healthcare had a higher awareness level, whereas those who used alternative providers had lower awareness and delayed care seeking behaviour.

Theme 2: Knowledge of Immunisation and Child Health Services

Numerous mothers displayed realistic understanding of immunisation schedules and follow-up needs, also with organized service delivery systems such as appointment cards:

“After delivery they will take immunization after every 3 weeks, after every 6 weeks (time of appointment) and all their

immunizations that they should take.”
(Interview Respondent 4)

This understanding was further enhanced through community level sensitisation, which added to a wider culture of awareness and sensitivity to child health services.

Mothers’ Perspectives and Experiences of PNC Services

It was found that seven significant themes exist concerning the views and experiences of mothers on PNC services in primary healthcare facilities. All in all, the uptake of PNC depends on the quality of services, interpersonal interaction, access, financial factors, and the holistic nature of care.

Theme 1: Perceived Quality of Care and Effectiveness of Services

Most mothers said they were sure about the responsiveness and organization of care: They are at least making efforts here in that they are not going to give out on the solution being non-existent (FGD 1 Respondent 1). It was observed that some inconsistency in service delivery was experienced because of variations in provider behaviour and workload, although, overall perception of care quality was positive.

Theme 2: Positive Attitude and Interpersonal Behaviour of Health Workers

The civil and sensitive communication promoted repeated visits and loyalty to the facility. The negative attitudes toward formal healthcare were transformed into positive experiences in the past:

“I came here when I had my first child in my belly... I then chose to make it a test run even though the date is not the one of the antenatal appointments. When we say we are cold and lose our appetite, they will provide me with

drugs free till delivery.” (Interview Respondent 7)

Theme 3: Accessibility and Continuity of Care

Availability of and persistent care enhanced compliance and facilitated favourable health behaviours. Mothers were good attendants of immunisation visits, and curative services were used as required: Since I have delivered my children, I do come and get the child immunized... when they get light fever or malaria, they come and take them here and they will treat them (Interview Respondent 4).

Theme 4: Availability of Free or Subsidised Services

Free services were also discovered as one of the main facilitators, which allows access to care at the right moment and allows maintaining long-term use. Free delivery and diagnostics, as well as medications, eliminated an essential obstacle to attendance and instilled confidence in the healthcare system.

Theme 5: Health Education and Information

Proper communication and health education played a crucial role in empowering mothers and enhancing interaction with PNC services, including medications, nutrition, and immunisation.

Theme 6: Preference for Facility-Based Delivery and Care

Good service experiences had a strong impact on facility-based delivery preference:

“It is the fourth one and it is the same hospital since their service is very good. This is the reason why I had come down to this place out of Oda town.” (Interview Respondent 5)

Theme 7: Comprehensive Maternal and Child Healthcare Services

The integrated preventive, diagnostic, and curative services also increased the confidence of mothers in the healthcare system, and utilisation among them was sustained.

Discussion

This paper has examined the obstacles and enablers affecting the uptake of postnatal care services among mothers in the primary healthcare environment as well as mothers' knowledge level and lived care experiences. The results highlight the careful interdependency of economic, socio-cultural, behavioural, and health system determinants governing PNC utilisation in line with the existing literature suggesting that the utilisation of postnatal care is multidimensional and context-specific as opposed to being solely dictated by the availability of service provision [5, 19].

Barriers to PNC Utilisation

One of the most restraining factors was the financial constraints. Mothers complained of challenges in affording these medicines and other related health expenses, a factor that in most cases prompted them to use services late or inconsistently. This observation is consistent with the current sub-Saharan African evidence that out-of-pocket costs still remain a significant obstacle to the use of maternal healthcare [23, 24]. In most low-resource environments, despite services being ostensibly free, there are still additional costs, like drugs, consumables, transport, etc., that still pose financial barriers, which is an indication that there is a deficiency in financial protection mechanisms, or that these are applied unequally.

Accessibility through transportation and geographic also posed significant obstacles to service uptake. Mothers raised issues of distance and transport costs, which are in line with previous research that mentioned physical accessibility as a key determinant of maternal health service use especially in rural and under-serviced regions [25, 26]. Routine attendance may be deterred by the necessity to travel to far places or the use of informal systems of transportation, particularly when it involves postnatal visits, which may not be considered as a priority as compared to the delivery care.

Health-seeking behaviour was determined by cultural beliefs, traditional practices, and religious influences as observed in Malawi [5], where cultural interpretations of illness and family influence affects the formal use of health care at a late stage or as an alternative. The health behaviour here are founded in wider social systems which require culturally sensitive intervention.

The health-seeking behaviour, knowledge and education, acted as a barrier and facilitator. There was also a greater tendency that those mothers with better awareness and education used PNC services, which was in line with a large amount of literature that correlates maternal education with PNC utilisation [27-29]. The existing data suggest that knowledge is insufficient and requires the facilitating conditions such as financial availability and favorable social conditions.

Utilisation was not promoted by factors in the health system such as long waiting times and negative attitudes towards the providers, which is in agreement with the recent literature about the significance of respectful maternity care and patient-centred service delivery [30-32]. The shift towards other care providers illustrates the stress that formal healthcare systems are undergoing [33, 34], and identifies the

necessity of collaborative and integrative ways of involving alternative providers in the greater system of healthcare provision.

Facilitators of PNC Utilisation

Some of the key facilitators were positive provider attitudes, availability of free or subsidised services, health education and accessibility via structured follow-up. Of significant relevance, the ABIAMO free maternal health policy was relevant in alleviating financial impositions, which are in line with the findings that free maternal healthcare policies augment uptake of maternal healthcare services. Uplifting interpersonal relationships created long-term dedication to health institutions in line with results of respectful maternity care [30, 31].

Enhanced by community participation and multi-sectoral awareness campaigns, awareness and utilisation were promoted, and adherence to recommended care reinforced through organised appointment systems and immunisation cards. With evidence mirrored in other African settings, mothers with a history of complications or with a family history of postpartum problems were more inclined to visit.

Knowledge and Experiences of Care

Mothers showed a relatively good level of knowledge on immunisation and child health services, which points to the fact that health education campaigns in primary healthcare facilities are quite effective. Nevertheless, knowledge asymmetry, especially among mothers who have had little interaction with formal care demonstrates that increased community-based outreach is necessary. Generally, the experience of PNC services demonstrated by mothers was generally good, and quality perceived by the mothers. This aligns with the previous studies that reported that perceived quality of care by users, attitude

of the provider, perceived quality of care and knowledge of the were the main factors that determined satisfaction and continuous utilization of health services [35-37].

Strengths and Limitations

This work is the context-specific study that brings abundant insights into the impact on PNC utilisation in a high-performing Nigerian state and can bring evidence that can be applied to other resource-constrained environments. Purposive sampling was used to provide a variety of experiences among the participants. Nevertheless, the qualitative exploratory design restricts the generalisation to broader populations. Use of self-reported data can create recall and social desirability bias. The research took place in a chosen primary healthcare environment in Ondo State and therefore lacks generalizability to other environments. In spite of these shortcomings, the study has produced useful policy, practice, and future research evidence.

Conclusion

This paper has reviewed the barriers and facilitators that influence the use of postnatal care services and child health in the primary healthcare facilities in Ondo State, Nigeria, their knowledge and personal experiences of services. The utilisation of PNC is a complex interaction between financial, geographic, socio-cultural, health system, and individual factors. The barriers such as cost of care, transport issues, cultural beliefs, and negative experiences in health systems remain in place to limit uptake and facilitators such as positive attitudes of providers, access to subsidised services, health education, and sustained use of services are encouraging factors to engage in the services. Mothers were shown to have reasonable knowledge especially on

matters concerning immunisation and child health. To improve the use of postnatal care, a holistic solution is necessary, involving increased educational outreach, development of favorable healthcare conditions, and consideration of cultural and structural obstacles.

Recommendations

Based on the findings of the study, the following recommendations are made:

1. Enhance financial access and service delivery: Ensure that postnatal care services are genuinely free or affordable, including the provision of essential medications and consumables. Additionally, improve accessibility by implementing outreach services and decentralizing care delivery, particularly in underserved and hard-to-reach communities
2. Enhance quality and responsiveness of health systems: Improve the experiences and confidence of mothers in health services by working on shortage of workforce, waiting time, and interpersonal skills of healthcare workers to support them through a life-long training on respectful, patient-centred care.
3. Improve community involvement and maternal empowerment: Increase health education and awareness interventions, implement culturally sensitive strategies through active engagement of the community stakeholders, and empower women and their families

References

[1]. Kumarasinghe, M., Herath, M. P., Hills, A. P., & Ahuja, K. D., 2024, Postpartum versus postnatal period: Do the name and duration matter? *PloS One*,

to make informed decision and effectively utilise postnatal care services.

Declaration of Competing Interest

The authors declare that there is no conflict of interest.

Ethical Considerations

The ethical clearance for the study was obtained from Ondo State Research Ethic Committee with protocol number: OSHREC/16/01/2026/1136. All respondents participated in the study on a voluntary basis and informed consent was taken before for every interview.

Data Availability

The data for this manuscript could be provided by the authors when requested.

Author Contributions

Adeyinka Odejimi: Conceptualization, manuscript drafting, data analysis review, interpretation and editing.

Ojih E. Eche: Manuscript review, data analysis and interpretation.

Tolulope Afolaranmi: Manuscript review, analysis interpretation and Supervision.

Agboola Adebayo: Data collection, manuscript review and editing.

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[2]. Makinde, O. A., Uthman, O. A., Mgbachi, I. C., Ichebo, N. K., Sule, F. A., Olamijuwon, E. O., & Okusanya, B. O., 2022, Vulnerability in maternal, new-born, and child health in low- and middle-

- income countries: Findings from a scoping review. *PLoS One*, 17(11), e0276747. <https://doi.org/10.1371/journal.pone.0276747>
- [3]. Tilyavova, S. A., Amonova, N., & Juraeva, P., 2025, Postnatal care in women and its importance. *Journal of Modern Educational Achievements*, 2, 78–81. <https://doi.org/10.47669/jmea.v2i1.1245>
- [4]. Langlois, É. V., Miszkurka, M., Zunzunegui, M. V., Ghaffar, A., Ziegler, D., & Karp, I., 2015, Inequities in postnatal care in low- and middle-income countries: A systematic review and meta-analysis. *Bulletin of the World Health Organization*, 93(4), 259–270G. <http://dx.doi.org/10.2471/BLT.14.140996>
- [5]. Nyondo-Mipando, A. L., Chirwa, M., Kunitawa, A., Salimu, S., Chinkonde, J., Chimuna, T. J., et al., 2023, Uptake of, barriers and enablers to the utilization of postnatal care services in Thyolo, Malawi. *BMC Pregnancy and Childbirth*, 23(1), 271. <https://doi.org/10.1186/s12884-023-05524-2>
- [6]. Alhaji, M. M., Umar, L., Yusuf, M. A., Nyaga, R., Singh, J., Okafor, A., et al., 2025. Supply and demand barriers to PHC maternal care services uptake: Qualitative and behavioural insights from Gombe State, Nigeria. *BMC Pregnancy and Childbirth*, 25(1), 939. <https://doi.org/10.1186/s12884-025-06725-8>
- [7]. Hamiduzzaman, M., De-Bellis, A., Abigail, W., & Fletcher, A., 2021, Critical social framework on the determinants of primary healthcare access and utilisation. *Family Medicine and Community Health*, 9(Suppl 1), e001031. <https://doi.org/10.1136/fmch-2020-001031>
- [8]. National Population Commission [NPC], & ICF, 2019, Nigeria Demographic and Health Survey 2018. Abuja, Nigeria and Rockville, Maryland, USA: *NPC and ICF*. <https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf>
- [9]. Sagawa, J., Kabagenyi, A., Turyasingura, G., & Mwale, S. E., 2021, Determinants of postnatal care service utilization among mothers of Mangochi district, Malawi: A community-based cross-sectional study. *BMC Pregnancy and Childbirth*, 21(1), 591. <https://doi.org/10.1186/s12884-021-04090-8>
- [10]. Okeke, N., & Ngunyulu, R., 2025, Barriers and facilitators influencing midwives' implementation of South Africa's maternal care guidelines in postnatal health: A scoping review. *Primary Health Care Research & Development*, 26, e16. <https://doi.org/10.1017/S1463423624000096>
- [11]. Abdullahi, H. M., & Usman, N. O., 2022, Attitude and utilization of postnatal care services among women of reproductive age in the rural and urban communities in Northern Nigeria. *Calabar Journal of Health Sciences*, 6(2), 72–79. https://doi.org/10.25259/CJHS_13_2022
- [12]. Gebre, G., Kote, M., Kejela, G., & Tunje, A., 2019, Early postnatal care service utilization and associated factors among mothers who gave birth in the last one year in Sidama Zone Malga District, Southern Ethiopia. *Ethiopian Journal of Reproductive Health*, 11(4), 31–42. <https://doi.org/10.69614/ejrh.v11i4.344>
- [13]. Gebreslassie, G. T., Mekonen, H. H., Hailu, G. T., et al., 2020, Prevalence and associated factors of early postnatal care service use among mothers in Adigrat Town, Tigray, Northern Ethiopia, 2018. *International Journal of Women's Health*, 12, 869–879. <https://doi.org/10.2147/IJWH.S267913>
- [14]. Amsalu, G., Talie, A., Gezimu, W., & Duguma, A., 2022, Non-utilization of postnatal care and its associated factors among women in rural districts of Northern Ethiopia. *Women's Health (London)*, 18. <https://doi.org/10.1177/17455057221086604>
- [15]. Balde, M. D., Diallo, A., Soumah, A. M., et al., 2021, Barriers to utilization of postnatal care: A qualitative study in Guinea. *Open Journal of Obstetrics and Gynecology*, 11(4), 391–402. <https://doi.org/10.4236/ojog.2021.114007>
- [16]. Mamuye, S. A., 2020, Magnitude and determinants of postnatal care service utilization among women who gave birth in the last 12 months in Northern Ethiopia: A cross-sectional study. *International Journal of Women's Health*, 12, 1057–1064. <https://doi.org/10.2147/IJWH.S269704>
- [17]. World Health Organization, 2022, WHO recommendations on maternal and newborn care for a positive postnatal experience. Geneva, Switzerland: *World Health Organization*.

<https://www.who.int/publications/i/item/9789240045989>

[18]. Oyinlola, F. F., Okorafor, K. A., Kupoluyi, J. A., et al., 2026, Regional variations in prevalence and factors associated with maternal healthcare services utilisation in Nigeria. *BMC Women's Health*, 26(1), 45. <https://doi.org/10.1186/s12905-025-04216-x>

[19]. Kassie, A. M., Eakin, E., Endalamaw, A., et al., 2024, Effective coverage of maternal and neonatal healthcare services in low- and middle-income countries: A scoping review. *BMC Health Services Research*, 24(1), 1601. <https://doi.org/10.1186/s12913-024-08231-y>

[20]. Federal Ministry of Health and Social Welfare, National Population Commission, & ICF, 2024. Nigeria Demographic and Health Survey 2023–24. Abuja, Nigeria and Rockville, Maryland, USA. <https://dhsprogram.com/pubs/pdf/FR395/FR395.pdf>

[21]. Ondo State Government, 2025, *Ondo State 2024 Annual Financial Statements*. <https://oag.on.gov.ng/wp-content/uploads/2025/06/Ondo-State-2024-Annual-Financial-Statements-Main.pdf>

[22]. Hennink, M., & Kaiser, B., 2022, Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine*, 292, 114523. <https://doi.org/10.1016/j.socscimed.2021.114523>

[23]. Tolossa, T., Gold, L., Dheresa, M., Turi, E., Yeshitila, Y. G., & Abimanyi-Ochom, J., 2024, Adolescent maternal health services utilization and associated barriers in Sub-Saharan Africa: A comprehensive systematic review and meta-analysis before and during the Sustainable Development Goals. *Heliyon*, 10(15), e35629. <https://doi.org/10.1016/j.heliyon.2024.e35629>

[24]. Bain, L. E., Aboagye, R. G., Dowou, R. K., et al., 2022, Prevalence and determinants of maternal healthcare utilisation among young women in sub-Saharan Africa. *BMC Public Health*, 22(1), 647. <https://doi.org/10.1186/s12889-022-13647-0>

[25]. Appiah-Kubi, R., Iradukunda, F., Perry, M., et al., 2025, Transportation barriers to prenatal care among Black/African Americans: A scoping review.

Public Health Challenges, 4(4), e70128. <https://doi.org/10.1002/puh2.70128>

[26]. Holcomb, D. S., Pengetnze, Y., Steele, A., et al., 2021, Geographic barriers to prenatal care access and their consequences. *American Journal of Obstetrics & Gynecology MFM*, 3(5), 100442. <https://doi.org/10.1016/j.ajogmf.2021.100442>

[27]. Muya, M., Ilembo, B., & Anasel, M., 2024, Predictive accuracy of the logit model to determine factors affecting delivery and postnatal care services utilization in Tanzania. *International Journal of Health Governance*, 29(4), 412–421. <https://doi.org/10.1108/IJHG-05-2024-0065>

[28]. Ahinkorah, B. O., Seidu, A. A., Budu, E., Armah-Ansah, E. K., Agbaglo, E., Adu, C., Ameyaw, E. K., & Yaya, S., 2021, Factors associated with utilization of postnatal care services in Mali, West Africa. *International Journal of Translational Medical Research and Public Health*, 5(1), 23–32. <https://doi.org/10.21106/ijtmrph.318>

[29]. Odufuwa, O. T., Olaniyan, O., & Okuonzi, S. A., 2022, Determinants of mental healthcare-seeking behavior of postpartum women in Ibadan, Nigeria. *Frontiers in Global Women's Health*, 3, 787263. <https://doi.org/10.3389/fgwh.2022.787263>

[30]. Olajubu, A. O., Fajemilehin, B. R., & Olajubu, T. O., 2022, Mothers' experiences with mHealth intervention for postnatal care utilisation in Nigeria. *BMC Pregnancy and Childbirth*, 22(1), 843. <https://doi.org/10.1186/s12884-022-04931-y>

[31]. Jolivet, R. R., Gausman, J., Kapoor, N., et al., 2021, Operationalizing respectful maternity care at the healthcare provider level: A systematic scoping review. *Reproductive Health*, 18(1), 194. <https://doi.org/10.1186/s12978-021-01190-1>

[32]. Bohren, M. A., Tunçalp, Ö., & Miller, S., 2020, Transforming intrapartum care: Respectful maternity care. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 67, 113–126. <https://doi.org/10.1016/j.bpobgyn.2020.02.003>

[33]. Agbonle, B. I., Oseji, M. I., Essien, G. D., Swende, L. T., Emma-Nzekwue, N., Idih, E. E., Yahya, A., Olusola-Taiwo, O. A., Rafiat Folorunsho, M., Dirisu, M. E., Agala, V., & Abdulqadir, F. Y., 2022, Improving maternal, newborn and child health care in Nigeria – A

Medical Women's Association of Nigeria multi-centre study. *Journal of the Medical Women's Association of Nigeria*, 7(2), 55–71. <https://doi.org/10.60787/jmwan-v7i2-44>

[34]. Matsuoka, S., Kawakatsu, Y., Koga, S., et al., 2020, Underlying causes of underutilization of maternal, neonatal and child health services in Africa: A survey from Lagos State, Nigeria. *Global Health & Medicine*, 2(3), 184–189. <https://doi.org/10.35772/ghm.2020.01067>

[35]. Ango, U. M., Oche, M. O., Abubakar, I. S., Awosan, K. J., Kaoje, A. U., & Raji, M. O., 2020, Effect of health education intervention on knowledge and utilization of health facility delivery

services by pregnant women in Sokoto State, Nigeria. *American Journal of Public Health Research*, 8(5), 163–175. <https://doi.org/10.12691/ajphr-8-5-5>

[36]. Mzembe, T., Chikwapulo, V., Kamninga, T. M., et al., 2023, Interventions to enhance healthcare utilisation among pregnant women to reduce maternal mortality. *BMC Public Health*, 23(1), 1734. <https://doi.org/10.1186/s12889-023-15905-6>

[37]. Shakibazadeh, E., Namadian, M., Bohren, M. A., et al., 2018, Respectful care during childbirth in health facilities globally: A qualitative evidence synthesis. *BJOG*, 125(8), 932–942. <https://doi.org/10.1111/1471-0528.15255>