

**UTILIZATION OF POSTNATAL CARE SERVICES AND ASSOCIATED FACTORS AMONG WOMEN IN SHAO,
MORO LGA, KWARA STATE**

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ABSTRACT

Postnatal care services during the first six weeks after birth are critical to the health and survival of the mother and her newborn, yet postnatal care remains a neglected aspect of modern maternity care globally. This study examined the utilization of postnatal care services and associated factors among women in Shao, Moro Local Government Area, Kwara State. A descriptive cross-sectional study was conducted in Moro Local Government Area. Two hundred and ninety women of childbearing age (15-45 years) who had delivered were selected using a multi-stage sampling technique. A pretested structured questionnaire was used to collect data on knowledge, awareness, attitude and factors affecting utilization of postnatal care. Chi-square test was used to determine associations between variables at a significance level of $p < 0.05$. The majority of respondents (83.4%) had utilised postnatal care services. Health workers were the major source of information (48.2%). The variation in utilization by age group, education and marital status was statistically significant ($p < 0.05$), while occupation and place of residence were not statistically significant ($p > 0.05$). The majority of respondents had good knowledge of postnatal care services and a high level of utilization. Cost of services, availability, and poor access to health education were identified as major barriers to utilization.

Keywords: Maternal health services; Postnatal care services; Utilization; Women of reproductive age.

INTRODUCTION

The postnatal period is the first six weeks after birth, which is critical to the health and survival of the mother and her newborn. The most vulnerable time for both is during the hours and days after birth. (Pathak, P., Singh, J., Agarwal, M., & Kant, S., 2021). Despite this long-standing definition, the postpartum period frequently lasts for several months, and it is documented as a neglected aspect of modern maternity care. According to (Wojcieszek, Aleena M., et al. 2023), the global picture confirms that postpartum care is a neglected part of maternal and neonatal health, yet 50% of maternal deaths occur in the first weeks after childbirth. It is therefore not surprising that literature is sparse on the puerperium, and where it exists, it deals primarily with abnormal involution and pathology (Heller, D., Cramer, S., & Turner, B., 2023). Postnatal care is essential for the decline of post-partum haemorrhage, which is a leading cause of maternal mortality in developing countries (Aimagambetova, G. *et al.*, 2024). The utilization of the healthcare services for postnatal care allows for the early detection of postpartum problems and possible complications by skilled health professionals. The early detection ensures that prompt treatment is given and also facilitates interventions which could be useful in the reduction of maternal and infant mortality worldwide (Bossman, E., Johansen, M., & Zanaboni, P., 2022).

WHO (2014) reports that of the 289,000 maternal deaths that occur each year, worldwide, 50 to 71% occur within the postnatal period. Unfortunately, 99% of these maternal deaths occur in low- and middle-income countries, including Nigeria (Wright, K. et al., 2024). Despite the more than 20 years of fight against maternal deaths, Nigeria still documents one of the worst maternal mortality statistics in the world. With a maternal mortality ratio of 576 per 100,000 live births, Nigeria is second only to India in the global estimates of maternal mortality. Consequently, Nigeria loses about 153 women of childbearing age every day and a woman's chance of dying from pregnancy and childbirth in Nigeria is 1 in 13 (Wright, K. et al., 2024). Specifically, over 40,000 maternal deaths occur in Nigeria yearly (Ibukun Abosede Oladipo et al., 2023). Postnatal care is an aspect of child survival that has received limited attention in Nigeria. This situation is tragic, especially as most of these babies die from preventable causes, such as intrapartum-related injury, infections, and prematurity (Olaniyi, A. & Ncama, B. P., 2019). There is limited research on factors that determine utilization or non-utilization of PNC in Nigeria. The few studies that have been carried out in Nigeria have been at local geographic regions or have looked at adolescents (Olajubu, A. et al., 2019). Given the poor uptake of PNC, a study at the national level is important as it may help in directing policies that address the issue of PNC non-utilization at the national level. In addition, the few studies that exist on postnatal care in Nigeria have concentrated on women who make use of these services, with little attention on factors that are associated with women who do not utilise postnatal care.

The strength of this study is that it has the potential to identify the factors or determinants of PNC utilization. Identification of these factors will give clues on how the issues can be tackled. The knowledge of this is important for implementing strategies that reduce maternal and infant mortality in the immediate post-delivery period. Despite the growing body of literature on maternal healthcare utilization in Nigeria, evidence on postnatal care service utilization remains limited, particularly in rural and semi-urban communities. Existing studies have largely focused on antenatal care, skilled birth attendance, and institutional delivery, with relatively less attention given to postnatal care services and the factors influencing their utilization. Furthermore, few studies have specifically examined postnatal care utilization among women in Shao, Moro Local Government Area of Kwara State. Differences in sociocultural practices, healthcare accessibility, educational status, and economic conditions across communities suggest that findings from other regions may not be directly applicable to the study area. Consequently, there is a need for context-specific evidence to better understand the level of postnatal

care utilization and the factors associated with its uptake among women in Shao. This study was therefore conducted to fill this knowledge gap and provide evidence that can inform interventions aimed at improving maternal and child health outcomes in the area. The objective of the study is to examine the utilization of postnatal care services and associated factors among women in Shao, Moro Local Government Area, Kwara State.

Research Questions

- i. What is the relationship between socio-demographic characteristics and utilization of postnatal care services among women of childbearing age (15-45) years who had delivered to one or more children in Shao, Moro Local Government Area, Kwara State?
- ii. What is the level of awareness and knowledge of Postnatal care services among WCA (15-45) years who had delivered in Shao, Moro Local Government Area, Kwara State?
- iii. What is the attitude of WCA (15-45) years who have delivered towards Postnatal care services in Shao, Moro Local Government Area, Kwara State?
- iv. What is the level of utilization of Postnatal care services among WCA (15-45) years who have delivered, residing in Shao, Moro Local Government Area, Kwara State?
- v. What are the factors affecting the utilization of postnatal care services among WCA (15-45) years who had delivered residing in Shao, Moro Local Government Area, Kwara State?

Research Objectives

- i. To determine the level of awareness and knowledge related to postnatal care services among WCA 15-45 years who had delivered in Shao, Moro Local Government Area, Kwara State.
- ii. To assess the attitude of WCA (15-45) years who had delivered towards postnatal care services in Shao, Moro Local Government Area, Kwara State.
- iii. To evaluate the level of utilization of postnatal care services among WCA (15-45) years who had delivered in Shao, Moro Local Government Area, Kwara State.
- iv. To identify the factors affecting the utilization of postnatal care services among WCA (15-45) years who had delivered in Shao, Moro Local Government Area, Kwara State.

Research Hypothesis

There is no significant relationship between socio-demographic characteristics and utilization of postnatal care services among WCA (15-45) years who had delivered in Shao, Moro Local Government Area, Kwara State.

METHODS

This study was conducted in Shao, Moro Local Government Area (LGA), Kwara State, North Central Nigeria. Moro LGA is one of the sixteen local government areas in Kwara State, with an estimated population of over 10,000 inhabitants, comprising predominantly rural and semi-urban communities. The area is largely agrarian, with a significant proportion of residents engaged in farming and petty trading. Shao was purposively selected as the study site due to its relatively high population

density, diverse socio-demographic characteristics, and the limited existing research on postnatal care utilization in this community, making it a suitable setting for this investigation.

This study was carried out among women of childbearing age (15–45 years) who had given birth to one or more children in Shao, Moro Local Government Area, Kwara State, North Central Nigeria. A community-based descriptive cross-sectional study design was used while information was collected using an interviewer-administered questionnaire and focus group discussion. A total of 290 respondents were interviewed.

A multi-stage sampling technique was employed for this study: compounds were first selected using simple random sampling by the balloting method without replacement. Proportional allocation was then used to distribute the sample size across selected compounds. Households were subsequently selected using systematic sampling technique, and eligible respondents within households were selected using simple random sampling until the desired sample size was obtained. The questionnaire was developed and adapted from reviewed literature and obtained information on socio-demographic characteristics, knowledge and awareness of postnatal care services, attitude towards postnatal care services, level of utilization of postnatal care services, and factors affecting utilization. The questionnaire was written in English and translated into Yoruba, the native language of the study population.

Data analysis was carried out using the Epi-Info statistical software package version 3.5.1. Descriptive statistics were used to summarise data using tables and charts. Chi-square test was used to determine the association between utilization of postnatal care services and independent variables. The level of significance was set at 0.05. This study was conducted in accordance with the Declaration of Helsinki. Ethical approval was obtained from the Ministry of Health Ethical Review Committee (ERC), Kwara State Government, Nigeria (Approval Number: ERC/MOH/2025/03/214, dated 15th March 2025). Permission to carry out the study was obtained from relevant authorities in Moro Local Government Area, Kwara State. Informed consent was obtained from all respondents prior to data collection, and anonymity and confidentiality of information were maintained throughout the study.

FINDINGS

A total of 290 respondents were studied; less than half (44.5%) were aged 35–39 years, compared to 30–34 years (19.3%), 40–45 years (18.3%) and 15–29 years (17.9%). The mean age of the respondents was 37 ± 7.1 years. The majority were married (62.8%), while only 2.7% were separated. About two-thirds (67.2%) practised Islam. In terms of parity, more than one-third (39.7%) had two children, while about one-quarter (23.8%) had four or more children. Less than half (46.6%) had secondary education, while 24.4% had primary education. Majority (62.4%) were self-employed, and more than three-fourths (75.5%) resided in urban areas. More than half (57.2%) attended antenatal care twice.

Less than three-fourths (68.6%) of respondents were aware of postnatal care services, while 17.2% were not aware. Health workers were the major source of information (48.2%). Regarding complications of non-utilization, about one-fifth identified prematurity (21.0%) and asphyxia (18.6%), while 16.2% and 11.1% identified sepsis and haemorrhage, respectively. Most respondents identified services provided during postnatal care, including personal and environmental hygiene (83.8%), care of the umbilical cord and skin care (83.8%), counselling and health education (80.0%) and nutrition (79.3%). More than two-thirds (69.0%) were aware of the timing of the postnatal clinic, and majority believed it was beneficial to visit within 24 hours after delivery. Majority of respondents had a positive attitude

towards postnatal care services. About 86.9% agreed that postnatal care should be compulsory, while 85.9% agreed that mothers should have access to postnatal care services. Similarly, 84.8% believed that postnatal care is important, and 89.0% agreed that knowledge of postnatal care enables mothers to take necessary precautions. However, more than half (51.4%) believed that postnatal care is problematic.

Overall, more than four-fifths (83.4%) of respondents had utilised postnatal care services, while 13.8% had not. The major reason for utilization was recommendation by health workers (72.0%). Among those who did not utilise postnatal care services, one-quarter (25.0%) reported lack of awareness, 22.5% reported no interest, and 17.5% reported lack of money. In terms of practice, more than four-fifths (82.4%) reported always visiting the health facility within 24 hours after delivery, while 85.9% practiced exclusive breastfeeding for six months. (Table: 4)

Cost of postnatal care services was identified as a major factor by more than half (53.4%) of respondents, while 44.8% reported availability of services and 41.0% reported poor access to health education as influencing factors. However, the majority did not consider socio-cultural and religious barriers (79.7%) or distance to health facility (63.4%) as major factors affecting utilization. There was a statistically significant relationship between knowledge of postnatal care services and socio-demographic variables such as age group, marital status, parity, education, occupation and place of residence ($p < 0.05$). Similarly, utilization of postnatal care services showed a significant association with age group, marital status, parity and education level ($p < 0.05$), while no significant association was found with occupation and place of residence.

TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Variable	Frequency	Percentage
Age groups		
15-29	52	17.9
30 -34	56	19.3
35-39	129	44.5
40-45	53	18.3
Mean \pm SD	37 \pm 7.1	
Marital status		
Single	80	27.6
Married	182	62.8
Divorced	20	6.9
Separated	8	2.7
Parity		
1	67	23.1
2	115	39.7
3	39	13.4
4 and above	69	23.8
Religion		
Christianity	95	32.8
Islam	195	67.2
Traditional	0	0.0
Education		
Primary	71	24.4

Secondary	135	46.6
Tertiary	84	29.0
Occupation		
Unemployed	89	30.7
Self employed	181	62.4
Civil servant	20	6.9
Place of residence		
Rural	71	24.5
Urban	219	75.5
Number of ANC visits		
Once	64	22.1
Twice	166	57.2
Three times or more	60	20.7

TABLE 2: KNOWLEDGE AND AWARENESS OF POSTNATAL CARE SERVICES

Variable	Frequency	Percentage
Aware of postnatal care		
Yes	199	68.6
No	50	17.2
Don't know	41	14.2
Sources of information		
Health workers	187	48.2
Media	25	12.6
Friends	10	5.0
Relatives	21	10.6
Social media	36	18.1
Others	11	5.5
Health complication of non-use of postnatal care services		
Asphyxia	54	18.6
Sepsis	47	16.2
Prematurity	61	21.0
Hemorrhage	32	11.1
Inappropriate feeding	21	7.2
Shortness of breath	22	7.6
Hypertension disorder in pregnancy	17	5.9
Red or swollen legs	20	6.9
Don't know	16	5.5

TABLE 3: SERVICES PROVIDED DURING POSTNATAL CARE

Variable	Yes (%)	No (%)	Don't know (%)
Exclusive breastfeeding	216 (74.6)	66 (22.8)	8 (2.8)
Immunization	216 (74.6)	64 (22.1)	10 (3.3)
Personal and environmental hygiene	243 (83.8)	37 (12.8)	10 (3.4)
Application feeding	189 (65.2)	66 (22.8)	35 (12.1)
Counseling on good thermal practices	221 (77.6)	39 (13.8)	30 (8.6)
Virginal care	239 (82.4)	33 (11.4)	18 (6.2)
Nutrition	230 (79.3)	52 (17.9)	8 (2.8)
Counseling and health education	232 (80.0)	46 (15.9)	12 (4.1)
Care of the umbilical cord and skin care	243 (83.8)	36 (12.4)	11 (3.8)

TABLE 4: ATTITUDE TOWARDS POSTNATAL CARES

Variables	Yes (%)	No (%)	Don't know (%)
Compulsory postnatal	252 (86.9)	30 (10.3)	8 (2.8)
Knowledge of postnatal care	258 (89.0)	32 (11.0)	0 (0.0)
Risk of postnatal care	212 (73.1)	38 (13.1)	40 (13.8)
Importance of postnatal care	246 (84.8)	44 (15.2)	0 (0.0)
Accessible and affordable	212 (73.1)	70 (24.1)	8 (2.8)
Mothers access to postnatal care	249 (85.9)	30 (10.3)	11 (3.8)
Postnatal care is problematic	149 (51.4)	83 (28.6)	58 (20.0)

TABLE 5a: LEVEL OF UTILIZATION AMONG RESPONDENTS

Variable	Frequency	Percentage
Utilized postnatal care		
Yes	242	83.4
No	40	13.8
Don't know	8	2.8
Reason for PNC services		
Health workers recommendation	205	72.0
Media	75	26.7
Relatives	10	1.3
Reasons for non-utilization		
No interest	9	22.5
Unaware	10	25.0
Lack of money	7	17.5
Lack of information	2	5.0
Phobia	3	7.0

Attitude of health workers	7	17.5
Others	2	5.5

TABLE 5b: LEVEL OF UTILIZATION AMONG RESPONDENTS

Variables	Always (%)	Sometimes (%)	Not at all (%)
Visit health center 24 hours after delivery	239 (82.4)	51 (17.6)	0 (0.0)
Report and receive treatment for pregnancy related problems during visit to the health center	205 (70.7)	46 (15.9)	39 (13.4)
Questions relating to your health during the visit	189 (65.2)	80 (27.6)	21 (7.2)
Healthcare workers monitor your health after labor	212 (73.1)	78 (26.9)	0 (0.0)
Exclusive breastfeeding for six months	249 (85.9)	41 (14.1)	0 (0.0)
Completion of immunization and that of your baby	236 (81.4)	41 (14.1)	13 (4.5)
Care of self and environment	186 (64.1)	47 (16.2)	57 (19.7)

TABLE 5c: LEVEL OF UTILIZATION AMONG RESPONDENTS

Factors	Yes (%)	No (%)	Don't know (%)
Availability or unlimited access to postnatal care services	130 (44.8)	147 (50.7)	13 (4.5)
Poor access to health education about postnatal care services	119 (41.0)	158 (54.5)	13 (4.5)
Social, cultural and religion barrier	59 (20.3)	231 (79.7)	0 (0.0)
Distance to health facility	101 (34.8)	184 (63.4)	5 (1.7)
Cost of PNC services	155 (53.4)	92 (31.7)	43 (14.8)

TABLE 6: RELATIONSHIP BETWEEN KNOWLEDGE OF POSTNATAL CARE SERVICES AND SOCIO-DEMOGRAPHIC VARIABLES

Variable	Knowledge of postnatal care services			χ^2	P-value
	Yes (%)	No (%)	Don't know (%)		
Age groups				165.509	0.001
15-29	52 (100.0)	0 (0.0)	0 (0.0)		
30-34	56 (100.0)	0 (0.0)	0 (0.0)		
35-39	38 (29.5)	50 (38.8)	41 (31.8)		

40-45	53 (100.0)	0 (0.0)	0 (0.0)		
Marital status				59.903	0.001
Single	50 (62.5)	30 (37.5)	0 (0.0)		
Married	121 (66.5)	20 (11.0)	41 (22.5)		
Divorced	20 (100.00)	0 (0.0)	0 (0.0)		
Separated	8 (100.0)	0 (0.0)	0 (0.0)		
Parity				201.315	0.001
1	26 (38.8)	0 (0.0)	41 (61.2)		
2	95 (82.6)	20 (17.4)	0 (0.0)		
3	39 (100.0)	0 (0.0)	0 (0.0)		
4 and above	39 (56.5)	30 (43.5)	0 (0.0)		
Education				145.852	0.001
Primary	65 (91.5)	6 (8.50)	0 (0.0)		
Secondary	91 (67.4)	44 (32.60)	0 (0.0)		
Tertiary	43 (51.2)	0 (0.0)	41 (48.8)		
Occupation				209.739	0.001
Unemployed	48 (53.9)	0 (0.0)	41 (46.1)		
Self employed	151 (83.4)	30 (16.6)	0 (0.0)		
Civil servant	0 (0.0)	20 (100.0)	0 (0.0)		
Place of residence				42.993	0.001
Rural	71 (100.0)	0 (0.0)	0 (0.0)		
Urban	128 (58.4)	50 (22.8)	41 (18.8)		

TABLE 7: ASSOCIATION OF SOCIO-DEMOGRAPHIC CHARACTERISTICS AND PNC SHOULD BE AFFORDABLE AND ACCESSIBLE AMONG RESPONDENTS

Variable	PNC should be affordable and accessible			χ^2	P-value
	Yes (%)	No (%)	Don't know (%)		
Age groups				73.590	0.001
15-29	40 (76.9)	11 (21.2)	1 (1.9)		

30 -34	56 (100.0)	0 (0.0)	0 (0.0)		
35-39	119 (92.2)	0 (0.0)	10 (7.8)		
40-45	34 (64.2)	19 (35.8)	0 (0.0)		
Marital status				214.790	0.001
Single	74 (92.5)	5 (6.3)	1 (1.3)		
Married	155 (85.2)	25 (13.7)	2 (1.1)		
Divorced	20 (100.0)	0 (0.0)	0 (0.0)		
Separated	0 (0.0)	0 (0.0)	8 (100.0)		
Parity				74.469	0.001
1	61 (91.0)	5 (7.5)	1 (1.5)		
2	108 (93.9)	6 (5.2)	1 (0.9)		
3	30 (76.9)	0 (0.0)	9 (23.1)		
4 and above	50 (72.5)	19 (27.5)	0 (0.0)		
Education				34.281	0.001
Primary	58 (81.7)	5 (7.0)	8 (11.3)		
Secondary	109 (80.7)	25 (18.5)	1 (0.7)		
Tertiary	82 (97.6)	0 (0.0)	2 (2.4)		
Occupation				9.724	0.045
Unemployed	83 (93.3)	5 (5.6)	1 (1.1)		
Self employed	147 (81.2)	25 (13.8)	9 (5.0)		
Civil servant	19 (95.0)	0 (0.0)	1 (5.0)		
Place of residence				2.755	0.252
Rural	65 (91.5)	5 (7.0)	1 (1.4)		
Urban	184 (84.00)	25 (11.4)	10 (4.6)		

TABLE 8: ASSOCIATION OF SOCIO-DEMOGRAPHIC CHARACTERISTICS AND UTILIZATION OF PNC SERVICES AMONG RESPONDENTS

Variable	Utilization of PNC services			χ^2	P-value
	Yes (%)	No (%)	Don't know (%)		

Age groups				17.753	0.023
15-29	40 (76.9)	11 (21.2)	1 (1.9)		
30 -34	54 (96.4)	2 (3.6)	0 (0.0)		
35-39	109 (84.5)	13 (10.1)	7 (5.4)		
40-45	39 (73.6)	14 (26.4)	0 (0.0)		
Marital status				165.512	0.001
Single	70 (87.5)	9 (11.3)	1 (1.3)		
Married	150 (82.4)	31 (17.0)	1 (0.5)		
Divorced	20 (100.00)	0 (0.0)	0 (0.0)		
Separated	2 (25.00)	0 (0.0)	6 (75.0)		
Parity				43.029	0.001
1	61 (91.0)	5 (7.5)	1 (1.5)		
2	104 (90.4)	10 (8.7)	1 (0.9)		
3	27 (69.2)	6 (15.4)	6 (15.4)		
4 and above	50 (72.5)	19 (27.50)	0 (0.0)		
Education				28.076	0.001
Primary	55 (77.5)	9 (12.7)	7 (9.9)		
Secondary	107 (79.3)	27 (20.0)	1 (0.7)		
Tertiary	80 (95.2)	4 (4.8)	0 (0.0)		
Occupation				7.297	0.121
Unemployed	81 (91.0)	7 (7.9)	1 (1.1)		
Self employed	143 (79.0)	31 (17.1)	7 (3.9)		
Civil servant	18 (90.0)	2 (10.0)	0 (0.0)		
Place of residence				1.991	0.370
Rural	63 (88.7)	7 (9.9)	1 (1.4)		
Urban	179 (81.70)	33 (15.1)	7 (3.2)		

DISCUSSION

This study showed that more than four-fifths (83.4%) of the respondents had utilised postnatal care services which is higher than findings from studies conducted in rural Western Rajasthan, India

(35.86%) (Rana, M. *et al.*, 2026), and Palestine (36.6%) (E. Sacks *et al.*, 2022). It is also higher than reports from Sub-Saharan African countries such as Burkina Faso (25%), Kenya (33%), Malawi (41%) and Mozambique (40%) (Z. Tessema *et al.*, 2020). The higher utilization reported in this study may be attributed to increased awareness and the strong influence of health workers, as majority of respondents (72.0%) reported that their utilization was based on health workers' recommendations. This finding is consistent with previous studies, which have shown that interaction with healthcare providers improves maternal health service utilization (Edson Mwebesa *et al.*, 2022).

This study found that less than three-fourths (68.6%) of respondents were aware of postnatal care services, which is higher than findings from the Ethiopian Demographic and Health Survey (17%) (Fetene & Gebremedhin, 2022). The relatively higher awareness in this study could be due to increased exposure to health information through health workers, who were identified as the major source of information. Furthermore, knowledge of complications such as prematurity, asphyxia, sepsis and haemorrhage were moderately reported among respondents, which aligns with findings from a study conducted in Uganda (Brenda Nabawanuka *et al.*, 2024). This suggests that awareness of danger signs may influence health-seeking behaviour and utilization of postnatal care services.

In terms of attitude, the majority of respondents demonstrated positive attitudes towards postnatal care services, with 86.9% agreeing that postnatal care should be compulsory and 85.9% agreeing that mothers should have access to these services. This finding supports previous studies, which reported that positive perception towards maternal health services is associated with increased utilization (Fetene & Gebremedhin, 2022). However, more than half (51.4%) of respondents still perceived postnatal care as problematic, suggesting that despite positive attitudes, certain barriers may still exist in accessing or utilising these services. This study also identified cost of services (53.4%), availability of services (44.8%) and poor access to health education (41.0%) as major factors affecting utilization of postnatal care services. This is consistent with findings from other studies, which highlight financial constraints, accessibility and information gaps as key determinants of maternal healthcare utilization (Adane, B. *et al.*, 2020). However, unlike some studies, socio-cultural and religious barriers were not considered major factors by the majority of respondents in this study. This difference may be due to variations in cultural context, level of education and urban residence of the study population.

Furthermore, this study showed significant associations between utilization of postnatal care services and socio-demographic variables such as age, marital status, parity and education level. In particular, education emerged as an important determinant, as respondents with higher levels of education were more likely to utilise postnatal care services. This finding is in agreement with previous studies, which have shown that education improves women's ability to access, understand and utilise health information effectively (A. Yadav *et al.*, 2020). Educated women are also more likely to have greater autonomy and decision-making power regarding their health, which positively influences the utilization of healthcare services.

This study has important implications for maternal and child health. It highlights that although utilization of postnatal care services is relatively high, gaps still exist in awareness, accessibility and affordability. Addressing these gaps through strengthened health education, improved service delivery, and the reduction of financial barriers could further enhance utilization. Improving postnatal care utilization is essential for reducing maternal and neonatal morbidity and mortality, particularly in low- and middle-income countries like Nigeria.

CONCLUSION

More than four-fifths (83.4%) of the women in Shao, Moro Local Government Area, Kwara State had utilised postnatal care services. There were significant associations between socio-demographic characteristics such as age, marital status, parity and level of education and the utilization of postnatal care services. Women with higher levels of education were more likely to utilise postnatal care services compared to those with lower levels of education. Other factors, including cost of services, availability of postnatal care services and access to health education, were found to influence the utilization of postnatal care services among respondents. Cost of services was identified as the major barrier, while poor access to health education and availability of services also contributed to non-utilization.

Although the level of utilization was relatively high, gaps still exist in awareness and accessibility of postnatal care services. Addressing these factors is essential to further improve utilization and reduce maternal and neonatal morbidity and mortality.

RECOMMENDATIONS

Health professionals should conduct regular community outreaches, particularly in rural areas where uptake of postnatal care remains low. The government should strengthen policies to ensure adequate health facilities and human resources are available in underserved regions. Health workers should be sensitized to understand the expectations of postpartum mothers and ensure consistent, respectful, and need-based service provision.

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