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Social and Behavioural Factors Influencing Postnatal Care Service Utilisation Among Women in Tanzania from a Sociological Lens

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Abstract

Background: *Postnatal care (PNC) is a vital component of maternal and neonatal healthcare, significantly contributing to the reduction of preventable morbidity and mortality. Despite global and national policy efforts, the utilisation of PNC services remains suboptimal in Tanzania. This study investigates the socio-economic, cultural, and structural determinants associated with PNC service uptake among Tanzanian women, using Health Belief model as well as social action theory as theoretical framework.*

Methods: *A quantitative research design was employed, utilising secondary data from the 2015–2016 Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS). The sample comprised 6,994 women aged 15–49 who had given birth in the five years preceding the survey. Descriptive statistics, chi-square tests, and multivariate logistic regression analyses were conducted using STATA software, with statistical significance set at $p < 0.05$.*

Results: *The findings revealed that only 39.9% of women accessed PNC services within two days post-delivery. Significant associations were found between PNC utilisation and higher levels of education, wealth status, decision-making autonomy, exposure to maternal health information, and geographic accessibility ($p < 0.05$). Logistic regression analysis indicated that women with secondary or higher education and those from wealthier households were significantly more likely to utilise PNC services. Additionally, exposure to media and health decision-making autonomy were strong predictors of service uptake. Conversely, rural residence and poor accessibility to healthcare facilities were major barriers.*

Conclusions: *The study concludes that PNC service utilisation in Tanzania is hindered by intertwined socio-economic, cultural, and structural barriers. Interventions aimed at improving maternal health outcomes should focus on enhancing educational opportunities, strengthening healthcare infrastructure, expanding health insurance coverage, and promoting behavioural change through community engagement and media campaigns. These findings offer crucial insights for policymakers and healthcare stakeholders committed to improving maternal and child health in Tanzania.*

Keywords: Postnatal Care, Services Utilisation, Women

1. Introduction

Postnatal care (PNC) is a vital component of maternal and newborn healthcare, encompassing a range of medical, psychological, and social support services provided to women and their infants during the postpartum period [1]. These services include monitoring for complications, supporting breastfeeding practices, providing

family planning counselling, and delivering essential neonatal care [2]. The World Health Organization (WHO) underscores the importance of PNC in reducing maternal and neonatal morbidity and mortality, particularly through the early identification and management of postpartum complications [3]. As such, the WHO recommends a minimum of three postnatal check-ups within the first six weeks following childbirth, with the initial assessment occurring within 48 hours [4].

Despite these global recommendations, the utilisation of PNC services remains considerably low in many low- and middle-income countries (LMICs), including Tanzania [5]. Early postnatal care plays a crucial role in preventing infections, detecting postpartum depression, and offering guidance on immunisation and nutrition for newborns [6]. However, socio-economic disparities, cultural practices, and systemic barriers continue to hinder access to and utilisation of these services across LMICs [7]. Evidence highlights that effective postnatal care is instrumental not only in improving immediate health outcomes but also in promoting long-term maternal and child well-being [8]. These findings reinforce the urgency of improving accessibility, awareness, and quality of PNC services.

In Tanzania, maternal mortality remains a significant public health concern, with postnatal complications contributing notably to these deaths [9]. PNC is essential for managing conditions such as infections, postpartum haemorrhage, and neonatal health issues, thereby reducing the risk of fatal outcomes [10]. Nevertheless, multiple socio-economic, cultural, and health system challenges continue to limit the effective utilisation of PNC services across the country [11]. Worldwide, disparities in NC coverage persist. While high-income countries report nearly universal utilisation of postnatal services, coverage in low-income regions, particularly sub-Saharan Africa, remains markedly low [6]. Factors such as maternal education, household income, and access to quality healthcare have been identified as key determinants of PNC uptake [7]. For instance, reported that nearly 90% of women in high-income settings receive at least one postnatal visit, compared to less than 50% in sub-Saharan Africa [12].

Similarly, research in Ethiopia by [13]. (2019) found that women with higher levels of education and socio-economic status were significantly more likely to utilise PNC services. In Ghana, a study by demonstrated that women with financial independence and decision-making autonomy were more inclined to access postnatal care [14]. The utilisation of PNC services is influenced by a multitude of interrelated factors, which can be broadly categorised into socio-economic, cultural, and structural domains. Socio-economic determinants include maternal education, household income, employment status, and women's decision-making power within households. Cultural beliefs and gender norms also play a significant role, particularly where traditional practices and community perceptions discourage the use of modern healthcare services. Furthermore, structural barriers such as the availability and quality of healthcare facilities, as well as geographic disparities, further impede access to postnatal care. Despite policy efforts and interventions, PNC service utilisation in Tanzania remains suboptimal.

Many women do not receive timely postnatal check-ups, increasing the risk of maternal and neonatal complications. Socio-economic disparities, cultural beliefs, and healthcare infrastructure challenges contribute to low PNC uptake, particularly in rural areas. Understanding the factors influencing PNC utilisation is vital for developing effective interventions to improve maternal and newborn health outcomes. Limited research explores the combined influence of socio-economic, cultural, and structural factors on PNC service utilisation in Tanzania. This study aims to fill this gap. This study aims to quantitatively examine the influence of socio-economic, cultural, and structural factors on postnatal care (PNC) service utilisation among women in Tanzania, with a view to informing evidence-based policy interventions to improve service uptake. Despite policy efforts and interventions, PNC service utilisation in Tanzania remains suboptimal. Many women do not receive timely postnatal check-ups, increasing the risk of maternal and neonatal complications.

Socio-economic disparities, cultural beliefs, and healthcare infrastructure challenges contribute to low PNC uptake, particularly in rural areas. Understanding the factors influencing PNC utilisation is vital for developing effective interventions to improve maternal and newborn health outcomes. Limited research explores the combined influence of socio-economic, cultural, and structural factors on PNC service utilisation in Tanzania. This study aims to fill this gap. This study aims to quantitatively examine the influence of socio-economic, cultural, and structural factors on postnatal care (PNC) service utilisation among women in Tanzania, with a view to informing evidence-based policy interventions to improve service uptake. The findings will inform policymakers, healthcare providers, and non-governmental organisations on strategies to improve access and uptake of PNC services, ultimately reducing maternal and neonatal mortality.

2. Materials and Methods

2.1. Data Source

This is a quantitative study that utilised secondary data from the 2015–2016 Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS). The dataset comprised 6,924 women of reproductive age (15 to 49 years) who had given birth within the five years preceding the survey. The variables examined included socio-economic status, cultural beliefs, and access to healthcare facilities.

2.2. Sample Size and Sampling Technique

The 2015–2016 Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS–MIS) employed a two-stage cluster sampling design to construct a nationally representative sample. In the first stage, 608 clusters, also referred to as primary sampling units (PSUs), were selected from a list of enumeration areas established by the 2012 Tanzania Population and Housing Census (National Bureau of Statistics [15]. In the second stage, a complete household listing was conducted within each selected

cluster to create a sampling frame, from which 22 households per cluster were systematically chosen for participation.

The survey targeted men and women aged 15 to 49 who were either usual residents of the selected households or present the night before the interview. For the present study, data were drawn from the women's questionnaire, which focused on maternal and child health behaviours and outcomes. Of the 13,266 eligible women who had experienced at least one live birth in the five years preceding the survey (reflecting a 97% response rate), a sub-sample of 6,924 women who provided complete data on postnatal care (PNC) service utilisation was included in the analysis [15].

3. Measurement of Study Variables

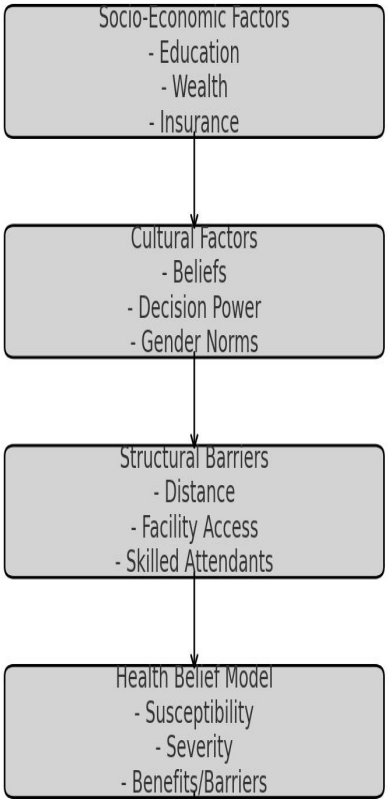
3.1. Outcome variable

The utilisation of postnatal care (PNC) services was the primary outcome variable, defined as a woman receiving a health check within two days after childbirth or following discharge from a health facility after her most recent delivery. This definition aligns with the guidelines of the World Health Organization (WHO) and the Tanzania Ministry of Health on postnatal care. The variable measured the percentage age distribution of women whose health was checked within 2 days after childbirth or being discharged from health facilities. This was coded as 0 = if was not checked and 1 = if was checked. The researcher included all women of reproductive age captured in the 2015–16 TDHS–MIS datasets.

3.2. Independent Variables

The following were independent variables that were associated factors with PNC service utilisation. These factors include women's education status, husband's education status, media access, wealth quintile, place of residence, woman's age, women's employment status, husband's employment status, health insurance, problems in accessing maternal health services, emotional autonomy, decision-making autonomy, payment for delivery, birth order, ANC visits, SBA, and zone of residence. This research is guided by the Health Belief Model (HBM) and Social Action Theory. The HBM provides a framework for understanding how individual perceptions of susceptibility, severity, benefits, and barriers influence health-related behaviours, including the decision to utilise PNC services. In contrast, Social Action Theory offers a broader perspective by examining how societal norms, cultural values, and collective behaviours shape maternal health practices. Together, these theoretical lenses offer valuable insights into the complex interplay of personal, cultural, and systemic factors that affect postnatal care service utilisation The researcher created a conceptual framework (Fig. 1) showing how Social Action Theory and Health Belief Model integrating to explain socio-economic, cultural, and structural factors influence postnatal care (PNC) service utilisation through behavioural and social theories at two levels:

- Structural and socio-cultural influences (SAT): Examines how gender roles, socio-economic status, maternal healthcare access, and cultural norms affect women's healthcare choices.
- Individual perceptions and decision-making (HBM): Explains how perceived risks, benefits, barriers, and cues to action influence maternal healthcare decisions.



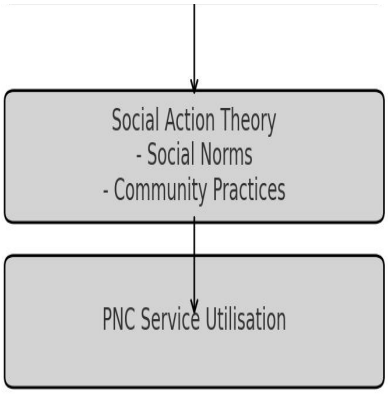


Figure 1: A conceptual Framework

4. Results

4.1. Descriptive Results for PNC Service Utilisation

The utilisation of PNC service as an outcome was based on univariate descriptive analysis, between the outcome variable and the independent variables show that only 2,750 (39.9%) women utilised PNC services, while 4,244 (60.1%) women did not.

4.2. Bivariate Results of PNC Service Utilisation

Table 1 presents the bivariate analysis of ANC visits among the respondent's characteristics. The chi-squared analysis revealed a statistically significant relationship ($p<0.05$) between the independent variables, as associated factors, and PNC service utilisation. These factors include women's education status, husband's education status, media access, wealth quintile, place of residence, woman's age, women's employment status, husband's employment status, health insurance, problems in accessing maternal health services, emotional autonomy, decision-making autonomy, payment for delivery, birth order, ANC visits, SBA, and zone of residence.

	PNC service utilisation by women's characteristics		
Characteristics	**Yes n (%) (N=2,750)**	**No n (%) (N=6,044)**	**p-value**
Women's education status			< 0.001
No education	358 (12.83)	1,010 (23.24)	
Primary	1,637 (63.63)	2,601 (65.37)	
Secondary and higher	755 (23.54)	633 (11.29)	
Husband's education status			< 0.0001
No education	208 (8.89)	578 (16.08)	
Primary	1,381 (66.42)	2,298 (70.13)	
Secondary and higher	612 (24.7)	607 (13.79)	
Marital status			0.3701
Not married	1,053 (41.46)	1,702 (42.98)	
Married	1,697 58.54)	2,542 (57.02)	
Media Access			< 0.001
No	316 (10.98)	949 (22.13)	
Yes	2,434 (89.02)	3,295 (77.81)	
Wealth quintile			< 0.001
Poorest	364 (13.85)	1,072 (26.72)	
Poorer	433 (16.46)	917 (22.48)	
Middle	481 (16.74)	886 (20.35)	
Richer	715 (23.49)	828 (17.81)	
Richest	757 (29.46)	541 (12.64)	
Place of residence			< 0.001
Rural	1,769 (58.39)	3,396 (77.39)	

Urban	981 (41.61)	848 (22.61)	
Woman's age			0.003
15-19 years	206 (8.07)	339 (8.86)	
20-34 years	1,871 (69.47)	2,726 (64.12)	
35-49 years	673 (22.46)	1,179 (22.47)	
Women's employment status			< 0.001
Not employed	1576 (58.15)	1671 (39.02)	
Employed	1174 (41.82)	2573 (60.98)	
Husband's employment status			< 0.001
Not employed	1722 (64.39)	2014 (48.49)	
Employed	1028 (35.61)	2230 (51.51)	
Health insurance			< 0.001
No	2.,481 (89.71)	4,011 (94.09)	
Yes	269 (10.29)	233 (5.91)	
Problem in accessing maternal health services			< 0.001
No	1,036 (36.29)	1,280 (28.69)	
Yes	1,714 (63.71)	2,964 (71.31)	
Household head sex			0.1127
Female	522 (20.09)	733 (17.95)	
Male	2,228 (79.91)	3,511 (82.05)	
Household head age			0.9066
15-24 years	128 (4.81)	197 (5.11)	
25-60 years	2,309 (83.94)	3,555 (83.57)	
Above 60 years	313 (11.25)	492 (11.31)	
Emotional autonomy			< 0.001
No	1,497 (57.25)	2,661 (63.9)	
Yes	1,253 (42.75)	1,583 (36.1)	
Decision making autonomy			< 0.001
No	1,539 (66.72)	2,633 (75.44)	
Yes	671 (33.28)	860 (24.56)	
Paid for delivery			< 0.0001
No	1,747 (65.1)	2,854 (70.57)	
Yes	1,003 (34.9)	1,390 (29.43)	
Birth order			< 0.001
1-2 children	1,328 (51.39)	1,582 (38.74)	
3-4 children	766 (27.97)	1,108 (26.48)	
5 children or above	656 (20.64)	1,554 (34.81)	
ANC visits			< 0.001
Less than 4	1151 (39.76)	2348 (55.11)	
At least 4	1588 (60.24)	1876 (44.89)	
Skilled birth attendant			< 0.001
No	2124 (75.31)	3984 (93.32)	
Yes	626 (24.69)	260 (6.68)	
Zone of residence			< 0.001
Western	195 (8.43)	423 (12.81)	
Northern	255 (11.34)	304 (8.9)	

Central	291 (12.05)	397 (10.67)	
Southern Highlands	346 (9.37)	215 (3.87)	
Southern	192 (6.81)	158 (3.56)	
Southwest highlands	208 (8.32)	570 (11.23)	
Lake	442 (17.64)	1,343 (35.46)	
Eastern	402 (23.25)	315 (11.31)	
Zanzibar	419 (2.74)	519 (2.18)	

Table 1: Relationship between PNC Service Utilisation and Women's Characteristics Among Women Aged 15–49 Years

4.3. Multivariable Overall Model of Factors Associated with PNC Service Utilisation

Table 2 presents a multivariable logistic regression analysis was conducted to establish the association between the utilisation of postnatal care services (the outcome variable) and women's demographic factors (independent variables) in health facilities across Tanzania. A total of seventeen independent variables were included in the final multivariable model, which were derived from the four interconnected blocks of the conceptual framework, as detailed in Chapter 6. The significance level was restricted to 5%. The results presented in Table 9.6 indicate that community context factors, such as place of residence, were significantly associated with PNC service utilisation.

Women from urban areas were more likely to utilise PNC services compared to women from rural areas (reference category), with an adjusted odds ratio (aOR) of 1.50 (95% CI: 1.25–1.80, p = 0.000) after applying the 5% significance level. Furthermore, the zone of residence was significantly associated with the outcome variable. Women from the Southern Highlands were significantly more likely to utilise PNC services compared to those from the Western zone (reference category), with an aOR of 2.27 (95% CI: 1.78–2.90, p = 0.000). Additionally, women from the Southern zone had an aOR of 2.04 (95% CI: 1.53–2.71, p = 0.000), indicating that they were more likely to utilise PNC services. In contrast, women from the Lake zone were less likely to utilise PNC services, with an aOR of 0.53 (95% CI: 0.45–0.63, p = 0.000), after restricting the significance level to 5%.

Regarding predisposing factors, maternal education was significantly associated with PNC service utilisation. Women with secondary or higher education were more likely to utilise PNC services compared to women with no education (reference category), with an aOR of 1.35 (95% CI: 1.10–1.68, p = 0.005) for each additional year of maternal education, after restricting the significance level to 5%. Additionally, employment status was significantly associated with the outcome variable. Employed women were less likely to utilise PNC services compared to unemployed women (reference category), with an aOR of 0.78 (95% CI: 0.66–0.93, p = 0.005). Furthermore, women with media access were more likely to utilise PNC services compared to those without media access (reference category), with an aOR of 1.54 (95% CI: 1.27–1.87, p = 0.000), after applying the 5% significance level.

Enabling factors were also significantly associated with PNC service utilisation. Women with health insurance were more likely to utilise PNC services compared to those without health insurance (reference category), with an aOR of 1.47 (95% CI: 1.14–1.90, p = 0.003). Decision-making autonomy was also significantly associated with the outcome variable. Women with decision-making autonomy were more likely to utilise PNC services compared to women without decision-making autonomy (reference category), with an aOR of 1.32 (95% CI: 1.13–1.55, p = 0.001), after restricting the significance level to 5%. Additionally, the number of children a woman has was significantly associated with PNC service utilisation.

Women with five or more children were less likely to utilise PNC services compared to those with 1–2 children (reference category), with an aOR of 0.74 (95% CI: 0.63–0.87, p = 0.000). The number of antenatal care visits was also significantly associated with the outcome variable. Women who had four or more ANC visits were more likely to utilise PNC services compared to those with fewer than four visits (reference category), with an aOR of 1.48 (95% CI: 1.29–1.70, p = 0.000). Finally, the presence of a skilled birth attendant was significantly associated with PNC service utilisation. Women assisted by skilled birth providers were more likely to utilise PNC services compared to women who were not assisted by a skilled provider (reference category), with an aOR of 3.22 (95% CI: 2.57–4.03, p = 0.000), after restricting the significance level to 5%, as summarised in Table below.

Variables	**Adjusted OR [aOR] (95% CI)**	**P-value**
Community factors		
Place of residence		
Rural (reference)		
Urban	1.50(1.25, 1.80)	0.000

Zone of residence		
Western (reference category)		
Northern		
Central		
Southern Highlands	2.27(1.78,2.90)	0.000
Southern	2.04(1.53,2.71)	0.000
Southwest highlands	.68(.51, .91)	0.009
Lake	.53(.45,.63)	0.000
Eastern		
Zanzibar		
Predisposing factors		
Maternal education		
No education (reference category)		
Primary		
Secondary and higher	1.35(1.10,1.68)	0.005
Women employment status		
Not employed (reference category)		
Employed	.78(.66,.93)	0.005
Household head age		
< 25 years (reference category)		
25 – 60 years		
60 and above years	1.38(1.09,1.76)	0.008
Media access		
No (reference category)		
Yes	1.54(1.27,1.87)	0.000
Enabling factors		
Health insurance		
No (reference category)		
Yes	1.47(1.14,1.90)	0.003
Need-based factors		
Decision-making autonomy		
No (reference category)		
Yes	1.32(1.13,1.55)	0.001
Birth order		
1-2 (reference category)		
3-4 Children		
5 children or above	.74(.63, .87)	0.000
Number of ANC		
Less than 4 (reference category)		
4 or more	1.48(1.29,1.70)	0.000
Skilled birth provider		
No (reference category)		
Yes	3.22(2.57,4.03)	0.000
Model goodness of fit		
Number of Observations	5,658	
Wald chi2 (35)	713.60	
Prob > chi2	0.0000	

Pseudo R2	0.1214	
Hosmer-Lemeshow chi2	11.52	
Log pseudolikelihood	-3319.181	

Table 2: Multivariable logistic Regression of Independent Variables Associated with Pnc Service Utilisation Among Women Aged 15–49 Years, After Restricted to A 5% Significance Level

5. Discussion

The findings indicate that the place of residence, particularly for women in urban areas, influenced the health belief theory constructs of perceived susceptibility, perceived self-efficacy, and cues to action regarding preparedness for PNC service utilisation. The study offers valuable insights into the factors associated with postnatal care service utilisation, specifically focusing on women's socio-demographic characteristics two days after childbirth or after being discharged from health facilities in the context of Tanzania. The results reveal that socio-demographic differences in PNC service utilisation are closely linked to the constructs of the health belief model, particularly the perceived susceptibility to complications during childbirth, perceived self-efficacy to overcome barriers to PNC service utilisation, and cues to action related to childbirth preparedness.

Women from both groups expressed similar views on the benefits of utilising PNC services, recognising the importance of maternal healthcare providers in addressing potential complications that may arise within two days after childbirth or following discharge. found that financial constraints and lack of awareness significantly hinder PNC service utilisation, as many women do not perceive postnatal visits as essential unless complications arise [16]. argue that increased community health interventions and media campaigns can significantly improve PNC service utilisation by altering perceived health risks and benefits [17]. reported that rural women face more challenges accessing PNC services due to healthcare facility shortages, reinforcing the need for structural improvements [18]. By applying the Health Belief Model, this study highlights that improving perceived benefits through targeted health education and financial incentives can enhance PNC service utilisation, particularly in underprivileged communities.

Education played a critical role, as women with secondary or higher education were more likely to seek PNC services. Access to media and health insurance further facilitated utilisation by raising awareness and reducing financial barriers. Decision-making autonomy also emerged as a significant factor, empowering women to seek timely postnatal care. Geographical zones such as the Southern Highlands and urban areas showed higher PNC service utilisation. These findings align with the studies by, which highlight the significance of education, autonomy, and socio-economic resources in the utilisation of maternal healthcare services [19]. Seeking maternal healthcare during the postpartum period allows maternal healthcare service providers to identify complications related to childbirth and the postnatal phase.

Evidence indicates that most childbirth-related complications, such as postpartum haemorrhage and various infections arise immediately after birth, posing a risk to the health and lives of both mothers and newborns. However, these complications can be prevented through the timely provision of postnatal care for both mothers and infant [20]. Furthermore, they identified key barriers to accessing these services, including costs, distance, transportation challenges, and instances of mistreatment by certain service providers. This study highlights the role of socio-demographic factors in shaping women's perceptions and behaviours towards PNC service utilisation, underlining the importance of addressing these barriers to improve postnatal care access and outcomes.

Women with secondary or higher education were more likely to use PNC services, with odds increasing by 1.35 compared to those with no education. This finding is consistent with previous research, such as that by, which demonstrated that education increases women's knowledge and awareness of maternal health services, thereby enhancing their ability to make informed health decisions and influence household dynamics [21]. Similarly, found that educated women are more aware of the risks of maternal health complications and the importance of precautions [22]. Educated women are also more likely to have the financial resources needed to access healthcare without relying on others also found that Tanzanian women with primary and higher education had increased odds (by 17%) of utilising skilled birth attendants, while found that educated women in Ethiopia were five times more likely to use skilled birth attendants [23-25].

Women with access to media were 1.57 times more likely to utilise PNC services, a finding that aligns with studies by, which indicated that exposure to mass media is positively associated with postpartum care [26,27]. The study found that women exposed to media were more informed about the importance of maternal health care and the potential risks of not accessing care, as well as the benefits of maternal health policies [28]. This observation highlights the role of mass media in influencing PNC service utilisation. The study also found that women from poorer wealth quintiles were less likely to utilise PNC services, confirming findings from, which showed that women from wealthier households tend to utilise more postnatal services [26,29,30].

Financial stability allows women to afford transport and medical costs associated with maternal healthcare service utilisation, a significant barrier for women from poorer backgrounds, especially those in rural areas [31]. In contrast, women from rural areas faced additional challenges, including long distances to healthcare facilities, poor road infrastructure, and the high cost of

transportation, which may deter them from accessing care [32]. Women with health insurance were 1.47 times more likely to utilise PNC services, a finding consistent with, which indicated that health insurance coverage is a key factor in increasing the utilisation of postpartum care [23]. Moreover, women with decision-making autonomy were 1.32 times more likely to seek PNC services compared to those without such autonomy.

This supports the notion that female autonomy, particularly in terms of financial independence and health-related decision-making, plays a critical role in utilising maternal healthcare services [33]. The study found regional disparities in PNC service utilisation, with women from the Southern Highlands, Southern, and Eastern zones more likely to use PNC services compared to those in the Western zone. These findings are consistent with studies showing that women in more developed areas with better access to healthcare facilities are more likely to utilise postnatal care [34]. Conversely, women in the Lake zone had decreased odds of using PNC services, likely due to factors such as limited infrastructure and healthcare access in rural areas [26].

The results underscore the influence of geographic location on access to and utilisation of healthcare services. This study contributes valuable insights into the factors associated with PNC service utilisation in Tanzania. It highlights the critical role of maternal knowledge, socio-demographic factors, financial constraints, and regional disparities in shaping women's decisions regarding postnatal care. Addressing these factors, through both education and policy interventions, is crucial for improving maternal health outcomes in Tanzania and other similar settings.

6. Conclusion

The utilisation of postnatal care (PNC) services in Tanzania remains inadequate, largely due to persistent socio-economic disparities, entrenched cultural norms, and systemic weaknesses within the healthcare sector. These findings underscore the multifaceted nature of maternal healthcare access and highlight the importance of developing targeted interventions that respond to the unique challenges faced by different communities. Tackling these determinants and encouraging the optimal use of antenatal and postnatal services is vital for improving maternal and perinatal health outcomes. Achieving this requires coordinated efforts among healthcare providers, policymakers, and community-based organisations. Effectively addressing these barriers is essential to advancing the overall well-being of mothers and newborns.

Declarations

Ethics Approval and Consent to Analyze

This study was based on publicly available datasets derived from the 2015–16 Tanzania Demographic and Health Survey (TDHS), which are accessible online and have been anonymised to remove all personally identifiable information. Permission to utilise the DHS data was obtained by the researcher from the ICF Macro Institutional Review Board in Calverton, New York.

Consent for Publication:

Not applicable

Competing Interests:

The author declares no competing interests.

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