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Barriers to Accessing Post-Natal Care Services for Women in Rural Punjab (Kasur), Pakistan

Abstract

Care provided to the mother and her newborn immediately after birth and throughout the postnatal period, up to 6 weeks, is called postnatal care (PNC). The purpose of this study was to investigate the barriers to postnatal care in Kasur, a district of Punjab. In Kasur, cultural and socioeconomic factors hinder women from accessing post-natal care services. Using qualitative methodology, this research investigates the barriers to post-natal care by interviewing recently parturient women within a year of marriage, revealing the underlying issue. As a result of the interviews conducted, it was established that patriarchal systems and cultural practices, along with inadequate income and lack of transport, present major hurdles. Addressing these barriers will enhance maternal healthcare in rural communities and integrate the region into global initiatives aimed at lowering maternal and infant mortality rates.

Keywords: Post-natal care, maternal health, rural Punjab, healthcare access, gender disparities, socio-economic barriers, Kasur, qualitative research

INTRODUCTION

The services offered after giving birth are a critical component of the overall health care continuum for mothers and their newborns. In this regard, the World Health Organization (WHO) emphasizes that appropriate postnatal care provides health education and optimally guides infant feeding, while also averting maternal and infant morbidity and mortality through early intervention and optimal infant feeding practices. Sadly, this care remains a significant unmet need for many women in rural areas of Pakistan, particularly in Kasur. The reason is that women face cultural, social, and economic barriers that restrict them from seeking or receiving PNC. The United Nations listed Pakistan among the nations that continue to be a concern for global public health in terms of maternal and child health due to its post-pregnancy health challenges. Furthermore, health policies are neither evidence-based nor evaluationdriven,

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thereby perpetuating restrictions on access to PNC.

While these are marginally lower, they are an indicator of the disparities in the underlying infrastructure of service delivery, highly present due to a lack of proper means in these rural, while these are marginally lower, they are an indicator of the disparities in the underlying infrastructure of service delivery, highly present due to a lack of proper means in these rural, underserved areas of Kasur. Economic means, such as the affordability of transportation and medical, plus traditional beliefs, such as the use of unqualified medical doctors (traditional birth attendants), strongly reinforce the windowless sociocultural norms. This study seeks to understand the numerous barriers to accessing postnatal care in the Kasur region. From interviews conducted with recently married women who have recently given birth, the study correlates the lack of support from the spouse, inadequate funds, poor systems, and cultural norms as the main culprits that deny women the aid they so greatly need during the post-natal phase of their motherhood.

PROBLEM STATEMENT

As with many rural regions in Pakistan, the Kasur district has inadequate access to postnatal care, even when such services are available. Among these, the cultural mindset seems to have the most destructive effect, coupled with economic hardships and low social status, which limit a woman's freedom and decision-making regarding her healthcare. It makes it difficult for women to receive basic but greatly needed medical attention, raising the risk to their health, for infections, postpartum hemorrhage, mental health challenges such as depression, and other ailments. The lack of awareness regarding the importance of post-natal care further exacerbates the situation. In rural Kasur, there is a high reliance on informal healthcare services, which are not supplemented by regular visits from healthcare professionals. The aim of this study is to investigate these barriers and propose ways to enhance healthcare accessibility in rural areas, with particular attention to culture, community engagement, and financial frameworks.

RESEARCH OBJECTIVES

1. To examine the cultural, social, and economic barriers constraining women from utilizing post-natal care services in rural Kasur, Punjab.
2. Research Questions
3. How cultural practices and norms shape women's access to post-natal care in rural Kasur?
4. How do family dynamics and communal support structures influence women's utilization of post-natal care services in rural Kasur?
5. What are the socio-economic barriers to accessing post-natal care services for women in Rural Kasur?

Significance of Study

This research is significant for several reasons. Primarily, it captures the unique barriers women in rural Kasur face when seeking postnatal care. These challenges need to be understood if efforts to improve maternal and infant health outcomes in rural areas are to be effective. This research will certainly aid policymakers, healthcare providers, and non- governmental organizations in devising better healthcare programs by identifying cultural and economic

barriers, thus enhancing maternal and infant health outcomes. This study also contributes to the discussion of maternal health in low- and middle-income countries (LMICs) by highlighting the difficulties women face in rural areas. The resultant healthcare frameworks will be more comprehensive and better designed, leading to a decline in both maternal and infant mortality rates.

LITERATURE REVIEW

The need for post-natal care (PNC) services increases due to the health needs of mothers and infants. However, many women in rural Pakistan, especially in Kasur, are unable to access these services due to various barriers. Targeting these barriers requires understanding various cultural, social, economic, and infrastructural factors that influence access to postnatal care. This literature review analyzes the available literature on barriers to postnatal care services in Pakistan and other jurisdictions with similar contexts.

Cultural Influences on Post-Natal Care Decisions

In some cultures, women's roles are secondary, creating obstacles to the provision of healthcare services in rural regions. In the Men's decision-making control over the female members of the family, as is seen in the patriarchal culture of Rural Punjab, women of the household do not have the liberty to go to the hospital. Ibrahimi (2022) describes how women facing masculinist cultures struggle to exercise autonomy, which hampers their ability to seek post-natal care services. Most men are uneducated concerning the health needs of their women, and because it would be considered wrong to permit himself to be with the mother until her condition demands his presence. In addition, Khadim et al. (2024) stated that herbal and home remedies, which are part of several generations' culture, are frequently used as post-natal medication. These remedies are believed, rightly or wrongly, to be milder and more natural even when fundamental maternal necessities are inadequately met. The taboo surrounding conversations on maternal health still persists, which leads to the magnification of challenges faced during post-natal care to the worst possible scenarios. According to Shahzad et al., 2025 cultural factors restrict women from coming forward to highlight issues related to childbirth, which may result in overlooking the possible underlying concern.

Awareness and Education on Maternal Health

Education and information dissemination regarding postnatal care pose a notable barrier to access. Many women, especially those from rural regions like Kasur, do not have access to specialized health education that teaches them the significance and necessity of postnatal care. Zain et al. (2021) highlighted this issue, noting that health education targeted towards rural populations greatly improves maternal health practices. As is often the case, these programs are underfunded and infrequent. In several rural families, women make health choices, which include post-natal care, after consulting older relatives, predominantly mothers-in-law. This refers to drawing on existing knowledge and even practices, which makes it highly unlikely that women would seek medical help, especially in situations where there is little or no awareness about the risks owing to a lack of post-natal care. Jafree et al. (2021) emphasized the gap in health literacy and the role of grassroots community interventions in promoting maternal health. Those working at the grassroots level, whose involvement is meant to educate,

mobilize, and empower women, have the potential to alter this scenario and remove the culturally binding norms that adversely affect women's healthcare-seeking behavior.

Economic Barriers to Accessing Post-Natal Services

Economic factors are still a major concern during the planning and postnatal care stages in most rural areas. In Khan et al.'s (2022) study, the lack of funds to pay for consultations, medication, and transport was noted as a significant barrier to seeking essential postnatal care. Kasur region faces acute poverty, which keeps many families below the poverty line. There are often neglected determinants of women's health spending as well as health care spending, which are available and are viewed as a luxury instead of a necessity, like food, education, and even childcare, in terms of well-being. Misu and Alam (2023) also highlighted that household poverty, inability to afford transportation, and indirect healthcare reduce the likelihood of seeking postnatal care. Similarly, another study found that women from poorer households consistently exhibit lower PNC utilization than those from wealthier households (Asim et al., 2021). Another issue is the cost of transportation to and from the health care facility. There are numerous hilly areas in Kasur that are far from health care centers because public transport is infrequent or nonexistent. Women without access to a private car find it nearly impossible to travel for post-natal check-ups, which limits their ability to access healthcare. It has been noted by Franzke et al. (2022) that in rural areas, the cost of travel to healthcare facilities is so high that many patients cannot afford to visit medical practitioners, causing severe suffering for many families.

Health Infrastructure and Availability of Services

Moreover, the lack of primary healthcare infrastructure remains a foundational barrier to accessing post-natal care in rural Pakistan. Zafar et al. (2022) described the situation at rural health care facilities in Kasur, where the children's wards inequitably lack the necessary strategic advances, medical equipment, and supplies, as well as skilled healthcare workers to enable effective postnatal care. Without sufficient funding, these facilities have little access to basic drugs and surgical materials. The situation is, in fact, made worse by a shortage of medical staff, such as surgeons and gynecologists, which means that most women in the rural regions are not able to get the appropriate post-birth care that they need. Additionally, the mobility and accessibility of healthcare facilities in rural areas are problematic. In most cases, villagers' homes are far removed from the healthcare center, and the absence of a proper road network makes it harder for women to reach post-natal care services. According to Kaiser and Barstow (2022), the insufficient road network complicates the already limited means of transport available, making it very difficult for women to access healthcare services, especially postnatal care.

The Role of Social Support in Post-Natal Care Utilization

Social support is one of the most important determinants of women's willingness to seek postnatal care services. Sayani (2023) argued that women with stronger social support, particularly from spouses, in-laws, and other relatives, are more likely to attend post-natal check-ups and follow the guidance provided during them. This support can take different forms, such as emotional support, childcare, and even transportation to the healthcare center. As noted earlier, in the rural regions of Kasur, several women's struggles are compounded by

a lack of family support, especially from their spouses and in-laws. Jafree (2023) noted that women whose spouses and family do not support them are less likely to pursue post-natal care. This kind of support, or the lack of it, can create a sense of isolation that is detrimental and leads to mental health problems like postpartum depression.

Theoretical Framework

The literature on barriers to women's access to postnatal care services presents theoretical propositions grounded in health systems, social determinants, and gender theories. According to these frameworks, this analysis examines the propositions to understand the barriers women face in accessing postnatal health services after childbirth. Health system theory suggests that structure and delivery of care are essential in providing care (CrearPerry et al., 2021). The results show that in rural Punjab, the availability and access to high-quality healthcare are key factors influencing women's likelihood of receiving postnatal care. Weak health infrastructure, inefficient equipment, and fewer healthcare facilities in these areas deny such women the requisite and timely maternal health care. Transportation to the facilities, lack of transport, and a dearth of skilled birth attendants compound these difficulties and reduce access to postnatal services. The social determinants of health also emphasize the prominent societal structural factors that define a person's health status. Lack of education and poor employment opportunities, in the rural areas of Punjab in particular, pose a problem in accessing post-natal care for these women. Due to this, low income prevents women from seeking private healthcare, and illiteracy minimizes women's understanding of the significance of post-natal healthcare. Moreover, culture, family expectations, and tradition, in which women are supposed to be caregivers but not care receivers, limit their chance to get health care services. Gendered approaches to relevant structures emphasize the gendered relations of care in access to needed health care (Barr et al., 2024). Another aspect we noticed is culture, and the prevailing bias of men against women governs women's health-seeking behavior in rural Kasur. Menfolk tend to make health-related decisions in their families, especially those from conservative backgrounds, leaving women powerless to seek appropriate post-natal care.

RESEARCH METHODOLOGY

This study utilizes a qualitative approach centered on interviewing recently married women who underwent childbirth and are facing multiple hurdles in obtaining postnatal care. The present case study uses a qualitative approach, given its focus on capturing in-depth, personal, and sometimes visceral experiences of women from the rural Kasur region regarding postnatal care. Personal accounts of experiences, perceptions, and attitudes constitute essential information for analyzing the sociodemographic and economic factors that hinder access to healthcare services. The research focuses on obtaining firsthand accounts from participants through semi-structured interviews, allowing them to narrate detailed experiences of healthcare services encountered following childbirth.

Participants

The focus of this study is on married women living in Kasur, Punjab, who have given birth within the last two years. Ten married women were interviewed. The interviews were conducted until data saturation was reached. These women were relevant to the study because they experienced challenges in accessing postnatal care. A purposive sampling approach was used in this study to select participants. The approach enables one to focus on selecting

individuals who fit a detailed outline relevant to the study, thereby helping address the problems posed by the target population.

Data Collection

Data was collected through in-depth interviews. An interview guide was developed to conduct interviews. It was mainly comprised of three sections. These interviews last from thirty minutes to more than an hour. Overall, the experience was tough while taking the interviews because most of the women felt hesitant to share their experiences.

Ethical Considerations

In this regard, ethical considerations were crucial to this study, with the aim of minimizing harm and promoting participants' rights throughout the research. Informed consent was obtained from all the participants. Participants were informed about the purpose of the study, the voluntary nature of their participation, and their right to withdraw at any time without consequences. In this study, anonymity was achieved by not mentioning names in the analysis. The researchers have not linked any information to any participant.

RESULTS & DISCUSSION

The following primary themes were derived from the interviews that were conducted and analyzed in a thematic manner:

Themes	Sub Themes
Experiences of Childbirth	• Difficulties faced during childbirth
	• Delivery method (Normal/C-section)
	• Medical checkups after childbirth
	• Main person responsible for care after delivery
	• Health problems after childbirth (bleeding, infection, etc.)
	• Home remedies and traditional treatments
Cultural Barriers	• Restrictions on new mothers (dietary, indoor, physical activity)
	• Family decision-making about post-natal care
	• Preference for traditional birth attendants over doctors
Social Barriers	• Family and husband's support in post-natal care
	• Difficulty in reaching healthcare services (transportation, permission)
	• Negative behavior or negligence from health professionals
	• Difficulty in discussing health concerns with family or doctors
Economic Barriers	• Financial constraints preventing access to post-natal care
	• Prioritization of other expenses over post-natal care
Mental Health & Postpartum Depression	• Emotional struggles (sadness, anxiety, etc.) post-childbirth

	• Emotional exhaustion and withdrawal from family or baby Lack of emotional support from husband or family
Nutrition & Health	• Food and nutrition post-childbirth • Rest and managing household work post-childbirth • Breastfeeding challenges (pain, milk production, use of formula)

Childbirth Experiences

This theme reveals the stark truth as well as the extreme hardships that women undergo in the rural region of Kasur, Punjab, while giving birth and in the post-giving birth period. This includes the life-threatening consequences and physical suffering associated with giving birth to a child and the socio-culturally and economically rich circumstances that surround these experiences. The accounts of women show how they struggle throughout the perinatal and postpartum periods, which affects their physical and mental health because of the chronic shortages of maternal healthcare amenities.

Childbirth Contributions

Due to cultural constraints, women face extreme physical pain because of substandard medical facilities and a lack of skilled birth attendants in the region. Many described being in severe labor pains and having to be transported over great distances. Complications, unsanitary conditions, havens of the ill-fortunate, and lax enforcement of sanitation regulations all serve to worsen life-threatening situations.

"Even with my second child, I grappled with the same challenges as my first. I was released from the government hospital mid-way due to the lack of funds, so I had to deal with many complications that came along with the delivery on my own. My husband was unemployed, which meant I had no access to money for food or transport to a job, and no way to support myself." (Participant X)

Mode of Delivery (Normal/C-Section)

The women's experiences with birth ranged from natural deliveries at homes or clinics to Csections done in urban hospitals. While some women experienced a normal delivery, others underwent C-sections and did not receive adequate post-surgical care or follow-up, which heightened their exposure to infections and slow healing.

"It was a normal delivery, but it happened at home, not by my choice. Had I had a means of transport and the necessary funds, I would have gone to the hospital. My family believed it was

better for me to stay home because they thought traveling late in the evening was unsafe." (Participant X)

Medical check-ups after childbirth

A concerning proportion of women noted that they did not receive essential postnatal care. Many obstacles, including a lack of finances, long distances to healthcare facilities, and the ungrounded belief that they did not require additional care after giving birth, turned into active barriers for seeking necessary medical attention, even in cases of severe discomfort or impairment of bodily functions. "My in-laws didn't see the necessity for checkups after labor. As for my husband, he did not support it either. I simply focused on the baby." (Participant X) The maternal health care decision processes in this context appear to have been managed mostly by the husbands and mothers-in-law, who controlled when to seek medical attention, if at all. This maternal control led to the disregard of essential medical advice, prioritizing cultural practices instead.

"My in-laws assumed that I would rest, so I did. Simultaneously, I remembered other family responsibilities that I needed to address. My husband was not helpful either. He was occupied with his work." (Participant X)

Health issues following delivery (bleeding, infection, etc.)

Most of the study participants reported having complications such as significant blood loss, recurrent infections, and febrile conditions as sequelae of childbirth. With the lack of trained medical practitioners, these issues were often neglected, resulting in prolonged suffering and increased health risks for mothers.

"I felt weak and bled a little after having a C-section, but the pain was really bad. I did not receive adequate support after surgery, and my in-laws did not allow me to go to my follow-up appointments. They thought I was being dramatic and managing on my own." (Participant X)

Folk medicine and other traditional practices

With such limited healthcare options available, women relied on home remedies and advice from community-based midwives (dais). Although these approaches are rooted in culture, they rarely address the underlying problems and issues of postpartum health—and often make complications worse.

"We mostly utilized home-use methods. The household was not in a position to visit the doctor, so everything we tried was at home. Some of the things worked, some did not" (Participant X).

CULTURAL BARRIERS

This theme examines how women's access to post-natal care is shaped by the culturally embedded norms and traditional customs in rural Kasur, Punjab. Social norms alongside patriarchy construct systems that curtail women's freedom and influence their post-natal healthseeking behavior. The cultural barriers noted in this study underscore how maternal health is deeply intertwined with women's discrimination along the socio-political context and, oftentimes, worsens the conditions for the newly delivered women.

Restrictions on new mothers (diet, activity, indoor mobility)

New mothers are often placed on an outright dietary restriction and are expected to remain indoors. They are largely prohibited from indulging in any form of movement or exercise, even when such movements are gentle or light and would be considered supportive to one's recovery. These restrictions may lead to inadequate food intake, muscle weakness, and slow healing.

"In my family, a new mother's confinement requires her to stay home for forty days with restrictions on food and physical activity. Although I was not able to leave the house or do heavy physical labor, I still had to attend to the baby and the house, which was very tiresome." (Participant X)

Family post-natal care arrangements

Typically, the options available to Supportive Participants regarding Biographical Information and Post-Natal Care Order (PBIS) are center-based, multidisciplinary, and comprehensive. Very often, these options are not in the purview of the new mother. Rather, it is immensely or completely controlled by the husband, mother-in-law, or other older family members. Along with other accompanying cultural modalities that govern women by virtue of their gender, women are unable to seek professional medical attention because they tend to rely on cultural prescriptions.

"In my family, decisions are made by women of the older generation, like my mother-in-law and my mother. If they tell me to remain in bed, I have to follow through. I don't get to make decisions about my own health." (Participant X)

Preference for traditional birth attendants rather than doctors

A great number of families have a bias toward traditional birth attendants (dais) rather than accepting professionally trained healthcare givers. This is due to deep-seated cultural notions, confidence in traditional methods, and, at times, unfavorable attitudes toward hospitals or clinics. While the comfort which dais exude is based on the niceties of their customs, they indeed do not have the skills needed in dealing with complications or emergencies, which is risky to maternal health during the post-natal stage.

"Mainly, women rely on the assistance of informal attendants. It's far away and expensive, and there is the notion that the old ways are much better and safer. There is a plethora of old women who, for some bizarre reason, assert that during their time no one visited hospitals and everything was just fine" (Participant X).

SOCIAL BARRIERS

This theme describes how women's social relations and societal structures profoundly affect access to postnatal care. In the case of Kasur, Punjab, women who have recently given birth are faced with social restrictions because of norms that dictate family structures and community relations. These constraints extend beyond physical health to encompass the social determinants of women's preparedness to make decisions appropriate for them.

Support from family members and husbands

It plays an important role in a woman's recovery after childbirth. In some families, the husband and in-laws assist the mother to some extent by ensuring she has proper care, nutrition, and rest. However, in most cases, this kind of support is not available. Immediately, there is an expectation of women to get up and take on chores, and, in most cases, there is no emotional and/or physical support given, which makes recovery very difficult.

"After giving birth, my family and husband neglected to support me. To them, post-natal care didn't seem to be a significant factor. During the recovery period, I felt deeply isolated. My husband put in a lot of effort working for the family, but was emotionally unavailable. I felt as though I, single-handedly, had to undertake everything." (Participant X)

Difficulty in reaching health care services: (transportation, Permission)

The practical constraints of transport and the need for male guardians to permit travel outside the home further complicate access to medical care. In most rural areas, basic health services are available, but they are often located a long distance from the village, and reliable transport is either unavailable or very costly. Even where transport is available, women face the problem of going with the acknowledgment of senior family members, like the husband, which causes avoidable delays in treatment.

"I could not go to the hospital because it was really far, and I did not have money for the transport or the medical expenses. There were times when I visited a nearby clinic, but the quality of care was basic and inferior to that of a hospital." (Participant X)

Negative behavior or disregard constitutes the omission of acts by health workers: Interactions with healthcare practitioners bear a significant impact on women's decisions regarding seeking care. Some women reported contemptuous and dismissive behavior from doctors and nurses, which made them feel belittled. Others had experiences of being ignored, with their concerns not acknowledged and their needs sidelined. Such interactions actively prevent patients from seeking assistance from healthcare providers, leading them instead to self-care or informal traditional systems.

"When I took my baby to the clinic for vaccination, I noticed the nurses seemed a bit rushed. They did not seem to answer my questions thoroughly. It definitely left me feeling rather unimportant, and made me more uncertain about returning." (Participant X)

Struggle articulating health concerns with family or physicians

The more traditional segments of society may regard a woman's health, and especially postnatal health, as sensitive or even embarrassing topics to discuss. The social stigma associated with reproductive health creates a gap of silence because women, and especially expectant and new mothers, do not feel safe to express their worries to family members or healthcare providers. As a consequence, a large number of women are unable to speak up for their health in a timely manner and suffer in silence.

"Health concerns were something I could not share with anyone. My husband did not care, and my in-laws were not people I would want to talk about such issues with. I was coping with feeling quite lonely, which was very difficult for me." (Participant X)

ECONOMIC BARRIERS

This sub-section explains how financial constraints have a major impact on the rural Kasur area, which has limited access to post-natal care services. Economic challenges are a primary barrier not only to the quantity but also to the quality of care available to mothers after giving birth. For a lot of families, the expenses linked to health care, traveling, and buying medicated drugs are far too much. As a result, many women are forced to postpone routine health checks or completely miss crucial post-natal checks.

Financial constraints preventing access to post-natal care

There is a widespread lack of access to healthcare in rural areas due to insufficient financial resources. The combined costs of medical consultations, laboratory tests, treatment, and transportation to healthcare facilities add up. For some families, even modest healthcare fees pose a substantial challenge. This leads women to miss medical checkups or postpone care, which can lead to adverse health consequences,

"Having to care for my family while dealing with financial hardships made it unbearable to seek medical attention. My husband was barely earning anything. They placed greater emphasis on basic necessities than on healthcare. I was conscious enough to know that my condition did not warrant frequent visits, and so I did not request additional visits." (Participant X)

Spending shifts away from post-natal health care

Healthcare services available to families and individuals are financially limited, leading to the worldview that health-related spending is secondary to basic necessities like food, clothing, or shelter. This suggests that care after the delivery is perceived as optional, particularly in instances where women or their families do not comprehend or appreciate the value of attending medical consultations after giving birth. In most cases, the competition for limited resources is bound to place women's health concerns deep below other urgent fiscal concerns, making it difficult for fathers to spend and mothers to recover and maintain their well-being. *"Other expenses like groceries, maintaining the house, and the boys' schooling are essential in our family. Women's health is neglected because society perceives them as highly durable and able to self-soothe."* (Participant X)

MENTAL HEALTH & POSTPARTUM DEPRESSION

This section focuses on the unique emotional and mental challenges women endure during the postpartum stage. Giving birth is not only a physical affair, but rather an emotional one as well. A deeper level of sadness, anxiety, and emotional fatigue can often present itself, resulting in a lack of self-care routines as well as the care necessary for the newborn. Emotional support from family and partners is one of the most important factors in how well these women face the challenges.

Postpartum emotional challenges: distress (sadness; anxiety, etc.)

Most women described experiencing sadness after giving birth. Alongside that emotion, they also noted anxiety and unmanageable stress. These emotions were closely linked to the intense suffering from childbirth, hormonal shifts, and the redefining of one's responsibilities as a mother. The lack of sufficient support heightened these emotions, which made the postpartum phase very challenging.

"I felt sad, overwhelmed, and emotionally drained. The baby and household chores were hard. Other days, I simply wanted to stay in bed. I had no means to express my anxious feelings." (Participant X)

Emotional exhaustion, along with withdrawal from familial and infant interactions: A few women described feeling so mentally drained that they effectively withdrew from interacting with their family or caring for the infant. This withdrawal, at its core, was both mentally and physically exhausting owing to an unrelenting cycle of caregiving expectations and social interactions.

"I felt terrible, not wanting to engage with anyone, even my child, but I also felt awful when I found myself not wanting to interact with anyone. Fatigued to the point where I felt myself suffocating due to lack of energy." (Participant X)

Absence of emotional support from husband or family members

Husbands and family members often did not provide, or did not provide enough, emotional support. Women who did not receive sufficient support, compassion, or even acknowledgment during this vital period found recovery, both mentally and physically, incredibly arduous. The combination of a lack of emotional backup and insufficient support led to heightened feelings of isolation and distress.

"They pretty much left me to handle everything on my own. My husband was busy with work most of the time, so I did not have any emotional support from anyone. My in-laws showed no care and did not assist me. So, I felt I had nobody to speak with." (Participant X) **NUTRITION & HEALTH**

This sub-theme outlines breastfeeding, rest, and adequate nutrition as vital components of the recovery process in the postpartum period. During this phase, cultural practices, financial constraints, and family traditions profoundly influence maternal health and nutrition. The gaps women experience within these parameters affect their physical recovery as well as their neonates' health.

Food and nutrition after childbirth

The food choices available to mothers postpartum were constrained by their cultural traditions and financial resources. New mothers were also able to consume only certain foods and often had to avoid others due to prevailing socio-cultural and financial beliefs about their effects on healing and milk production. However, economic challenges often limit access to nutritious foods, impeding women's recovery.

"I didn't receive any special help and had to manage on my own. My mother brought a few cultural handicrafts, but my in-laws did not. I was encouraged to take food warm, but did not receive any proper medical attention." (Participant X)

Rest of Activities Relating to Recovery from Surgery

Regardless of how demanding rest was after giving birth, women had to begin fulfilling their responsibilities and household chores almost immediately due to familial expectations. This syndrome was associated with incomplete recuperation and increased fatigue.

"My family told me to rest, but I was expected to do housework as well. It felt like I could not rest because my hands were always tied up with household work. I had to take care of myself and my child alongside all domestic chores like cooking, cleaning, and washing." (Participant X)

Breastfeeding lows (pain, low production, need for formula):

For some participants, breastfeeding was challenging. Some individuals experienced pain, too little milk, or did not have adequate means to effectively breastfeed. In some cases, participants ended up using a formula despite sometimes stringent financial or cultural restrictions.

"As is the case for many new mothers, breastfeeding was painful and difficult at the onset. That said, I was able to cope over time and eventually found enjoyment in the practice. Although I was advised to supplement with formula, my budget meant that I had to continue with breastfeeding." (Participant X)

The research highlights how women from rural Kasur in the Punjab region face complex barriers to accessing post-natal care. These barriers, deeply rooted in the region's culture and socioeconomic context, restrict access to care during the critical postpartum period.

The cultural practices, especially the patriarchal control mechanisms exercised at the level of the family, are instrumental in curtailing women's autonomy, which is self-evident, particularly in matters of health. As Ibrahimi (2022) pointed out, in rural Pakistan, the domination by remarried male family members like husbands or fathers-in-law constitutes a major hurdle towards medical care. A woman's ability to independently control choices pertaining to her health, including the decision to seek postnatal care, is drastically restricted in most cases. This is the dominant view, and it is further tested through this study, as most respondents stated that it was their husbands or in-laws who made the decision whether or not they required medical attention after childbirth. Cultural beliefs and practices around birth and pregnancy contribute to the unwillingness to seek care after giving birth. Reliance on the services of traditional birth attendants and home deliveries is common in rural Kasur areas. In focus group discussions, participants suggested that they faced several challenges with childbirth, but preferred to manage the problem with traditional family advice rather than seek professional assistance. Culturally, this is how society functioned; however, these societal practices pose risks to women's health due to a lack of intervention when care is needed. This is in line with Omer et al. (2021), who argue that such traditional approaches to birthing, while significant to some

cultures, can be dangerous to health, particularly when they replace medically appropriate interventions and qualified clinical personnel.

This study identifies another cultural barrier as the seclusion imposed on women after giving birth. Women in rural Kasur, for example, are told to stay indoors for a period of 40 days after giving birth. Even if the practices are implemented to aid with recovery, they still obstruct movement and prevent women from receiving healthcare services. In the case of Pakistan, the culture surrounding postpartum recovery is framed as women's innate self-care practices, wherein much focus is placed on beliefs regarding one's health as opposed to the necessity of professional medical services (Shahzad et al., 2025). His reasoning is rather sound, since these amenities, albeit well-intentioned, can significantly affect the provision of care in timesensitive situations.

Lack of family support, along with other social factors, plays a critical role in the accessibility of post-natal healthcare services for women. Lack of mobilizing or psychosocial support from in-laws and husbands led participants to neglect their health within the house chores they needed to perform. Male family members' presence during the recuperation phase after childbirth is important, and the lack of this support adds to the already existing burden of exhaustion— physical and emotional—after delivery. For example, Jafree (2023) noted that postpartum mental and physical recovery is mainly the responsibility of husbands. Women in rural Kasur face the expectation of becoming active, fully functional homemakers immediately after childbirth, a standard that is not feasible during the recuperative phase. Limited domestic assistance alongside existing delays compounds a slower recovery, greatly worsening the health complications for many women. Health complications such as postpartum depression, which was often cited during the interviews, quite literally bound these women to the reality— one that they could not escape from—and these health complications.

Resource limitations emerged as another significant barrier to accessing postnatal care in this study. Most participants mentioned their financial constraints, such as a lack of reasonable income to cover professional consultation fees, transportation, and even medical supplies and medication, as serious obstacles to accessing healthcare services after childbirth. This resonates with Khan et al.'s (2022) findings, which highlighted financial constraints as one of the most prevalent factors undermining women's decisions in rural areas of Pakistan to seek postnatal care. In Kasur, where a large population lives below the poverty line, post-natal care is considered unreasonably available. Although spending money on post-natal care can help avert long-term health complications, it remains that for most women, especially those from lowincome families, attending to such needs is simply not a priority.

Inadequate health facilities pose an extra burden on the economy. Underfunded and understaffed, health facilities in the Kasur region make it difficult for women to receive proper post-natal care. In addition, the distance of some villages from towns, combined with scarce transport options, complicates access for women who do not drive. These issues underline the need to develop transport and healthcare facilities in rural regions. Health education delivered by local practitioners significantly changed local women's perceptions of postnatal care. Some midwives and other health workers, after evaluating postnatal patients, educated them on the importance of attending to their health needs after childbirth. Bridging the gap between the

organized health system and the rural community needs to be done. Gebremeskel (2024) explained that this gap can be filled by community health workers. CHWs, as they are widely recognized within the areas they serve, have the benefit of altering a community's cultural perception of actively seeking medical attention through their influence. The situation is exacerbated by the lack of treatment options, combined with the reliance on traditional remedies by the poorly trained CHWs in Kasur.

CONCLUSION

This research emphasizes the complex barriers women encounter in accessing postnatal care services in rural Kasur, Punjab. Economically, socially, and culturally, there are strong barriers to women accessing crucial healthcare services in the postpartum period. Women's delay or inability to seek timely medical attention is compounded through patriarchal decision pathways, traditional birth customs, and woeful financial and family support. Furthermore, the lack of developed healthcare facilities in rural regions amplifies these obstacles, undermining women's ability to receive healthcare services post-childbirth for appropriate recovery. These barriers can and should be addressed from different angles, combining the need to develop healthcare facilities with the need to change culture and society so that women are selfdependent in healthcare choices and withdrawn from the women's decision-making reserve. Maternal health in these settings can be significantly improved by Community health initiatives such as policy advocacy directed towards women, active participation of male relatives, and subsidized transportation to healthcare facilities for low-income patients. And most importantly, the employment of women in subsidized healthcare and transportation services will guarantee market-driven access to postnatal care for low-income women. Overcoming these barriers enhances access to postnatal care, improving maternal and infant health outcomes. It would be beneficial for subsequent studies to further analyze the impacts of community-centered policies aimed at improving healthcare access in the rural areas of Pakistan. In doing so, we assure that every woman achieves the necessary care after childbirth, irrespective of her economic status and sociocultural setting.

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