Barriers to Antenatal Care Utilization among Rural Women: A Qualitative Study from Three Villages in Jhelum District, Pakistan

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Abstract

Background: In the rural regions of Pakistan, access to essential primary healthcare services such as antenatal care remains limited and inconsistent. This lack of access contributes significantly to a higher maternal mortality ratio in rural areas in comparison to urban centers.

Methods: This study employed a qualitative phenomenological research design because it was well-suited to explore the lived experiences and thoroughly understand perceptions of study participants. A sample size of 12 participants was chosen to address the barriers present in these communities. A purposive sampling technique was employed to ensure that participants were deliberately selected based on their knowledge, experience, and relevance to the research objectives.

Results: By using the thematic analysis, the results were grouped into seven interrelated themes. These themes included awareness and knowledge of antenatal care, accessibility of health facilities, economic barriers, cultural and traditional beliefs, impact of previous pregnancy experiences, fear & anxiety surrounding healthcare, gender norms and expectations.

Conclusion: Multifaceted barriers were dominant to antenatal care utilization in rural Jhelum. These barriers included economic, cultural and logistic challenges to women. Interventions should be focused on improving the maternal health education, improving the access to transportation and enhance provider patient communication when addressing gender norms through community engagement.

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Introduction

The health and well-being of mothers and children constitute a fundamental global health priority, particularly in developing nations where access to essential maternal healthcare services remains suboptimal [1]. Maternal outcomes are directly linked to the utilization of antenatal care (ANC), a cornerstone service for monitoring pregnancy, managing complications, and providing vital health education. Despite its importance, access to adequate ANC remains a significant challenge in many countries, including Pakistan, especially in rural and underserved regions [2].

In Pakistan, a persistent gap exists between initial contact and complete care. National data, including the 2017–18 Pakistan Demographic and Health Survey (PDHS), indicate that while a high proportion of women (approximately 87%) attend at least one ANC visit, far fewer (only 52%) achieve the World Health Organization's recommended minimum of four visits [3, 8].

This disparity underscores systemic failures in sustaining engagement and highlights the country's ongoing struggle with high maternal mortality rates, weak antenatal indicators, and the broader challenge of meeting Sustainable Development Goal (SDG) 3 targets [5, 7].

The barriers to ANC completion are acute and multifaceted in rural Pakistan, where deeply rooted sociocultural, economic, and systemic factors converge. A primary obstacle is the restriction of women's autonomy due to patriarchal gender norms. Women frequently require permission from, or accompaniment by, a male family member to visit a health facility, which can delay or prevent timely care-seeking, even in high-risk situations [6, 9]. This limited agency is compounded by financial constraints. For families living near or below the poverty line, the direct costs of transportation, consultations, and medication, alongside the indirect opportunity costs of lost wages or domestic responsibilities, often deprioritize healthcare expenditure [9, 13, 15]. Consequently, women from wealthier households, with better access to resources and supportive environments, are significantly more likely to utilize ANC consistently [15].

The healthcare system itself presents substantial structural barriers. Rural areas suffer from a critical shortage of trained professionals, particularly female doctors and midwives, which is a major deterrent in conservative communities. Health centers are often characterized by staff shortages, irregular services, and a lack of essential equipment and medications, eroding trust and diminishing the perceived quality and acceptability of care [10, 14]. While geographic isolation and poor transportation infrastructure are frequently cited as challenges, their impact is mediated by these intersecting sociocultural and financial constraints, as well as by perceptions of inadequate service quality [17].

Individual factors further influence utilization. A woman's education level is a key determinant; higher education correlates with greater health literacy and decision-making power, leading to better ANC use. In contrast, lower educational attainment and higher parity (number of previous births) can reduce the perceived necessity of formal care [16].

Therefore, addressing maternal health in Pakistan necessitates a holistic strategy that moves beyond simply setting targets or building facilities. Effective intervention requires a comprehensive approach that simultaneously strengthens healthcare infrastructure, deploys qualified and gender-sensitive personnel, dismantles financial barriers, and implements culturally sensitive community-based programs to shift restrictive norms and empower women [4, 11]. This study seeks to contribute to this effort by exploring the lived experiences of women in rural Jhelum District to map the specific, context-driven impediments to ANC completion.

Methodology

Study design and Sampling

This study employed a qualitative phenomenological research design because it was well-suited to explore the lived experiences and thoroughly understand perceptions of study participants. The study was conducted in three selected rural villages within Jhelum District as it is located in the Punjab province of Pakistan. These areas had been chosen due to their limited access to maternal healthcare services, traditional socio-cultural norms, underrepresentation in academic literature and resistance to the acceptance of ANC services. The villages offered a representative view of the structural, cultural, and systemic challenges that was encountered by the rural women residing there.

The targeted population for this study included two distinct groups: (1) rural women of reproductive age who have experienced pregnancy within the past five years, (2) household members who influence healthcare-seeking decisions including husbands or mothers-in-law. A sample size of 12 participants was chosen to address the barriers present in these communities. The sample was distributed across the two targeted groups. Specifically, the sample will include rural women of reproductive age and household decision-makers who had influence on women in seeking care. A purposive sampling technique was employed to ensure that participants were deliberately selected based on their knowledge, experience, and relevance to the research objectives.

Inclusion and Exclusion Criteria

The study's inclusion criteria consisted of women aged 18–45 years, residing in rural Jhelum, who had experienced at least one pregnancy within the past five years and could communicate in Urdu. Women with non-communicable diseases such as diabetes, cardiovascular disease, or cancer were excluded.

Data Collection Tools and Data Analysis

Data was collected by using semi-structured interviews, which provided flexibility for participants to express their thoughts freely. Additionally, it ensured that all key topics were covered according to the study objectives. An interview guide was developed based on literature and expert input to streamline the conversation with the participants. Mobile phone was used as audio recorder after taking the participants' consent.

Thematic analysis was employed to systematically identify, analyze, and interpret themes within the qualitative data. After transcription of the audio recordings, data was coded and categorized by using both inductive and deductive approaches. Codes were organized into themes that reflected the barriers and facilitators of maternal healthcare access. This approach allowed deeper engagement with the data and the emergence of new findings in the research.

Results

By using the thematic analysis, the results were grouped into seven interrelated themes. These themes included:

1. Awareness and Knowledge of Antenatal Care
2. Accessibility of Health Facilities
3. Economic Barriers
4. Cultural and Traditional Beliefs
5. Impact of Previous Pregnancy Experiences
6. Fear & Anxiety Surrounding Healthcare
7. Gender Norms and Expectations

Theme 1: Awareness and Knowledge of Antenatal Care

Subtheme 1.1: Understanding of ANC

This sub theme targeted the current understanding of the females living in the rural district of Jhelum. There were notable findings on the opinion of women regarding their understanding on antenatal care.

Majority of the participants said that the antenatal care was important to keep the mother and her baby safe during the pregnancy. Most of them emphasized on the importance of early detection of complications and issues that would arise before and during the pregnancy. Some of the responses had

been mentioned here in the findings section to directly quote their responses.
Additionally, another participant reported that,

> *"In ANC, we are provided with awareness regarding the complications that could occur during pregnancy. If there is any issue during pregnancy, we can detect it earlier and prevent major complications. During pregnancy, ANC is beneficial as it may prevent the issues that may arise to the mother or baby. It can be detected early and treated at its earliest."*

Another respondent said,

> *"During pregnancy, it is known that there is no defect in the child. If there is a defect, then it should be known in advance, and it should be treated on time, and a healthy child can be born."*

Subtheme 1.2: Source of Information
This sub-theme emphasized the importance of a person who provided the information related to antenatal care to pregnant women. A lot of responses were in favor of lady health workers, who visited the females and encouraged them for regular checkups regarding antenatal care.
A few responses had been quoted in the text below:

"A health worker visits our neighborhood, who comes door to door, for preventive injectables and vaccines. They also provide awareness to pregnant females to seek care at the nearest available hospitals.

Another respondent said,

> *"A health worker at my home told me about it. We also have a government hospital nearby. I have studied prenatal care in the past to improve my health outcomes."*
> Moreover, a few women also got the information on antenatal care from the internet sources. Therefore, according to another participant,
> *"In our locality, a female health worker comes, she told me. I have seen ANC on the internet as well. Therefore, I know about it."*

Theme 2: Accessibility of Health Facilities
Subtheme 2.1: Proximity to Healthcare Facilities
It was obvious from the responses of the participants that there was a major lack of good infrastructure to facilitate women for seeking and the antenatal care services at to be health care facilities.
A respondent said that,

> *"There is a hospital named BHU Kotli in our locality where we visit for ANC checkups. There are the facilities regular checkups and testing services for the patients."*

A larger number of the respondents said that the healthcare facility was not that much away from their residences. Many of them had also visited the facility on foot but another proportion of the respondents felt it difficult to find appropriate transport opportunities at their village.

Another respondent said,

> *"It is about 10-15 minutes away from our house. Sometimes we even go there on foot. Sometimes I go by rickshaw, sometimes on foot, and sometimes with my husband."*

Subtheme 2.2: Transportation Challenges
A major proportion of the participants complained about the unavailability of public transport near the healthcare facility. The usually have to pay more money in order to reach the health care center.
As told by a respondent that,

> *"There are no barriers except the transportation as no vehicles are available as public transport. Therefore, we have to go there by booking special rickshaws."*

Similarly, another respondent said
A higher number of the study participants said that the motor rickshaws were available for the transportation of females to the healthcare facility. However, the fare for the rickshaws was not affordable for a few participants as well.
A respondent said,

> *"The roads are bad, and it is difficult to walk at night. Sometimes it is hot and it is difficult to walk there. When we have a problem, we have to go to the health center. We have to sit there for 24 hours."*

Theme 3: Economic Barriers
Subtheme 3.1: Financial Burden of ANC
Some participants said that money was not the priority if they had to face issues related to their child. The expenses were a bit disturbing for some individuals as they had other family members to take care off.
A respondent responded that,

> *"As far as the cost is concerned, there is nothing much prior in comparison to human health in case of any complications during pregnancy. Health always comes first and we have to keep a side the thoughts of having high expenses in order to seek care."*

Another participant said,

> *"The house expenses are affected because we have to bear a lot of expenses on healthcare, and that is why we face difficulties. My husband does not have a good job, we also have small children, and that is why it becomes difficult for us to bear the economic expenses."*

Meanwhile, a few females said that their husbands were cooperative and provided them support to seek antenatal care during pregnancy.

Subtheme 3.2: Coping with Financial Constraints
A few individuals responded that they could easily bear the financial matters because their husbands were doing good jobs at a bit higher salary.
A respondent said this,

"Mashallah, I never face such kind of issues because my husband work as a laborer. I already have four children and we miss his difficulties only once in a blue moon."

Furthermore, a majority to old about their financial problems that definitely affected their daily life.
Similarly, a respondent said,

"We can afford to go to the health center as we have to do it because we are helpless. Sometimes we do have problems to access the ANC services. There are few income support programs in our area."

Theme 4: Cultural and Traditional Beliefs
Subtheme 4.1: Influence of Cultural Norms
Majority of the participants said that there were many cultural in the old days. The female's had many restrictions during pregnancy and people from the community and culture usually restricted them from wearing the beautifying ornaments. According to their mentality, wearing ornaments that beautify a woman can lead to negative impacts on the neonates' health.
One respondent said that,

"There are many cultural myths prevailing in our community as people advise us to avoid putting "mehndi" during pregnancy. There is a limitation on going somewhere and avoiding certain foods to keep the baby and mother healthy. I did not think these are important as we did not have any link with such claims."

Another respondent said,

"In the past, most of the time, the children were born at home. Due to which there were problems but now we go to the health center and get all the information from there. In the past, it was said that before the doctor's appointment, we used to get an injection and get baby delivered. However, now when we go there, we get information first and then proceed further for treatment options."

However, there were a few respondents as well whose husbands and family members were supportive to defend their choices.
Just like a respondent said,

"I know that there are many women in the society, but I am also aware of these things. But people say that one should not wear bangles, one should not apply mehndi, clothes etc. I do not care about these things as my husband and family members are supportive."

Subtheme 4.2: Religious and Spiritual Beliefs
A few respondents responded that they do not know much more about the religious guideline specifically designed for the antenatal care.
A participant said,

"I do not know a lot about the religious guidelines related to antenatal care."

However, a few more respondents linked the religion with the benefits of antenatal care for mother and child better wellbeing.
A respondent said,

"First of all, we give priority to our religious education. Our children feel what we do in our prayers. That is why we do pray and do not do anything impure."

Another respondent said,

"In the old days, there was a lot of treatment options in the house. Now it is said that it is better to take care of your health in the house. You have to keep a check-up with the doctor. You have to take the case to the hospital. If there is any difficulty, it is not easy to send the patient to the hospital. I think it is a matter of practice and education. Some people do not practice. They say that their child cannot do anything. Sometimes they pray, sometimes they don't. Sometimes they read the Quran, sometimes they pray."

Theme 5: Impact of Previous Pregnancy Experiences
Subtheme 5.1: Learning from Past Complications
Majority of the participants reported that previous complications in the pregnancy led them to more cautious behaviors in their current pregnancy. A few of them reported high blood pressure as the cause of their complications in previous pregnancies.
A respondent said,

"It was a little difficult in the previous pregnancy. Sometimes the BP was high, sometimes it was low. Now I have to keep a check-up with the doctor, so it is not difficult for me."

Another said,

"Yes, this has impacted me a lot because the problems I faced earlier were now being easy to handle for me as I have been paying visits to the doctor."

Subtheme 5.2: Change in Attitude
The respondents answered in this area that they would not being informed about their previous delivery and they were unable to deal with things in the past. Luckily, they have now gained good insights on the benefits of antenatal care.
A respondent said,

"I was not told about it during my last delivery at the community health center. I was unaware of the issues before but now I know whether I have to produce an offspring or not. Lady health worker visits our homes and tell us about management of pregnancy during that time period. Now there are many things for family planning to protect the mother's and baby from unnecessary risks."

Another said,

"In the past, my BP used to be low. I started getting my check-up from the beginning. Now there is no problem

with my BP. I discuss this with the doctor and the problem is solved."

Theme 6: Fear and Anxiety Surrounding Healthcare
Subtheme 6.1: Emotional Responses to Healthcare
Similarly, good number of respondents reported to not having any fear to visit the health care facilities for antenatal services. Due to enhanced awareness on the topic, it became easier for them to seek the antenatal care services at their nearest hospitals and Healthcare facilities.
A respondent said,

"I do not have any fear, anxiety, or depression related to antenatal care services at the government-level facilities. I usually get hurt by the behaviors of the on-duty doctors, as they sometimes behave rudely. I do not feel good when I have to visit the doctor from a far place, as the patients only go to the hospitals or better treatment and health opportunities."

Another said,

"Sometimes I do, sometimes I don't. Now that I know, I go alone, there is no problem. I sit there and whatever I want to say, I say it from the bottom of my heart. Whatever I want to ask, I ask. She tells me whatever comes to her mind. In our society, there is a lot of people making you feel frightened. Sometimes it happens, sometimes it doesn't. Sometimes it is very difficult or not right."

However, a few respondents also revealed their fear of seeking antenatal care services.

Subtheme 6.2: Coping Mechanisms
A few participants found it disappointing to visit the health care facilities without getting the needed treatment for themselves.
Just like a respondent said,

"It is disappointing to visit the facility for healthcare but do not get the treatment. We do not have any fear of visiting the facilities, as when we have to seek care, these things must not be considered because nothing is important than health. If we face any issue during pregnancy, then we visit the nearest health center to seek treatment."

However, few women cleared there doubts and also got the necessary help from the people around them.
A respondent said,

"I ask my family to clear all my doubts. I also talk to the people who come to my mind, I get to know them better, I get to know myself better."

Theme 7: Gender Norms and Expectations
Subtheme 7.1: Societal Perceptions
A few participants said that they were not bothered by the societal norms and gender perceptions if they had to seek antenatal care for the pregnancy complications.
A participant reported that,

"We are not bothered with the gender norms as we have complications or issue during pregnancy, so we do not consider such things. This is the modern era and before that there were many ignorant norms and discussions to prevent seeking care from the health facilities."

Subtheme 7.2: Role of Husband and Family
A few respondents said that their husbands were supportive, but a few had strict in-laws. These things affect their decisions to seek antenatal care.
A respondent said,

"It affects my in-laws, but there is no problem. I go whenever I have a problem. When people around us see us going to the hospital, they talk to us. However, there is no problem. I go whenever I want and come back whenever I want."

Discussion
The findings of this study highlighted numerous important factors that influenced the utilization of antenatal care among women living in the rural Jhelum Pakistan. The seven inter related themes dealt with the knowledge and awareness of antenatal care, accessibility of health facilities, economic barriers, cultural and traditional beliefs, impact of previous pregnancy experiences, fear and exist surrounding the Healthcare and the gender norms and expectations.
All these provided a comprehensive understanding of the challenges and facilitating factors affecting the behavior of women related to maternal Healthcare seeking. The discussion contextualized these findings with the existing literature and emphasizing on the similarities and divergences with earlier reported studies.
As the current study revealed that majority of the participants recognized the importance of antenatal care utilization. The respondents were well aware of the importance of early detection and management of pregnancy related complications. This finding aligned with previously reported study that found out, women having adequate knowledge of antenatal care were likely to timely seek care [18].
On the other hand, the references in knowledge sources were evident which forced women to rely on the community health workers for the adequate information on ANC. Meanwhile, the information obtained from the internet sources also needed some reality checks for better management of pregnancy related complications. These findings were also consistent with another study which highlighted that the growing role of digital health information in low-income resource settings [19]. Despite this, reliance on informal sources such as family and neighbors persisted in the region, as noted in a study [20]. It suggested the need for structured health education programs to tackle these myths and improve maternal outcomes.
Geographical proximity to healthcare centers was a significant factor in ANC utilization, although transportation challenges remained a barrier to visit the health facilities. Similar findings were reported in earlier research [21], where poor road infrastructure and lack of affordable transport hindered the utilization of antenatal care services in rural regions. The unavailability of public transport and high rickshaw fares in Jhelum mirrored the observations by a study [19], where transportation costs deterred women from seeking care. These barriers underscored the need for mobile health clinics and community-based ANC services to cover more females who need ANC services and cannot afford to go to the health facilities.

Financial constraints significantly impacted ANC access, with many women struggling to afford healthcare expenses. This aligned with findings [18], who reported that out-of-pocket expenditures deterred ANC attendance in Pakistan. Some participants still gave priority to health over financial concerns, which was a sentiment echoed in a previous study [22]. Government-led income support programs, such as Pakistan's Ehsaas program, could mitigate these barriers.

Cultural norms were preventing females to put their beautifying adornments such as mehndi and bangles during pregnancy. It influenced the maternal health behaviors in the rural Jhelum because women liked to wear these adornments. Similar superstitions were reported by a study where cultural norms were preventing females to wear there beautifying equipment [23]. Moreover, regardless of these norms in rural Sindh, women visited health facilities due to their supportive spouses and family members [24]. Religious beliefs shaped the perceptions of people regarding antenatal care and indulged women more into the prayers for improvement in pregnancy outcomes.

The finding of this study also demonstrated it that women who had complications in their first pregnancy were more provocative in seeking antenatal care to avoid any negative consequences to their babies. these were consistent with earlier findings reported by a study where previous pregnancy complications made women more cautious about utilizing antenatal services [25]. Majority of the study participants reported undiagnosed hypertension as a motivating factor in seeking healthcare behaviors in there on going pregnancy. These findings had similarity with previous literature research in which undiagnosed hypertension enhanced the participation of pregnant women in antenatal care services [26].

Some women reported to have no fear to visit the health care facilities while others faced anxiety due to perceived rudeness by the health care provider. These findings were aligned with previous research findings where disrespectful maternity care made women disappointed [27]. Moreover, family support was a major coping mechanism that helps to the men to tackle these negative situations. It was also supported by a previous study where family support remained superior in soothing pregnant women [28].

Societal and gender norms influenced the access of antenatal care. Some females had restrictions from their in-laws who did not support them to seek antenatal care at the health care centers. These findings were consistent with previous findings where involvement of this spouse assisted females to complete antenatal care visits [29].

Conclusion

Multifaceted barriers were dominant to antenatal care utilization in rural Jhelum. These barriers included economic, cultural and logistic challenges to women. Interventions should be focused on improving the maternal health education, improving the access to transportation and enhance provider patient communication when addressing gender norms through community engagement.

Limitations

This study is subject to a few limitations. While the qualitative approach offers rich contextual insights, its findings are not statistically generalizable beyond the specific villages studied in Jhelum District. The use of self-reported data introduces the potential for recall and social desirability bias. Additionally, the study did not include direct interviews with influential family members, such as husbands or mothers-in-law, whose perspectives are critical to fully understanding household decision-making dynamics. Finally, the socio-cultural context of rural Punjab may not fully represent the diverse realities of other regions in Pakistan, limiting the direct transferability of the conclusions.

Conflict of Interest

All authors declare no conflict of interest for this research.

Authors contribution

Areeej Shahwar designed the study, conducted interviews and wrote original manuscript, Muhammad Jawad wrote original manuscript, conceptualized and critically revised the manuscript. Muhammad Ahmed Abdullah supervised, conceptualized and critically revised the document. Arooj Haider and Lubna Parveen performed analysis and finalized the results. Ifra Kanwal and Muteeba Komal critically revised, proofread and wrote the final version.

Ethical approval

This study was approved by the Institutional Review Board (IRB) of Health Services Academy, Islamabad under the letter no. (00003/HSA/BSPH-2021).

References

1. Dickson KS, Kwabena Ameyaw E, Akpeke M, Mottey BE, Adde KS, Esia-Donkoh K. Socio-economic disadvantage and quality antenatal care (ANC) in Sierra Leone: evidence from demographic and health survey. PLoS One. 2023 Jan 12;18(1):e0280061.
2. Aziz Ali S, Aziz Ali S, Feroz A, Saleem S, Fatmai Z, Kadir MM. Factors affecting the utilization of antenatal care among married women of reproductive age in the rural Thatta, Pakistan: findings from a community-based case-control study. BMC Pregnancy Childbirth. 2020 Dec;20:1-2.
3. Asim M, Saleem S, Ahmed ZH, Naeem I, Abrejo F, Fatmi Z, Siddiqi S. We won't go there: barriers to accessing maternal and newborn care in District Thatta, Pakistan. Healthcare (Basel). 2021 Oct 1;9(10):1314.
4. Gul S, Abbas N, Harim M, Gul N, Begum A, Zeb AJ. Overcoming barriers in antenatal care visits: challenges and solutions for improved maternal health. Pak J Med Health Sci. 2023 Dec 31;17(12):244-.
5. Malik MA, Rohm LR, Van Baal P, Van Doorslaer EV. Improving maternal and child health in Pakistan: a programme evaluation using a difference in difference analysis. BMJ Glob Health. 2021 Dec 1;6(12):e006453.
6. Omer S, Zakar R, Zakar MZ, Fischer F. The influence of social and cultural practices on maternal mortality: a qualitative study from South Punjab, Pakistan. Reprod Health. 2021 May 18;18(1):97.
7. Mehboob R, Gilani SA, Khalid S, Hassan A, Alwazzan A. Maternal mortality ratio in low income developing countries. Glob Womens Health. 2021 Feb 11;10.
8. Asim M, Hameed W, Saleem S. Do empowered women receive better quality antenatal care in Pakistan? An analysis of demographic and health survey data. PLoS One. 2022 Jan 6;17(1):e0262323.
9. Maheen H, Hoban E, Bennett C. Factors affecting rural women's utilisation of continuum of care services in remote or isolated villages of Pakistan – a mixed-

methods study. Women Birth. 2021 May 1;34(3):257-65.
10. Tahir MN, Ch NA, Farooq MW, Mubin G, Kataria JR. Situation analysis of the quality of primary health care services in Pakistan. East Mediterr Health J. 2024 Feb 25;30(2):103-8.
11. Chewe VM, Mathibe-Neke JM. Holistic antenatal care during pregnancy: a systematic review. medRxiv [Preprint]. 2024 May 1:2024-04.
12. Ain MQ, Khattak FH. Cost of healthcare delivery in District Jhelum Valley.
13. Jamil S, Majeed T, Zafar T. Social barriers obstructing early antenatal care. Med Forum Mon. 2024 Feb 29;35(2).
14. Akbar A, Raza N, Aslam MS, Ahmad HR, Saleem M, Nadeem M, Afzal S, Arif M, Qadir G. Comparative investigation of drinking water in Gujrat and Jhelum areas of Punjab, Pakistan. Planta Animalia. 2025 May 28;4(3):17-28.
15. Khan BA, Mahmood H, Jamil S, Hadyait MA, Jabeen R. Barriers related to antenatal care utilization at primary health care level in pregnant women of Hazro District Attock. Pak J Med Health Sci. 2023 Jun 16;17(06):78-.
16. Hameed W, Uddin M, Avan BI. Are underprivileged and less empowered women deprived of respectful maternity care: inequities in childbirth experiences in public health facilities in Pakistan. PLoS One. 2021 Apr 15;16(4):e0249874.
17. Dotse-Gborgbortsi W, Nilsen K, Ofosu A, Matthews Z, Tejedor-Garavito N, Wright J, Tatem AJ. Distance is "a big problem": a geographic analysis of reported and modelled proximity to maternal health services in Ghana. BMC Pregnancy Childbirth. 2022 Aug 31;22(1):672.
18. Comfort H, McHugh TA, Schumacher AE, Harris A, May EA, Paulson KR, Gardner WM, Fuller JE, Frisch ME, Taylor HJ, Leever AT. Global, regional, and national stillbirths at 20 weeks' gestation or longer in 204 countries and territories, 1990–2021: findings from the Global Burden of Disease Study 2021. Lancet. 2024 Nov 16;404(10466):1955-88.
19. Alam N, Chowdhury ME, Kouanda S, Seppey M, Alam A, Savadogo JR, Sia D, Fournier P. The role of transportation to access maternal care services for women in rural Bangladesh and Burkina Faso: a mixed methods study. Int J Gynaecol Obstet. 2016 Nov 1;135:S45-50.
20. Jabin S. Readiness of public health facilities to provide ischemic heart disease and stroke management for the growing elderly population in Bangladesh [dissertation]. [Place unknown]: Anglia Ruskin Research Online (ARRO).
21. Towongo MF, Ngome E, Navaneetham K, Letamo G. Factors associated with women's timing of first antenatal care visit during their last pregnancy: evidence from 2016 Uganda demographic health survey. BMC Pregnancy Childbirth. 2022 Nov 10;22(1):829.
22. Gurara M. Why women choose homebirth with traditional birth attendants and the effectiveness of interventions to promote institutional childbirth in rural Gamo zone, Southern Ethiopia, 2017-2022 [dissertation]. Antwerp: University of Antwerp.
23. Kassim M, Katunzi-Mollel K. Antecedent factors influencing maternal health information seeking behaviour of women of childbearing age in rural Tanzania. Univ Dar es Salaam Libr J. 2020;15(2):57-68.
24. Memon ZA, Mian A, Reale S, Spencer R, Bhutta Z, Soltani H. Community and health care provider perspectives on barriers to and enablers of family planning use in rural Sindh, Pakistan: qualitative exploratory study. JMIR Form Res. 2023 Mar 10;7(1):e43494.
25. Warri D, George A. Perceptions of pregnant women of reasons for late initiation of antenatal care: a qualitative interview study. BMC Pregnancy Childbirth. 2020 Feb 3;20(1):70.
26. Billah SM, Khan AN, Rokonuzzaman SM, Huq NL, Khan MA, Priyanka SS, Mannan II, Rahman S, El Arifeen S, George J. Competency of health workers in detecting and managing gestational hypertension, pre-eclampsia, severe pre-eclampsia and eclampsia during antenatal check-ups in primary care health facilities in Bangladesh: a cross-sectional study. BMJ Open. 2021 Jul 1;11(7):e046638.
27. Lusambili AM, Naanyu V, Wade TJ, Mossman L, Mantel M, Pell R, Ngetich A, Mulama K, Nyaga L, Obure J, Temmerman M. Deliver on your own: disrespectful maternity care in rural Kenya. PLoS One. 2020 Jan 7;15(1):e0214836.
28. Arisukwu O, Igbolekwu CO, Oyekola IA, Oyeyipo EJ, Asamu FF, Osueke ON. Spousal support during pregnancy in the Nigerian rural context: a mixed methods study. BMC Pregnancy Childbirth. 2021 Nov 15;21(1):772.
29. Shine S, Derseh B, Alemayehu B, Hailu G, Endris H, Desta S, Birhane Y. Magnitude and associated factors of husband involvement on antenatal care follow up in Debre Berhan town, Ethiopia 2016: a cross sectional study. BMC Pregnancy Childbirth. 2020 Sep 25;20(1):567.

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