

A Qualitative Study of Women's Perspectives of Antenatal Care in Rural Areas of the Lao PDR

Krissana Kapheak¹, Nonthaphat Theerawastanasiri¹, Potchara Khumphoo¹,
Rungrasami Sriwongphan², Wanchalerm Ritthimon², Chansy Chayaseng³,
Phouangphet Bounmaseng³, Ninrat Pangsr¹, Yuparat Ngampradit¹, and Jukkrit
Wungrath^{4*}

¹ Health Promotion Center Region 1, Department of Health, Ministry of Public Health, Chiang Mai, Thailand

² Health Center for Ethnic Group, Marginal People and Migrant Worker, Lampang, Thailand

³ Bokeo Provincial Health Office, Bokeo Province, Lao People's Democratic Republic

⁴ Faculty of Public Health, Chiang Mai University, Chiang Mai, Thailand

* Jukkrit Wungrath, corresponding author. Email: jukkrit.w@cmu.ac.th

Submitted: 20 February 2023. Accepted: 8 June 2024. Published: 3 January 2025

Volume 33, 2025. pp. 803–821. <http://doi.org/10.25133/JPSSv332025.043>

Abstract

This qualitative study investigated the perspectives of women in rural Lao PDR on the importance of antenatal care (ANC) and the factors influencing their views. Despite recent economic growth in the Lao PDR, the healthcare infrastructure remains underdeveloped, particularly in rural areas. This disparity has significant implications for maternal and neonatal health. A purposive sample of 36 women from six sub-districts in five districts, Bokeo province, Lao PDR, was recruited. In-depth interviews collected data through semi-structured interviews, and thematic analysis was employed to identify common themes. Results showed that although many women valued ANC for maternal and neonatal health, some held negative views or disagreed with its importance. Key themes included financial and logistical constraints, cultural beliefs, negative experiences with healthcare providers, lack of awareness of ANC benefits, reliance on personal experiences, fear of medical interventions, perceived low quality of ANC services, privacy concerns, belief in self-reliance, and influence of social and family networks. In brief, the study highlights the need for culturally sensitive interventions to address barriers to ANC access and raise awareness of its benefits. Policymakers and healthcare professionals should collaborate to improve care quality and cultural sensitivity, address financial and logistical challenges, and foster trust between healthcare providers and pregnant women. These efforts can enhance the region's maternal and neonatal health outcomes and inform future interventions and policies to increase ANC uptake and care quality in rural Lao PDR.

Keywords

Antenatal care; Lao PDR; perspectives; rural areas

Introduction

Laos, officially the Lao People's Democratic Republic (Lao PDR), is a landlocked country in Southeast Asia, characterized by its diverse ethnic groups and predominantly rural population. The study sample was also ethnically homogenous, and cultural differences may influence the perception and use of antenatal care (ANC) services. The existence of cultural beliefs and practices among ethnic communities contributes significantly to perceptions and use of ANC services. For example, these areas have a vast ethnic population that believes strongly in traditional medicine and relies entirely on it rather than modern medicine. It is considered that childbirth has to take place naturally, with as little medical aid as possible, and traditional practices and remedies are enough for conducting a safe pregnancy and delivery. Mistrust in contemporary healthcare systems is anticipated due to previous adverse experiences and perceived cultural insensitivity from healthcare providers. The nation has experienced notable economic growth in recent years, evolving from a low-income to a lower-middle-income status.

Despite this progress, the development of the healthcare system and infrastructure in the Lao PDR has faced challenges in meeting the needs of the population, particularly those residing in rural and remote areas. The timing of the first ANC visit is crucial, with recommendations suggesting it should occur by 12 weeks of gestation. Failure to receive ANC during this period can adversely affect both the mother and fetus. Research has shown that mothers who do not attend ANC or do not complete the recommended number of visits are at higher risk for complications such as gestational hypertension, anemia, and preeclampsia (World Health Organization, 2016).

The general context of health in the Lao PDR is marked by disparities in access to and quality of healthcare services between urban and rural areas. According to the Lao PDR Social Indicator Survey II 2017 MICS, the percentage of women attending at least four antenatal care visits during pregnancy reached 60.2% nationally (United Nations Children's Fund [UNICEF], 2020). Women in rural Laos face unique barriers to accessing ANC services, including extended distances to health facilities, financial constraints, and cultural influences, which affect their utilization of ANC. Previous studies have found that these obstacles significantly increase the burden on women seeking care. Sychareun et al. (2016) found that distance to health facilities, financial barriers, and cultural beliefs significantly hindered access to ANC services in rural Lao PDR. Additionally, a notable correlation exists between insufficient antenatal care and elevated rates of maternal and infant mortality. Data show that regions with low attendance at ANC experience significantly elevated rates of birth complications and adverse outcomes.

Antenatal care attendance is crucial for maternal and child health and well-being. Insufficient or absent antenatal care can lead to an increased risk of complications during pregnancy and childbirth, such as preterm birth, low birth weight, and maternal morbidity and mortality. Additionally, ANC visits provide an essential platform for healthcare providers to identify and manage potential health risks for both mother and baby, offer counseling and support for a healthy pregnancy, and promote the utilization of skilled birth attendance during delivery. As a result, the absence of ANC can lead to poorer health outcomes for both the mother and the child.

Related research has emphasized the importance of understanding the perspectives of women who utilize antenatal care services in rural areas. Phommachanh et al. (2019) explored women's satisfaction with antenatal care services in rural Lao PDR, identifying critical areas for improvement, such as the availability of skilled healthcare providers, the provision of comprehensive information, and the quality of facility infrastructure. Sychareun et al. (2013) investigated the determinants of antenatal care utilization in rural areas, highlighting the need for targeted interventions that address barriers to access, particularly for women in remote locations and those with limited resources.

The studies highlight the complexity of factors influencing the use of antenatal care services and the necessity for a multifaceted approach to tackle these challenges. Numerous studies have identified barriers, including low maternal education, financial constraints, long distances to health facilities, and socio-cultural influences that impact access to and utilization of ANC services.

Researchers have recommended context-specific strategies and interventions to address these challenges to improve healthcare infrastructure, promote maternal education, address socioeconomic disparities, and engage communities in maternal health promotion efforts. By addressing these barriers, the hope is to enhance ANC utilization and improve maternal and child health outcomes in rural areas worldwide (Ganle et al., 2016; Osório et al., 2017; Paudel et al., 2018; Titaley et al., 2010; Wilunda et al., 2013).

Understanding women's perspectives on ANC in rural areas is crucial for developing effective strategies and interventions to improve access to and utilization of these essential services. In several studies, women's experiences and views around ANC have been investigated mainly in the rural context. The current research, which is qualitative and aims at understanding the women's opinions about ANC in the Lao PDR—rural areas, has a primary objective of helping to understand the specific difficulties that the population deals with in that region and formulating measures to enhance the access and the quality of the health care services to be relevant to the area. Using in-depth interviews and focus group discussions, the main goals of the present study include addressing the experiences and preferences of women living in rural Lao PDR who have used antenatal care services. The insights gained from this research will be invaluable for policymakers, healthcare providers, and stakeholders in developing targeted interventions that enhance the quality and accessibility of antenatal care services in rural Lao PDR, ultimately improving maternal and child health outcomes in the country. This research will also contribute to the growing body of knowledge on antenatal care in low-resource settings, providing valuable insights for other countries facing similar maternal and child health challenges.

Methods

Study design

This qualitative study explored women's perspectives on antenatal care (ANC) in rural Lao PDR. It used a phenomenological approach to understand the lived experiences and perceptions of women who utilized ANC services in rural areas. In-depth interviews were conducted with 36 women to gain insights into their experiences, expectations, and opinions regarding ANC services in their communities.

Setting

The research area includes the rural parts of Bokeo Province, Lao PDR, encompassing five districts: Houay Xay, Ton Pheung, Meung, Pha Oudom, and Pak Tha. Out of these five districts, in-depth interviews with selective sampling on purpose were conducted at the sub-district level and comprising six sub-districts such as Haad Sa, Mai Pattana, Ban Pung, Pon Thong, Hua Namtha, and Nam Yu. It has several ethnic groups and mountains and is stricken with substantive rural localities. Among the rural and sub-districts, various factors constrain the availability and utilization of health services, including ANC, such as distance to health facilities, affordability, and sociocultural issues. The study locations were deliberately chosen to represent a range of geographical settings, ethnic groups, and healthcare service availability within the rural areas of Bokeo Province. This context provided an opportunity to explore women's perspectives on ANC in an environment where accessing and utilizing healthcare services present significant challenges.

Participants

A purposive sampling technique was employed to recruit 36 women who had utilized ANC services in five districts covering six sub-districts of Bokeo province, Lao PDR. Eligible participants were women aged 18–49 who had attended at least one ANC visit during their most recent pregnancy. The participants were identified through local health facilities and community health workers, ensuring that a diverse range of perspectives and experiences were represented in the study. To capture diverse viewpoints, the sample included women from different age groups, parity levels, ethnic backgrounds, and socioeconomic statuses—the participants' details are shown in Table 1.

Table 1: Participants' Sociodemographic Information

Characteristic	Number of participants (%)
Total number of participants	36
Average age (years)	28.6
Education level	
Primary school	19 (52.78)
Secondary school	12 (33.33)
No education	5 (13.89)
Average household income per month (Kip)	390,000 (Approximately 19.8 USD)
Occupation	
Housewife	9 (25.00)
Farmer	27 (75.00)
Number of children	
1	11 (30.56)
2	16 (44.44)
3	7 (19.44)
> 3	2 (5.56)
Residential address	
Haad Sa sub-districts	6 (16.67)
Mai Pattana sub-districts	6 (16.67)
Ban Pung sub-districts	6 (16.67)
Pon Thong sub-districts	6 (16.67)
Hua Namtha sub-districts	6 (16.67)
Nam Yu sub-districts	6 (16.67)

Data collection

Data were collected using in-depth, semi-structured interviews conducted in the local language by trained interviewers who were native speakers and experienced in qualitative research.

We developed the interview guide by examining the literature on patients with similar conditions and consulting several experts. The questionnaire featured open-ended questions permitting participants to freely express their experiences, beliefs, and attitudes about ANC services. After the interview guide was developed, it was tested, and quality was ensured using the index of content validity (IOC) method. Other experts were requested to review this additional information, and suggestions from three of them were integrated into the guide during its development. These changes were made to ensure the guide was appropriate and culturally inoffensive.

The IOC for all questions was more significant than 0.5. Key topics covered in the interviews included the accessibility and availability of ANC services, experiences with healthcare providers, the quality of care received, perceptions of ANC's importance, and suggestions for improving ANC services in rural Lao PDR.

Interviews were conducted in a private and comfortable setting, such as the participant's home or a community health center, to ensure confidentiality and encourage open discussion. Each interview was audio-recorded with the participant's consent and took about 60–90 minutes. During and immediately after each interview, field notes were also made to document any non-verbal cues or context-specific information.

Interviews were conducted in Lao (the official language of the Lao PDR) by two native Lao-speaking researchers with qualitative research experience and knowledge of the local context. All interviews were conducted by trained public health professionals fluent in Lao and knowledgeable of the local cultural and social context (e.g., extensive qualitative research background). These researchers also controlled and monitored the interview process to collect exact data and consider the relevant culture. Before data collection, researchers received training and calibration sessions to verify consistency in interview technique and probing. This linguistic familiarity allowed for a more nuanced exploration of the women's perspectives and experiences, ensuring that the data collected were rich and contextually relevant.

Data analysis

Bilingual research team members transcribed the interviews verbatim and translated them into Thai. They then used a thematic analysis approach to identify patterns and themes emerging from the data. Two independent researchers coded the transcripts, generating initial codes and then aggregating them into broader themes. This iterative process allowed the researchers to reflect on and refine the themes to represent participants' views of workplace barriers and facilitators of recovery pathways. If necessary, a third researcher addressed disagreements through discussions between the researchers.

The trustworthiness

To minimize interview effects, we rigorously trained all interviewers to ask questions similarly and avoid leading or suggestive questioning. We also used a standardized questionnaire for consistency. Participants might have been inclined to respond in a way they felt was socially acceptable; therefore, to facilitate the social desirability bias, we guaranteed all responses were completely anonymous and expressed that truthfulness was critical for research validity. Also, a few questions were included to verify the consistency of participants' responses.

Ethical considerations

Before conducting the interviews, all participants received an information sheet explaining the purpose of the study, that their participation was entirely voluntary, and that everything they said would be treated as confidential. Each participant gave verbal informed consent, which was kept anonymous and confidential in this study. Participants were furthermore informed that they could disengage from the study at any given time without facing any adverse consequences. The research team was committed to respect, autonomy, beneficence, and non-maleficence to protect the participants' well-being during the study. The Research Ethics Committee of the Faculty of Public Health, Chiang Mai University, Thailand, approved the research on December 29, 2022, with reference number ET022/2022.

Results

This section offers an analysis based on in-depth interviews with women. Two main themes emerge from the data. The first theme highlights the viewpoint of women who consider ANC crucial, while the second theme delves into the perspectives of women who either do not acknowledge the importance of ANC or hold opposing views.

Perspectives of women who believe antenatal care is important

The results of this qualitative study demonstrated that a substantial number of women in the rural area of the Lao PDR held favorable views on ANC. These women perceived ANC to be both good and essential for a wide range of reasons, which can be further elaborated upon within the following themes:

Improved maternal and neonatal health outcomes:

For many participants in this group, ANC was also seen as a prerequisite for the health of the mother and baby. Regular ANC visits allowed health workers to identify and mitigate potential complications early, reducing maternal and neonatal morbidity and mortality (49). These women highlighted routine tests and screenings – blood pressure checks, urines, ultrasounds – and how they can pinpoint things that may be dealt with or managed better if caught early.

Participants stated,

“During my ANC visits, the healthcare worker found that I had high blood pressure. They monitored it closely and gave me advice on how to control it. Without ANC, I might not have known about this issue, and it could have put me and my baby at risk.”

(Participant 3, age 25)

“Thanks to the ultrasound scans, my doctor discovered that my baby was in a breech position. They helped me understand the situation and plan for a safe delivery.”

(Participant 14, age 26)

Increased health awareness and education:

The educational aspect of ANC services was also appreciated by women who thought ANC was instructional. The commission stated they received rich data on different aspects of ANC, including eliciting information about pregnancy, childbirth, and post-natal care. This equipped them to make informed decisions regarding vaccinations, nutrition, and breastfeeding for themselves and their babies. They also appreciated being educated on warning signs and symptoms that require urgent medical care, leaving them feeling more prepared and in control of their pregnancy experience.

Some participants remarked,

“I was new to pregnancy, and I didn’t have an idea how can I be right in my pregnancy journey, how should I handle myself and the baby before ANC. The providers educated me on nutrition and immunizations. It makes me feel much more confident and prepared.”

(Participant 6, age 31)

“During my pregnancy visits to the ANC, I learned about danger signs in pregnancy. It makes me feel a little more safe and stable because now I know when to call for help immediately.”

(Participant 11, age 29)

Emotional and psychological support:

Among this group, some participants highlighted the emotional and psychological support provided by healthcare professionals during ANC visits. They felt these interactions alleviated pregnancy anxiety and stress, which allowed them to cope better with this life stage. They described feeling reassured by the knowledge of healthcare providers who answered questions and suggested ways to cope with everyday pregnancy complaints (e.g., morning sickness, tiredness, and backache). One participant shared,

“The emotional side of pregnancy can feel so daunting, but my provider always listens and reassures me! Knowing I can lean on them for guidance and support as my pregnancy continues is comforting.”

(Participant 19, age 27)

Another participant expressed gratitude for the emotional support she received, saying,

"The ANC visits provided me with emotional support that helped me manage my fears and anxiety. It was really helpful to have my healthcare provider say that it is okay to talk about how you're feeling."

(Participant 30, age 34)

Strengthened relationship with healthcare providers:

Numerous women demonstrated that regular ANC visits allowed them to establish trust and rapport with their healthcare providers. They felt more comfortable discussing their concerns and asking questions, contributing to better communication and improving their overall healthcare experience. Additionally, some women indicated that the continuity of care and personalized attention they received during ANC visits fostered familiarity and comfort with their healthcare providers, which eased their transition to the delivery and postpartum phases.

"I used to be hesitant to share my concerns with healthcare providers. However, after several ANC visits, I started to trust them more, and now I feel comfortable discussing any issues that arise. They genuinely care about my well-being."

(Participant 27, age 29)

This improved communication ultimately contributed to a better overall experience with the healthcare system. In addition, some women mentioned that the continuity of care and personalized attention they received during ANC visits helped to create a sense of familiarity and comfort with their healthcare providers. Some participants stated that,

"My midwife has been with me from the beginning of my pregnancy. She knows my history and understands my needs. This continuity of care makes me feel more secure and supported."

(Participant 21, age 32)

Social support and community involvement:

Some participants observed that ANC visits offer opportunities for social interaction with other pregnant women. These interactions foster community and support, allowing women to exchange advice, share experiences, and learn from one another. They emphasized the importance of community-based ANC programs in facilitating these connections, ultimately contributing to their sense of support and decreasing their feelings of isolation during their pregnancy.

"When I met other pregnant women during ANC visits, they have been so helpful. We have shared experiences and learn from each other. It's nice to have a support network of women who are going through the same journey."

(Participant 12, age 28)

Additionally, some participants praised community-based ANC programs for providing opportunities for these connections.

"The community-based ANC program has been a blessing. Not only do I receive the necessary care, but I've also made friends with other expecting

mothers. We support and encourage each other during this challenging time."

(Participant 23, age 30)

The women in this group recognized the value of ANC in promoting maternal and neonatal health, increasing health awareness, providing emotional and psychological support, and fostering relationships with healthcare providers and fellow pregnant women. These findings, which include direct participant quotes from multiple individuals, suggest a strong appreciation for ANC among a significant portion of women in the rural area of the Lao PDR. Policymakers and healthcare professionals can leverage these insights to inform policy and intervention strategies to improve the overall quality, accessibility, and effectiveness of antenatal care services in the region.

Perspectives of women who disagree with or find ANC unimportant

The qualitative study also revealed that several women in the rural area of the Lao PDR held negative views or disagreed with the importance of ANC. These women cited various reasons for their perspectives, which can be grouped into the following themes with expanded explanations:

Financial and logistical constraints:

Many participants showed concerns about the financial burden and logistical challenges of attending regular ANC visits. They mentioned the difficulties accessing healthcare centers due to distance, lack of transportation, and high travel costs. Some women mentioned the long hours spent traveling to healthcare centers, which often required arranging for childcare, taking time off work, or depending on family members' support. Additionally, they noted the challenge of balancing responsibilities at home, such as caring for the children and maintaining their livelihoods, with the need to attend ANC appointments. One participant remarked,

"The clinic is too far, and we don't have the transportation. It's quite expensive to go there every time."

(Participant 25, age 26)

Many women spoke about how much time they spent traveling to clinics, sometimes needing child care, taking unpaid work leave, or having family accompany them. Moreover, many recognized the challenges of balancing household responsibilities, such as taking care of children and selling food for a living, with the time required for ANC visits. Another woman spoke of her struggles, saying,

"I now have my kids and the fields to work for, you see. I am not able to take off work just for an evaluation."

(Participant 1, age 34)

Cultural beliefs and practices:

Several women mentioned that cultural and traditional reasons reduced their priority for ANC. Most of them ascertained that their communities' traditional knowledge and practices were sufficient for pregnancy, pre-natal, and post-natal childbirth; hence, they did not require

any medical intervention or assistance during pregnancy. Some recalled their mothers and grandmothers who had delivered without ANC, reaffirming the sufficiency of customary practices. Some worrisome views were expressed on community ANC, potentially going against cultural beliefs and hence creating confusion or stress during pregnancy. Others indicated that cultural beliefs and traditional practices as such cause ANC not to be prioritized.

"My mother and grandmother never was going to the clinic, and they do fine. We have our own way to dealing with pregnancy."

(Participant 13, age 33)

Several individuals recalled accounts of their mothers and grandparents who gave birth without antenatal care, reinforcing their confidence in the adequacy of traditional practices. Concerns were expressed that ANC might conflict with cultural values, creating uncertainty or stress during pregnancy. One other participant explained,

"Our village healer knows best for us. I don't want to mix up our tradition with modern medicine."

(Participant 20, age 25)

Negative experiences and perceptions of healthcare providers:

Some participants reported negative experiences with healthcare providers during ANC visits. As a result of perceived mistreatment, inadequate empathy by healthcare providers, or feeling rushed during consultations, they were unwilling to engage with ANC services. Women who experienced judgment or criticism during pregnancy were discouraged from seeking further treatment. A few participants reported negative experiences with healthcare providers during ANC visits. One woman shared,

"I heard that my sister was treated badly at the clinic. They scolded her for not following their advice. I don't want to be treated like that."

(Participant 36, age 27)

As another participant put it,

"I felt like they didn't have time for me. I felt unwelcome and unimportant."

(Participant 24)

These negative perceptions of healthcare providers and their experiences made them hesitant to pursue ANC services.

Lack of awareness or understanding of the benefits of ANC:

Some women in this group were not fully aware of the benefits and importance of ANC, leading them to undervalue its role in ensuring maternal and neonatal health.

The women were unaware of pregnancy risks, complications, and how ANC could help them. In addition, participants were unaware of ANC services like vaccinations, screenings, and maternal and fetal health monitoring. A participant said,

"I'm not sure what they do during those visits, but my body feels fine without them."

(Participant 6, age 29)

As another woman stated,

"No one explained to me what would happen during the visits, and I didn't see any point in going. I thought it was just a waste of time and money."

(Participant 9, age 32)

Reliance on personal or family experiences:

Some individuals shared that they had experienced childbirth without going for ANC checkups or knew of others in similar situations. These personal stories and informal accounts led them to question the necessity of ANC in ensuring pregnancy and delivery. A few women viewed their pregnancies as trouble-free and thus anticipated pregnancies to be just as smooth without requiring ANC. Some participants mentioned that,

"My friend did not attend any checkups yet still delivered a baby; she believes she can achieve the same outcome as well."

(Participant 8, age 30)

"I didn't go for checkups during their child's time, and everything worked out well then; hence, they questioned the necessity of going for them."

(Participant 16, age 29)

Fear of medical interventions or procedures:

During ANC visits, some women were worried about the procedures that might be suggested to them and expressed fear of interventions, like labor induction or cesarean sections, which they believed could harm them or their babies unnecessarily. This fear sometimes stemmed from hearing stories of negative experiences from friends or family members who had undergone medical interventions during childbirth.

"I heard about a woman who had a cesarean section, and she had complications afterward. I don't want any unnecessary interventions during my pregnancy."

(Participant 32, age 32)

Another woman expressed her concerns, saying,

"My cousin was forced to induce labor, and it was a terrible experience for her. I'm afraid the same thing could happen to me if I go for checkups."

(Participant 14, age 30)

Perceived low quality of ANC services:

Some women in the group felt disappointed with the ANC services they had available. They discussed problems like outdated facilities, a lack of essential equipment, and staff who did not seem fully trained. These issues left them feeling that the care they were receiving just was

not up to the mark. Many also described clinics as always packed, with long waits and frequent shortages of essential supplies, which only added to their frustration.

A few women also mentioned the inconsistency in care. They could not see the same provider each time, making building trust and a real connection challenging.

"The clinic is always crowded, and they don't have enough supplies. I don't think they can really help me."

(Participant 7, age 26)

Another woman shared her frustration, saying,

"Every time I go there, I see a different doctor. It's hard to trust someone who doesn't know my history or my needs."

(Participant 17, age 28)

Privacy concerns:

Some participants shared worries about privacy during their ANC visits. They felt uneasy discussing personal or sensitive matters with healthcare providers, especially when privacy could not be guaranteed. This discomfort often held them back from fully engaging with the services. Many women shared that they felt uncomfortable being examined or asked personal questions when other patients or staff were nearby. It was embarrassing for them, and some even worried their private information could be shared with others in the community without their permission. This lack of privacy made it hard for them to feel safe opening up about their needs.

"I don't feel comfortable talking about my body when other people can hear," one woman said. "Last time, the nurse asked me questions, and others were listening."

(Participant 22, age 28)

Many women felt uneasy discussing personal matters with healthcare providers, especially when privacy wasn't assured. This discomfort kept some from fully engaging with ANC services. They described times when they were examined or asked questions in front of other patients or staff, which left them feeling embarrassed and self-conscious.

"I had to undress in a room where other people were waiting. It was uncomfortable," shared another participant."

(Participant 4, age 30)

Some women were also worried about confidentiality. They feared that their personal information might spread within the community. One woman voiced this concern, saying,

"I don't want my neighbors knowing my private matters. I'm afraid the clinic staff will gossip about me."

(Participant 20, age 24)

Belief in self-reliance and natural processes:

Several women in this group strongly advocated self-reliance and trust in their bodies to handle pregnancy naturally. They did not believe they needed outside help, like ANC, to have a healthy pregnancy and childbirth. Many felt confident in their ability to notice and respond to any issues that might arise, only seeing medical assistance as necessary in severe or life-threatening situations.

"My mother and grandmother never went to the clinic when they were pregnant, and they were just fine. I trust my body to know what to do," one participant explained.

(Participant 5, age 30)

Another woman shared similar thoughts:

"If there's a real problem, I'll know, and I'll go to the hospital. But right now, I feel strong and healthy, so I don't think I need all those check-ups."

(Participant 10, age 28)

Influence of social and family networks:

Participants also mentioned the role of social and family networks in shaping their perspectives on ANC. Women who had not attended ANC services themselves or who were surrounded by family members and friends who did not value ANC were more likely to adopt similar views and consider ANC as unimportant. Some participants described feeling pressure from their community to adhere to traditional beliefs and practices, contributing to their reluctance to seek ANC services. One woman explained,

"My sister never went to ANC, and her baby is healthy, so why should I go?"

(Participant 16, age 29)

Another participant shared her experience, saying,

"In our village, people think going to ANC is a waste of time. They say we should trust our elders' knowledge instead. I don't want to be seen as going against our traditions."

(Participant 2, age 32)

While many women in the rural area of the Lao PDR valued antenatal care, some participants disagreed or found it unimportant for various reasons. These perspectives emphasize the need for multifaceted and culturally sensitive interventions to address barriers to accessing ANC services, improve awareness of its benefits, and enhance the overall quality and cultural sensitivity of the care provided. By addressing these concerns, policymakers and healthcare professionals can work to ensure better maternal and neonatal health outcomes in the region.

Discussion

The perspectives of women in rural Lao PDR who perceive antenatal care (ANC) as necessary provide valuable insights into the factors that drive the utilization of these services. The findings from this study reveal several key themes, including improved maternal and

neonatal health outcomes, increased health awareness and education, emotional and psychological support, strengthened relationships with healthcare providers, and social support and community involvement. These themes align with the literature on the benefits of ANC. They can be used to inform strategies for promoting ANC utilization and improving maternal and neonatal health in the region.

Improved maternal and neonatal health outcomes are widely recognized as one of the main benefits of ANC, as highlighted by multiple studies. Linard et al. (2018) found that adequate ANC utilization was associated with reduced maternal and perinatal morbidity and mortality. Similarly, a study conducted in Ethiopia demonstrated that women who attended ANC services were likelier to have better birth outcomes than those who did not (Kuhnt & Vollmer, 2017; Tessema et al., 2017). These findings support the perspectives of the participants in the current study, who valued ANC for its role in the early detection and management of complications. Increased health awareness and education emerged as another critical theme in this study. This is consistent with Goudar et al. (2015), who found that ANC services can boost women's knowledge about maternal health and newborn care.

By covering essential topics like nutrition, vaccinations, and warning signs during pregnancy, ANC gives women the information they need to make intelligent choices for themselves and their babies. This is also what the women in this study appreciated; they valued the educational support that ANC services offered. Emotional and psychological support healthcare professionals provide during ANC visits is another significant theme. This is in line with a study conducted in Nigeria, which found that ANC attendance was positively correlated with reduced levels of anxiety and depression among pregnant women (Kabakian-Khasholian et al., 2000). Healthcare providers' emotional support during ANC visits may help alleviate pregnancy-related stress and improve women's overall mental well-being (Fonseca et al., 2015).

Strengthened relationships with healthcare providers emerged as a critical theme in this study, supported by the literature. Lazar et al. (2021) found that women who built a good relationship with their healthcare providers during ANC visits were more likely to have a positive childbirth experience. This emphasizes the importance of continuity of care and personalized attention, which help build trust and increase women's satisfaction with the healthcare system. Lastly, the theme of social support and community involvement highlights ANC's role in creating connections among pregnant women. Bedaso et al. (2021) found that social support from peers and healthcare professionals during pregnancy was associated with improved maternal mental health and better postpartum adjustment. This supports the perspectives of the women in the current study who valued the opportunities for social interaction and community involvement provided by ANC services.

The findings of this qualitative study provide valuable insights into the perspectives of women in rural Lao PDR who disagree with or find ANC unimportant. The reasons for their views can be broadly categorized into ten themes, highlighting the complex interplay of factors influencing women's decisions to engage with ANC services. These results emphasize the importance of understanding and addressing these factors to improve the uptake of ANC services and ultimately enhance maternal and neonatal health outcomes in the region. The financial and logistical constraints identified in this study have also been documented in other low-resource settings (Onah et al., 2006; Simkhada et al., 2008; Wungrath, 2023).

General information about income levels, occupation types, and the poverty line can significantly affect attitudes towards ANC. Many women in rural Lao PDR work in low-

income, labor-intensive occupations, and their financial constraints may hinder their ability to access ANC services. Living below the poverty line exacerbates these issues, as the costs associated with healthcare, including transportation and service fees, become prohibitive. These challenges show the need for creative solutions to make healthcare more accessible, like mobile clinics, telemedicine, and community-based programs. Offering transportation assistance, flexible appointment times or childcare support could also help break down these barriers.

Cultural beliefs and practices were also crucial factors shaping how women viewed ANC. In rural Lao PDR, specific cultural beliefs and practices significantly affect perceptions of ANC. For example, many women believe in the efficacy of traditional healers and remedies over modern medical practices. Childbirth is often viewed as a natural process that does not require medical intervention, and there is a deep-seated mistrust of modern healthcare due to past negative experiences and perceived cultural insensitivity from healthcare providers. A study in Uganda similarly found that traditional beliefs and practices could hinder the uptake of ANC services (Kabakyenga et al., 2011). Integrating culturally sensitive approaches into healthcare services is essential to ensure that they are perceived as relevant and accessible by the target population. This may involve engaging with community leaders, traditional birth attendants, and local healers to build trust and bridge the gap between traditional and modern healthcare practices (Sialubanje et al., 2015).

Negative experiences and perceptions of healthcare providers also contributed to women's reluctance to engage with ANC services (Eriksen et al., 2023; Sripad et al., 2018; Tarekegn et al., 2014). Other studies have reported similar findings, emphasizing the need for healthcare providers to practice patient-centered care and effective communication (Finlayson et al., 2019). Investing in the training and support of healthcare providers to improve the quality of care and build trusting relationships with patients is crucial. Lack of awareness or understanding of the benefits of ANC was another contributing factor to women's undervaluation of ANC services. This finding is consistent with previous studies conducted in low-resource settings, which have highlighted the importance of health education and awareness campaigns to increase knowledge and understanding of the benefits of ANC (Kifle et al., 2018; Scharff et al., 2022).

The reliance on personal or family experiences, fear of medical interventions or procedures, perceived low quality of ANC services, and privacy concerns identified in this study further emphasize the need for tailored interventions that address the specific problems and preferences of women in rural Lao PDR, in line with the previous research (Kumbani et al., 2012; Yaya et al., 2019). For example, engaging women in developing and implementing healthcare programs could help ensure that their needs and preferences are considered (Lassi et al., 2016). The belief in self-reliance and natural processes and the influence of social and family networks on women's perspectives of ANC highlight the importance of community-based approaches to promote the uptake of ANC services. Engaging community members in designing and delivering healthcare programs and leveraging existing social networks could help foster a supportive environment for women to access ANC services (Kapheak et al., 2024; Lassi & Bhutta, 2015).

The study did consider the role of local healthcare infrastructure and resources in influencing women's perceptions of ANC. Many women shared concerns about the quality of ANC services, mentioning outdated facilities, insufficient essential equipment, and healthcare providers who did not seem fully trained. They talked about crowded clinics, long waits, and

clinics running out of supplies, which left them feeling frustrated and unsupported. Based on their feedback, a few changes could make a big difference:

1. Upgrading and expanding clinics so they are better equipped to meet the community's needs would ensure enough space to reduce overcrowding and create a more comfortable experience for everyone.
2. Improving training for healthcare providers will prepare them to fully offer high-quality care. Adding more staff would also help cut down on wait times and allow providers to spend more time with each patient.

Building a reliable supply system to keep clinics stocked with essential items. This would help avoid interruptions in service and reassure patients that they will have everything they need. Engaging with the community to understand their needs and cultural values. By involving the community in decisions about their care, services can feel more relevant and respectful. Collaborating with traditional birth attendants and local midwives to blend traditional and modern practices. This partnership could help build trust and make more women comfortable using ANC services. These changes could help create a healthcare environment where women feel cared for and respected. With a few improvements, ANC visits could become a positive experience, leading to better health outcomes for mothers, babies, and the whole community.

Limitations of the study

This study has several limitations, including the relatively small sample size and the specific geographic focus on Bokeo province, which may limit the generalizability of the findings to other regions of the Lao PDR. The small sample size might not capture the full diversity of experiences and perspectives, and focusing solely on Bokeo province might overlook regional variations in cultural practices and healthcare access. Additionally, the reliance on self-reported data may introduce recall bias, where participants may not accurately remember past events, or social desirability bias, where participants may provide responses they believe are more socially acceptable than their authentic experiences.

Conclusion

The study aimed to understand women's perceptions of antenatal care (ANC) services in rural Lao PDR. Through in-depth interviews, the research illuminated a spectrum of views, from those who see ANC as vital to those who find it unimportant or counterproductive. The findings underscore the multifaceted nature of women's experiences and beliefs, which are shaped by personal experiences, cultural norms, socioeconomic factors, and interactions with the healthcare system.

The women who valued ANC highlighted its role in ensuring maternal and neonatal health, enhancing health awareness, providing emotional support, fostering trust with healthcare providers, and facilitating community connections. Through the stories and personal experiences of the participants in this study, many women highlighted the clear benefits of ANC in protecting both mother and child health. These perspectives align with global research showing how important ANC is for the health of mothers and newborns. On the

other hand, women who were skeptical or hesitant about ANC mentioned several challenges, including financial and logistical issues, cultural beliefs, negative past experiences with healthcare providers, and a lack of understanding about ANC's advantages. Their perspectives shed light on the systemic and cultural challenges that hinder ANC uptake in rural settings. While specific to the Lao PDR's context, these barriers resonate with challenges faced in other global low-resource settings.

The study's strength lies in its qualitative approach, capturing women's nuanced beliefs and experiences in their own words. Doing so offers a comprehensive understanding of the barriers and facilitators to ANC uptake in rural Lao PDR. The findings provide a roadmap for policymakers and healthcare professionals to design culturally sensitive, community-centered interventions responsive to women's specific needs and concerns in the region. This research successfully achieved its objective by delving deep into women's lived experiences in rural Lao PDR, offering a holistic understanding of their perceptions towards ANC. The insights gleaned are invaluable for shaping future health policies and interventions, ensuring they are rooted in the realities and needs of the community they aim to serve.

References

Bedaso, A., Adams, J., Peng, W., & Sibbritt, D. (2021). The relationship between social support and mental health problems during pregnancy: A systematic review and meta-analysis. *Reproductive Health*, 18, Article 162. <https://doi.org/10.1186/s12978-021-01209-5>

Eriksen, A. A., Fegran, L., Fredwall, T. E., & Larsen, I. B. (2023). Patients' negative experiences with health care settings brought to light by formal complaints: A qualitative metasynthesis. *Journal of Clinical Nursing*, 32(9-10), 5816-5835. <https://doi.org/10.1111/jocn.16704>

Finlayson, K., Downe, S., Vogel, J. P., & Oladapo, O. T. (2019). What matters to women and healthcare providers in relation to interventions for the prevention of postpartum haemorrhage: A qualitative systematic review. *PLOS ONE*, 14(5), Article e0215919. <https://doi.org/10.1371/journal.pone.0215919>

Fonseca, A., Gorayeb, R., & Canavarro, M. C. (2015). Women's help-seeking behaviours for depressive symptoms during the perinatal period: Socio-demographic and clinical correlates and perceived barriers to seeking professional help. *Midwifery*, 31(12), 1177-1185. <https://doi.org/10.1016/j.midw.2015.09.002>

Ganle, J. K., Otupiri, E., Obeng, B., Edusie, A. K., Ankomah, A., & Adanu, R. (2016). Challenges women with disability face in accessing and using maternal healthcare services in Ghana: A qualitative study. *PLOS ONE*, 11(6), Article e0158361. <https://doi.org/10.1371/journal.pone.0158361>

Goudar, S. S., Goco, N., Somannavar, M. S., Vernekar, S. S., Mallapur, A. A., Moore, J. L., Wallace, D. D., Sloan, N. L., Patel, A., Hibberd, P. L., Koso-Thomas, M., McClure, E. M., & Goldenberg, R. L. (2015). Institutional deliveries and perinatal and neonatal mortality in Southern and Central India. *Reproductive Health*, 12(Suppl 2), Article S13. <https://doi.org/10.1186/1742-4755-12-S2-S13>

Kabakian-Khasholian, T., Campbell, O., Shediac-Rizkallah, M., & Ghorayeb, F. (2000). Women's experiences of maternity care: Satisfaction or passivity? *Social Science & Medicine*, 51(1), 103-113. [https://doi.org/10.1016/S0277-9536\(99\)00443-8](https://doi.org/10.1016/S0277-9536(99)00443-8)

Kabakyenga, J. K., Östergren, P. O., Turyakira, E., & Pettersson, K. O. (2011). Knowledge of obstetric danger signs and birth preparedness practices among women in rural Uganda. *Reproductive Health*, 8, Article 33. <https://doi.org/10.1186/1742-4755-8-33>

Kapheak, K., Theerawastanasiri, N., Khumphoo, P., Sriwongphan, R., Ritthimon, W., Chayaseng, C., Phommatha, S., Khamlakhone, N., & Wungrath, J. (2024). Perspectives of healthcare providers in maternal and child health services in Bokeo Province, Lao People's Democratic Republic: A qualitative study. *Journal of Population and Social Studies*, 32, 329-345. <https://doi.org/10.25133/JPSSv322024.020>

Kifle, M. M., Kesete, H. F., Gaim, H. T., Angosom, G. S., & Araya, M. B. (2018). Health facility or home delivery? Factors influencing the choice of delivery place among mothers living in rural communities of Eritrea. *Journal of Health, Population and Nutrition*, 37, Article 22. <https://doi.org/10.1186/s41043-018-0153-1>

Kuhnt, J., & Vollmer, S. (2017). Antenatal care services and their implications for vital and health outcomes of children: Evidence from 193 surveys in 69 low-income and middle-income countries. *BMJ Open*, 7, Article e017122. <https://doi.org/10.1136/bmjopen-2017-017122>

Kumbani, L. C., Chirwa, E., Malata, A., Odland, J. Ø., & Bjune, G. (2012). Do Malawian women critically assess the quality of care? A qualitative study on women's perceptions of perinatal care at a district hospital in Malawi. *Reproductive Health*, 9, Article 30. <https://doi.org/10.1186/1742-4755-9-30>

Lassi, Z. S., & Bhutta, Z. A. (2015). Community-based intervention packages for reducing maternal and neonatal morbidity and mortality and improving neonatal outcomes. *Cochrane Database of Systematic Reviews*, 3, Article CD007754. <https://doi.org/10.1002/14651858.CD007754.pub3>

Lassi, Z. S., Middleton, P. F., Bhutta, Z. A., & Crowther, C. (2016). Strategies for improving health care seeking for maternal and newborn illnesses in low- and middle-income countries: A systematic review and meta-analysis. *Global Health Action*, 9(1), Article 31408. <https://doi.org/10.3402/gha.v9.31408>

Lazar, J., Boned-Rico, L., Olander, E. K., & McCourt, C. (2021). A systematic review of providers' experiences of facilitating group antenatal care. *Reproductive Health*, 18, Article 180. <https://doi.org/10.1186/s12978-021-01200-0>

Linard, M., Blondel, B., Estellat, C., Deneux-Tharaux, C., Luton, D., Oury, J. F., Schmitz, T., Mandelbrot, L., Azria, E., & for the PreCARE study group. (2018). Association between inadequate antenatal care utilisation and severe perinatal and maternal morbidity: An analysis in the PreCARE cohort. *BJOG: An International Journal of Obstetrics & Gynaecology*, 125(5), 587-595. <https://doi.org/10.1111/1471-0528.14794>

Onah, H. E., Ikeako, L. C., & Iloabachie, G. C. (2006). Factors associated with the use of maternity services in Enugu, southeastern Nigeria. *Social Science & Medicine*, 63(7), 1870-1878. <https://doi.org/10.1016/j.socscimed.2006.04.023>

Osório, C., Probert, T., Jones, E., Young, A. H., & Robbins, I. (2017). Adapting to stress: Understanding the neurobiology of resilience. *Behavioral Medicine*, 43(4), 307-322. <https://doi.org/10.1080/08964289.2016.1170661>

Paudel, M., Javanparast, S., Dasvarma, G., & Newman, L. (2018). Religio-cultural factors contributing to perinatal mortality and morbidity in mountain villages of Nepal: Implications for future healthcare provision. *PLOS ONE*, 13(3), Article e0194328. <https://doi.org/10.1371/journal.pone.0194328>

Phommachanh, S., Essink, D. R., Jansen, M., Broerse, J. E., Wright, P., & Mayxay, M. (2019). Improvement of quality of antenatal care (ANC) service provision quality at the public health facilities in Lao PDR: Perspective and experiences of supply and demand sides. *BMC Pregnancy and Childbirth*, 19, Article 255. <https://doi.org/10.1186/s12884-019-2345-0>

Scharff, D., Enard, K. R., Tao, D., Strand, G., Yakubu, R., & Cope, V. (2022). Community health worker impact on knowledge, antenatal care, and birth outcomes: A systematic review. *Maternal and Child Health Journal*, 26, 79-101. <https://doi.org/10.1007/s10995-021-03299-w>

Sialubanje, C., Massar, K., Hamer, D. H., & Ruiter, R. A. (2015). Reasons for home delivery and use of traditional birth attendants in rural Zambia: A qualitative study. *BMC Pregnancy and Childbirth*, 15, Article 216. <https://doi.org/10.1186/s12884-015-0652-7>

Simkhada, B., van Teijlingen, E. R., Porter, M., & Simkhada, P. (2008). Factors affecting the utilization of antenatal care in developing countries: Systematic review of the literature. *Journal of Advanced Nursing*, 61(3), 244-260. <https://doi.org/10.1111/j.1365-2648.2007.04532.x>

Sripad, P., Ozawa, S., Merritt, M. W., Jennings, L., & Kennedy, C. E. (2018). Exploring meaning and types of trust in maternity care in peri-urban Kenya: A qualitative cross-perspective analysis. *Qualitative Health Research*, 28(2), 305-320. <https://doi.org/10.1177/1049732317723585>

Sychareun, V., Hansana, V., Somphet, V., Xayavong, S., Phengsavanh, A., & Popenoe, R. (2012). Reasons rural Laotians choose home deliveries over delivery at health facilities: A qualitative study. *BMC Pregnancy and Childbirth*, 12, Article 86. <https://doi.org/10.1186/1471-2393-12-86>

Sychareun, V., Phommachanh, S., Soysouvanh, S., Lee, C., Kang, M., Oh, J., & Durham, J. (2013). Provider perspectives on constraints in providing maternal, neonatal, and child health services in the Lao People's Democratic Republic: A qualitative study. *BMC Pregnancy and Childbirth*, 13(1), Article 243. <https://doi.org/10.1186/1471-2393-13-243>

Tarekegn, S. M., Lieberman, L. S., & Giedraitis, V. (2014). Determinants of maternal health service utilization in Ethiopia: An analysis of the 2011 Ethiopian Demographic and Health Survey. *BMC Pregnancy and Childbirth*, 14, Article 161. <https://doi.org/10.1186/1471-2393-14-161>

Tessema, G. A., Laurence, C. O., Melaku, Y. A., Misganaw, A., Woldie, S. A., Hiruye, A., Amare, Z. T., Lakew, Y., Zeleke, B. M., & Deribew, A. (2017). Trends and causes of maternal mortality in Ethiopia during 1990–2013: Findings from the Global Burden of Diseases study 2013. *BMC Public Health*, 17, Article 160. <https://doi.org/10.1186/s12889-017-4071-8>

Titaley, C. R., Hunter, C. L., Dibley, M. J., & Heywood, P. (2010). Why do some women still prefer traditional birth attendants and home delivery? A qualitative study on delivery care services in West Java Province, Indonesia. *BMC Pregnancy and Childbirth*, 10(1), Article 43. <https://doi.org/10.1186/1471-2393-10-43>

United Nations Children's Fund (UNICEF). (2020). *Country report: Lao PDR social indicator survey II, 2017 (MICS)*. <https://www.unicef.org/laos/reports/country-report-lao-pdr-social-indicator-survey-ii-2017-mics>

Wilunda, C., Putoto, G., Manenti, F., Castiglioni, M., Azzimonti, G., Edessa, W., & Atzori, A. (2013). Measuring equity in utilization of maternal and child health services in rural Ethiopia: A cross-sectional study. *International Journal for Equity in Health*, 14, Article 27. <https://doi.org/10.1186/1475-9276-12-27>

World Health Organization. (2016). *WHO recommendations on antenatal care for a positive pregnancy experience*. <https://iris.who.int/bitstream/handle/10665/250796/9789241549912-eng.pdf>

Wungrath, J. (2023). Antenatal care services for migrant workers in Northern Thailand: Challenges, initiatives, and recommendations for improvement. *Journal of Child Science*, 13(1), e118–e126. <https://doi.org/10.1055/s-0043-1772844>

Yaya, S., Bishwajit, G., & Gunawardena, N. (2019). Socioeconomic factors associated with choice of delivery place among mothers: A population-based cross-sectional study in Guinea-Bissau. *BMJ Global Health*, 4, Article e001341. <https://doi.org/10.1136/bmjgh-2018-001341>