

ORIGINAL RESEARCH ARTICLE

Awareness and utilization of obstetric services among pregnant women: Healthcare providers' perceptions and experiences in Lejweleputswa District, South Africa

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Abstract

This study examines pregnant women's awareness and utilization of antenatal and obstetric services in the Lejweleputswa District, South Africa. A qualitative case study design was employed, using interviews conducted between October and November 2024 with 32 healthcare providers, including nurses, midwives, and facility managers. The study explored factors shaping service uptake, such as socio-economic barriers, cultural beliefs, late antenatal booking, and health system challenges. Findings show that limited awareness of available services, persistent cultural misconceptions, long travel distances, and shortages of skilled staff reduce early and consistent antenatal care (ANC) attendance. The study recommends strengthening community health education, improving healthcare infrastructure, and enhancing provider-patient communication to address these barriers. Practical implication: The results can support district-level policies aimed at increasing early ANC use and reducing preventable maternal and neonatal complications in rural settings. (*Afr J Reprod Health* 2026; 30 [4]: 42-49).

Keywords: Economic, Healthcare Providers, Lejweleputswa, Maternal Healthcare, Pregnant Women, Obstetric Service

Résumé

Cette étude examine la connaissance et le recours aux services prénatals et obstétricaux par les femmes enceintes dans le district de Lejweleputswa, en Afrique du Sud. Une étude de cas qualitative a été menée, à partir d'entretiens réalisés entre octobre et novembre 2024 auprès de 32 professionnels de santé, dont des infirmières, des sages-femmes et des gestionnaires d'établissements. L'étude a exploré les facteurs influençant le recours aux services, tels que les barrières socio-économiques, les croyances culturelles, la consultation prénatale tardive et les difficultés du système de santé. Les résultats montrent que la méconnaissance des services disponibles, la persistance de préjugés culturels, l'éloignement des centres et la pénurie de personnel qualifié réduisent le recours aux consultations prénatales précoces et régulières. L'étude recommande de renforcer l'éducation sanitaire communautaire, d'améliorer les infrastructures de santé et de renforcer la communication entre les professionnels de santé et les patientes afin de lever ces obstacles. Implications pratiques : Les résultats peuvent étayer les politiques de district visant à accroître le recours aux consultations prénatales précoces et à réduire les complications maternelles et néonatales évitables en milieu rural. (*Afr J Reprod Health* 2026; 30 [4]: 42-49).

Mots-clés: Économie, Professionnels de santé, Lejweleputswa, Santé maternelle, Femmes enceintes, Services obstétricaux

Introduction

Maternal health is a critical aspect of public health, encompassing the health of women during pregnancy, childbirth, and the postnatal period.¹ Adequate maternal care plays a vital role in ensuring the well-being of both mother and child, with antenatal and obstetric services being essential in promoting healthy pregnancy outcomes.² Antenatal

care (ANC) provides an opportunity for early identification and management of potential complications, while also facilitating health education on essential aspects of pregnancy, childbirth, and newborn care.³ Reducing preventable maternal and neonatal mortality is closely linked to the quality, accessibility, and utilization of these services.⁴ Globally, maternal health has seen significant improvements over the

last few decades.⁵ However, despite this progress, many countries, particularly those in sub-Saharan Africa, continue to face substantial challenges in achieving Sustainable Development Goal (SDG) 3, which aims to reduce the global maternal mortality rate to less than 70 per 100,000 live births by 2030.^{6,7} The gap between high-income and low-income countries remains stark, with sub-Saharan Africa accounting for two-thirds of global maternal deaths. The persistence of preventable maternal and neonatal deaths is often attributed to disparities in access to quality healthcare, inadequate health infrastructure, and socio-economic barriers, which disproportionately affect rural and marginalized populations.⁸

In South Africa, maternal healthcare has been a key focus of national health policies. While the country has made strides in expanding healthcare coverage, maternal and neonatal mortality rates remain high, especially in rural areas. The South African Health Review (2020) noted that maternal mortality ratios are substantially higher in rural districts, where healthcare access is limited, and services are often under-resourced. One such district is the Lejweleputswa District Municipality in the Free State Province, where maternal health indicators, such as antenatal care coverage, stillbirth rates, and maternal morbidity, suggest significant gaps in service delivery and utilization.⁹ According to the district experiences high stillbirth rates and maternal complications, partly due to delayed or inadequate access to ANC services, insufficient health education, and a lack of skilled healthcare personnel in rural facilities.

Lejweleputswa District is characterized by socio-economic challenges, including high levels of poverty, unemployment, and limited access to healthcare facilities, all of which exacerbate the barriers to maternal health.^{10,11} Antenatal care is critical for reducing the risks of stillbirth, maternal mortality, and neonatal death.¹² Yet, many women in the district do not receive the recommended minimum number of ANC visits, particularly in rural and underserved areas. Stillbirth rates in the district remain high, driven by factors such as late presentation for ANC, undiagnosed complications, and limited access to emergency obstetric services. This study assesses the knowledge, awareness, and utilization of antenatal services among pregnant women in the Lejweleputswa District, where healthcare infrastructure and resources are limited.

Social, economic, and geographic factors further hamper access to services. By investigating the factors that influence service delivery and access, the study seeks to provide insights into the gaps in maternal healthcare and propose strategies to improve the quality and reach of ANC services in rural areas. Despite progress in maternal healthcare in South Africa, significant gaps remain in understanding why many pregnant women in rural districts continue to underutilize antenatal and obstetric services. The core research problem is that limited awareness, cultural beliefs, and health system constraints persistently hinder early and consistent ANC attendance in areas such as Lejweleputswa. While many studies focus on women's experiences, far fewer examine these challenges from the perspective of healthcare providers, who are directly responsible for delivering services and observing barriers in real time. This study offers novelty by exploring providers' insights into the systemic, cultural, and interpersonal factors influencing maternal healthcare utilization, generating evidence that can inform more targeted and context-specific interventions.

Methods

This research adopts a qualitative case study approach. Data were gathered through comprehensive interviews with 32 healthcare professionals, including registered nurses, midwives, and facility managers. A purposive sampling strategy was employed to ensure a diverse representation from various communities within the Lejweleputswa District. Thematic analysis was carried out using NVivo software, with emphasis placed on core concepts such as respect, empathy, communication, and trust.

Study area

The study was conducted in the Lejweleputswa District Municipality, a Category C municipality situated in the northwestern part of South Africa's Free State Province. This district encompasses nearly a third of the province's total area and includes five local municipalities: Masilo Nyana, Tokology, Tswelopele, Mathabane, and Nala. Within these municipalities, there are approximately 18 towns, such as Welkom, Virginia,

Brandford, Botha Ville, and Winberg (Municipalities of South Africa, 2023). Lejweleputswa is predominantly rural and faces notable socio-economic issues, including widespread poverty and high unemployment rates.

Sample

Participants eligible for inclusion were required to be either registered nurses or midwives with a minimum of two years of experience in maternal care or serve as area managers or team leaders overseeing community healthcare workers. All participants were actively working within public health facilities in the Lejweleputswa District. A purposive sampling method was used to recruit individuals directly involved in antenatal, childbirth, and postpartum care. Due to limited accessibility and time constraints, staff from private or tertiary care institutions were excluded. Prior to participation, all interviewees received comprehensive information about the study and signed informed consent forms.

Data collection

Between October and November 2024, interviews were conducted face-to-face with 32 healthcare providers, including nurses, maternal unit managers, and local area managers. These sessions followed a semi-structured format and were audio-recorded with participants' consent. The recordings, which were of satisfactory quality, were transcribed verbatim to support detailed thematic analysis. Data collection continued until data saturation was achieved, which occurred when additional interviews no longer generated new information, codes, or themes. Saturation was monitored throughout the process by comparing emerging insights across interviews. All audio recordings were transcribed verbatim within 48 hours of each interview. To enhance accuracy and credibility, transcripts were cross-checked against the audio files, and participants were given an opportunity to clarify or confirm any statements during follow-up communication.

Data analysis

The transcribed interviews underwent qualitative content analysis using a manifest approach. Guided by the framework developed by Graneheim¹³,

researchers repeatedly reviewed transcripts to become deeply familiar with the content.¹⁴ Relevant data segments were identified, condensed, interpreted, and labelled with codes. These codes were subsequently categorized into eight sub-themes, which were organized under three broader themes: respectful, empathetic, and communicative interactions promote trust, consistent care, and better health outcomes. To ensure the study's credibility and dependability, a second analyst was involved in the coding process. Moreover, an independent qualitative research expert conducted an external audit to verify the accuracy of the coding and thematic interpretations.

Ethical considerations

Ethical approval was granted by the Institutional Research Ethics Committee at Durban University of Technology (Reference No. IREC 056/24). Authorization to conduct the study was also obtained from the Free State Department of Health, FS_202407_013. Informed consent was secured from all participants before data collection began.

Results

Although the themes are presented separately for clarity, several sub-themes overlapped across the dataset. For example, limited awareness of antenatal services often intersected with cultural beliefs, long travel distances, and previous negative experiences with the health system. Similarly, challenges related to staff shortages and communication were closely linked to women's late presentation for ANC and reliance on traditional practices. These interconnected factors illustrate how structural, cultural, and interpersonal barriers jointly shape women's engagement with maternal healthcare. The themes below therefore reflect both distinct categories and their reinforcing relationships, providing a more holistic understanding of service utilization in the district.

Four key themes emerged from the analysis of interview transcripts with healthcare providers, each encompassing specific sub-themes that reflect the realities of maternal care provision in the Lejweleputswa District. These themes offer insight into the awareness and utilization of antenatal and obstetric services among pregnant women from the perspective of those delivering the care. Table 1 summarizes these themes and their sub-categories.

Table 1: Themes and sub-categories on awareness and utilization of antenatal and obstetric services

| Theme | Sub-categories |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Theme 1: Knowledge and Understanding of Antenatal and Obstetric Services | 1.1 Awareness of Service Availability 1.2 Understanding of the Importance of Early ANC Booking 1.3 Misconceptions and Cultural Beliefs Impacting Utilization |
| Theme 2: Accessibility and Availability of Maternal Healthcare Services | 2.1 Distance to Health Facilities and Transport Challenges 2.2 Availability of Skilled Staff and Essential Equipment 2.3 Operating Hours and Scheduling Constraints |
| Theme 3: Patient Attitudes and Health-Seeking Behaviours | 3.1 Late Presentation for Antenatal Care 3.2 Reliance on Traditional Birth Attendants or Home Births 3.3 Influence of Previous Birth Experiences on Service Use |
| Theme 4: Healthcare Provider–Patient Interactions | 4.1 Communication and Health Education 4.2 Respectful vs. Judgmental Attitudes from Providers 4.3 Continuity of Care and Trust in the System |

Source: Self-generated by author

Theme 1: knowledge and understanding of antenatal and obstetric services

Healthcare providers described varying levels of awareness among pregnant women regarding available antenatal and obstetric services. While some women were knowledgeable, others lacked even a basic understanding, particularly in rural areas.

Sub-theme 1.1: Awareness of service availability

Many providers expressed concern that a significant number of pregnant women were unaware of the full range of services available to them. “Some mothers only know about check-ups, but not about danger signs or tests we offer.” (Participant 6).

This lack of awareness was reported to delay engagement with maternal health services, limiting the ability to prevent or manage complications effectively.

Sub-theme 1.2: Understanding of the importance of early ANC booking

Early antenatal booking was cited as crucial for detecting high-risk pregnancies and improving outcomes. However, providers reported that many women booked late. “Most of them only come after 24 weeks. By then, we’ve missed the window for early interventions.” (Participant 13). Healthcare workers attributed this delay to poor community health education and inadequate outreach programs.

Sub-theme 1.3: misconceptions and cultural beliefs impacting utilization

Cultural beliefs and myths were reported as major barriers to the timely and consistent use of services.^{15,16} “Some believe that revealing pregnancy early invites bad luck or witchcraft.” (Participant 10). Such beliefs discouraged early booking and regular check-ups, particularly among first-time mothers or those in traditional households.

Theme 2: Accessibility and availability of maternal healthcare services

Participants emphasized that accessibility challenges continued to affect service utilization, especially in remote areas of Lejweleputswa.

Sub-theme 2.1: Distance to health facilities and transport challenges

Providers consistently cited long distances and unreliable transport as major barriers to consistent ANC attendance, especially for women in remote or rural areas. Many pregnant women were forced to walk long distances or rely on costly, infrequent public transport, which discouraged early and regular visits. According to Oluyede¹⁷, these logistical challenges often contributed to missed appointments and delayed detection of complications. “Some women must walk more than 10 km... and they miss appointments during bad weather.” (Participant 2).

These conditions made it difficult for women to attend scheduled visits, particularly for those with other children or limited financial means.

Sub-theme 2.2: Availability of skilled staff and essential equipment

The shortage of midwives, doctors, and essential equipment such as ultrasound machines and emergency kits were reported across many clinics, severely impacting the quality of maternal care. Participants highlighted how understaffing led to long waiting times and burnout among existing personnel, while the lack of critical equipment hindered effective diagnosis and emergency response. This inadequacy often resulted in delayed interventions, posing risks to both mothers and babies.¹⁸ “Sometimes we have one nurse covering both ANC and deliveries. It’s too much.” (Participant 7).

Inadequate staffing and broken equipment led to delays, misdiagnoses, and poor-quality care.

Sub-theme 2.3: Operating hours and scheduling constraints

Rigid operating hours that clashed with women’s domestic responsibilities were another factor that limited access. “Clinics close at 4pm, but some women can only come after work or when their husbands return.” (Participant 16). This resulted in missed appointments and compromised continuity of care, especially for working mothers.

Theme 3: Patient attitudes and health-seeking behaviours

The attitudes and behaviours of pregnant women were reported to influence their service utilization significantly, shaped by personal beliefs, past experiences, and societal norms.

Sub-theme 3.1: Late presentation for antenatal care

Participants explained that many women delayed attending ANC due to fear of judgment, misinformation about when to start, or a general lack of perceived urgency. Some believed that care was only necessary when complications arose, while others were influenced by myths or social

norms. This delay often compromised early detection and management of risks. “Some only come when the belly is big or when there’s pain.” (Participant 11) Such delays often meant that conditions like hypertension or anaemia were missed until complications developed.¹⁹

Sub-theme 3.2: Reliance on traditional birth attendants or home births

A preference for traditional birth attendants was still present in certain communities, often driven by cultural familiarity, trust, and accessibility.²⁰ Participants noted that some women felt more comfortable with traditional practices than with formal healthcare services. This preference sometimes led to delays in seeking skilled antenatal or obstetric care.

“Older women in the village still advise home births unless there’s a problem.” (Participant 5).

This reliance undermined the formal healthcare system’s ability to intervene early or manage emergencies.

Sub-theme 3.3: Influence of previous birth experiences on service use

Past experiences—positive or negative—shaped women’s willingness to return to the health system. Women who felt respected and supported during previous visits were more likely to attend future appointments.²¹ In contrast, those who faced neglect or mistreatment often avoided seeking further care, even when it was urgently needed.

“If the last time was traumatic or they were shouted at, they don’t come back.” (Participant 14)

This highlights the lasting effect of quality of care on health-seeking behavior.

Theme 4: Healthcare provider–patient interactions

Participants acknowledged that their own attitudes and behavior significantly shaped maternal engagement with the healthcare system. Compassionate, respectful, and non-judgmental approaches were seen to foster trust, encourage timely antenatal visits, and improve adherence to care. Conversely, negative attitudes, such as rudeness or indifference, often discouraged women from returning for services or disclosing critical

symptoms. This underscores the direct influence of healthcare provider behavior on maternal health outcomes.

Sub-theme 4.1: Communication and health education

Clear, compassionate communication was seen as vital in building trust and improving service uptake. When healthcare providers took the time to listen, explain procedures, and address concerns respectfully, pregnant women were more likely to engage with antenatal and obstetric services.²² According to Vedam²³ This approach also empowered women to make informed decisions about their health. “When we talk to them and explain properly, they feel safe and ask questions.” (Participant 1). Health education during ANC was identified as a key strategy to improve utilization.

Sub-theme 4.2: Respectful vs. judgmental attitudes from providers

Participants admitted that negative attitudes from staff discouraged women from using services. Instances of rudeness, impatience, or dismissive behavior created fear and mistrust among pregnant women, leading some to avoid health facilities altogether.²⁴

This, in turn, increased the risk of late bookings and unmonitored complications. “There are still nurses who judge unmarried girls or teenage mothers.” (Participant 8) Such judgmentalism created barriers to care, particularly for vulnerable or marginalized groups.

Sub-theme 4.3: Continuity of care and trust in the system

Continuity of care, where women saw the same providers, helped build trust and ensured better outcomes. “When she sees the same nurse, she opens up more and follows advice.” (Participant 17). Inconsistent staffing and rotating shifts disrupted this continuity, particularly in high-volume facilities.

Women often met with different healthcare providers at each visit, hindering the development of trust and rapport.²⁵ This lack of familiarity sometimes resulted in fragmented care and decreased patient satisfaction.²⁶

Discussion

This study aimed to explore healthcare providers’ perceptions and experiences regarding the awareness and utilization of antenatal and obstetric services among pregnant women in the Lejweleputswa District. The findings revealed that limited awareness, cultural beliefs, and systemic barriers significantly influenced women’s access to and engagement with maternal healthcare services. Healthcare providers highlighted that while maternal health services were available, many women lacked sufficient knowledge about the critical importance of early antenatal care (ANC) booking. This often resulted in delayed attendance due to fear, misconceptions, and a lack of perceived urgency. These findings are consistent with studies conducted in rural South Africa and other low-resource settings, where delayed ANC attendance has been strongly linked to poor maternal and fetal outcomes.^{27,28}

A key contribution of this study is the insight it provides into the central role healthcare providers play in shaping maternal healthcare utilization in rural settings. Providers described how their communication style, attitudes, clinical workload, and ability to offer respectful and consistent care directly influenced whether women sought ANC early and returned for follow-up visits. These perspectives highlight not only systemic gaps—such as staff shortages and resource limitations—but also the interpersonal dynamics that can either encourage or discourage service use. These findings represent original contributions from the provider viewpoint, offering context-specific evidence that deepens understanding of how frontline healthcare workers experience and interpret the barriers pregnant women face. In distinguishing these findings from existing literature, this study emphasizes providers’ lived observations rather than relying solely on previously documented patient-reported barriers.

Moreover, accessibility and availability challenges—including long distances to facilities, lack of transport, and shortages of skilled personnel and medical equipment—were identified as key barriers to consistent ANC attendance. Similar findings were reported by Mohseni²⁹, and Fagbamigbe³⁰, who emphasized that geographic and infrastructural limitations significantly hindered

maternal service utilization across sub-Saharan Africa. Additionally, the study revealed the enduring influence of traditional beliefs and the preference for traditional birth attendants (TBAs) in certain communities. This aligns with the work of Rutledge³¹, who found a deep cultural reliance on TBAs despite the inherent risks of unskilled delivery care, highlighting the need for more comprehensive maternal health education to challenge these longstanding beliefs.

The study also underscored the pivotal role that healthcare worker-patient interactions play in shaping maternal health behaviours. Participants reported that negative staff attitudes, poor communication, and disrespectful care were significant deterrents, discouraging women from returning for follow-up visits. This finding echoes the work of Afulani³² and Minckas³³, who found that disrespect and abuse in maternity care contributed to reduced service uptake and a rise in home births. Conversely, respectful, compassionate communication and consistent, trust-building patient-provider relationships were identified as vital enablers of continued engagement with maternal care services. When women felt respected and supported, they were more likely to seek timely and regular antenatal care.

Overall, this study emphasizes that enhancing maternal healthcare utilization in Lejweleputswa requires a multifaceted approach. It calls for addressing individual awareness, challenging harmful community perceptions, and overcoming systemic health service constraints. The findings highlight the pressing need for comprehensive health system reforms, including improving healthcare staff capacity, ensuring respectful and supportive maternity care, and implementing robust community-level education campaigns to dispel cultural myths and increase ANC uptake. Only through such a holistic approach can maternal healthcare in rural districts like Lejweleputswa be improved to reduce maternal and infant mortality rates.

Conclusion

This study provides valuable insights into healthcare providers' perspectives on the awareness and utilization of antenatal and obstetric services among pregnant women in the Lejweleputswa District. It revealed that a complex interplay of

actors including limited maternal knowledge, cultural beliefs, infrastructural challenges, and negative healthcare provider attitudes hampers the effective use of maternal health services. Despite the availability of services, persistent gaps in community education and trust, staff shortages, and logistical barriers continue to undermine early and regular antenatal care attendance. The findings underscore the urgent need for targeted interventions that promote respectful maternity care, improve service accessibility, and strengthen health education at the community level. Addressing these issues through a holistic, culturally sensitive approach is essential for enhancing maternal health outcomes, reducing stillbirths, and fostering greater confidence in the public healthcare system among pregnant women in rural South African contexts like Lejweleputswa.

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