Uncovering the Lived Experiences and Prenatal Care Disparities Among Women in Rural Communities in Muzaffarabad (Azad Jammu and Kashmir)

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Abstract

This research examines the multifaceted challenges faced by rural women in Muzaffarabad, Azad Jammu and Kashmir (AJK) in accessing prenatal care. It explores the socio-economic, geographical, cultural, and healthcare system-related factors that hinder the availability and quality of prenatal services in these areas. Employing a qualitative methodology, the study conducts in-depth interviews with a purposive sample of 15 rural mothers (until the point of saturation), ensuring the selection of participants who possess direct relevance to the research objectives and enabling a nuanced understanding of their lived experiences. The findings reveal substantial barriers to prenatal care, including insufficient healthcare infrastructure, financial limitations, entrenched traditional beliefs, and geographic isolation, compounded by a shortage of trained healthcare professionals. The research underscores the pressing need for targeted interventions, such as the strengthening of healthcare infrastructure, community-based educational initiatives, and comprehensive policy reforms, to address these challenges. This study contributes to the improvement of maternal and child health outcomes by providing evidence-based recommendations for equitable access to prenatal care in underserved rural regions. It also serves to raise awareness about the unique barriers faced by rural women in securing essential healthcare services, thereby fostering a more informed approach to policy development and healthcare planning.

Keywords: Healthcare, Prenatal Care Dispaities, Women Health, Rural Communities.

Introduction

The World Health Organization began the Safe Motherhood Programs global initiative in 1987 with the goal of lowering the incidence of pregnancy and childbirth-related fatalities (WHO, 2007) According to the World Health Organization, the true asset of society is its healthy mothers and children (Yadav, 2017). All of the mother's systems are drastically changed during pregnancy in order to support the conceptus's life and growth, but pregnancy itself is not an illness. However, these changes might also lead to discomforts including stomach pain, bloating, and morning nausea (Shakoor et al., 2017). Prenatal care is a comprehensive medical service provided to pregnant women to monitor pregnancy development, address health issues, and improve the mother's and fetus's health. It helps identify risk factors, encourages healthy lifestyles, and advises on diet, exercise, and drug avoidance (Hajizadeh et al., 2016).

Prenatal care involves healthcare professionals monitoring fetal growth using methods like ultrasound imaging and fetal heart rate monitoring to identify potential anomalies. Early management can prevent issues like preterm labor and placental abnormalities, improving

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delivery outcomes and reducing health risks. Pregnant women receive emotional support and guidance on pregnancy, labor, and postpartum, enhancing their pregnancy experience and maternal and newborn health (Byerley et al., 2017).

Amid the breathtaking yet unforgiving landscapes of Muzaffarabad, Azad Jammu and Kashmir (AJK), where towering mountains seem to touch the sky, accessing prenatal care becomes a treacherous journey riddled with socio-economic and healthcare barriers. The region's formidable geography, combined with erratic weather and inadequate infrastructure, transforms the path to healthcare facilities into an uphill battle, leaving pregnant women particularly vulnerable during emergencies or harsh climatic conditions (Andrade-Romo et al., 2019).

Inadequate infrastructure in remote areas, including inadequate road networks, public transit, and healthcare facilities, exacerbates the challenges of providing timely prenatal treatments. This lack of power and communication infrastructure also hinders healthcare service organization, causing difficulties for healthcare professionals in providing prompt assistance (Gourevitch et al., 2022). However, efforts focused on increasing knowledge and understanding of the significance of prenatal care, nutrition, and maternal health have the potential to enable local communities to actively engage in advocating for the welfare of pregnant women. Customized initiatives that take into account the cultural and geographical limitations of the area may have a substantial effect on enhancing the health outcomes of mothers and children in rural Muzaffarabad, AJK (Abosse et al., 2011).

Pregnancy is a time when resilience becomes crucial at both the individual level and the woman's position in the family and society, the pregnant woman's susceptibility may increase without a supporting environment (Alves et al., 2021). Resilient individuals possess the ability to handle stress and alleviate symptoms of depression effectively; this enhances their capacity for positive thinking, creative problem-solving, and healthily managing stressful situations and pregnancy. It is crucial to adopt a holistic strategy to tackle these complex difficulties (García-León et al., 2019).

Objectives of the Study

1. To explore the socio-economic factors affecting the utilization of prenatal care services in rural Muzaffarabad, Azad Jammu and Kashmir.
2. To identify the challenges to accessing prenatal care services in rural Muzaffarabad, Azad Jammu and Kashmir.
3. To explore the cultural and societal factors influencing prenatal care utilization among rural women in Muzaffarabad, Azad Jammu and Kashmir.

Literature Review

Khan et al. (2017) research in rural Pakistan emphasized the influence of socioeconomic inequalities on prenatal care. The researchers discovered that women with lower socioeconomic status were less inclined to frequently use prenatal care services due to financial limitations and inadequate transportation, which were identified as significant obstacles. The situation of pregnancy is considered to be a natural one for women. The medical treatment that is delivered during pregnancy is referred to as prenatal care (PNC), which is also often referred to as prenatal care or before-birth care. "Prenatal care" The objective of this is to detect and monitor any issues that may occur throughout the course of the pregnancy (Iqbal et al, 2021).

In Muzaffarabad, prenatal care is crucial due to the challenges rural women face, including mountainous terrain, limited healthcare infrastructure, and cultural factors. It goes beyond medical check-ups, educating women about pregnancy risks and empowering them to make informed decisions. Health education during prenatal visits can improve birth outcomes by promoting birth spacing and appropriate nutrition practices. (Jawad et al., 2022).

Prenatal care is crucial in rural Muzaffarabad due to the lack of specialized facilities and primary healthcare centers. These centers often lack necessary equipment and staff for complex pregnancies. Prenatal care links rural women to advanced healthcare services, including referrals to tertiary care centers. Without proper care, women risk complications like preeclampsia, gestational diabetes, and postpartum hemorrhage, which can be life-threatening (Adams et al., 2019). Early prenatal care provides medical benefits and educates women on healthy pregnancy practices, including nutrition, exercise, and mental health. It significantly impacts the mother and fetus' well-being. For rural women in Muzaffarabad, prenatal care visits offer essential topics like birth spacing, breastfeeding, and postpartum care. Empowering women with knowledge reduces preventable complications and improves long-term health outcomes (Azim et al, 2022).

The Social Determinants of Health, as defined by the World Health Organization, are the conditions in which people are born, grow, live, work, and age, and the wider set of forces and systems shaping the conditions of daily life. These include economic policies, social norms, political systems, and health services. Applying this framework reveals that maternal health disparities in rural Muzaffarabad are deeply rooted in inequities in social and environmental conditions, rather than simply in a lack of awareness or willful neglect by individuals.

Access to prenatal care is influenced by a range of factors, many of which are particularly pronounced in rural areas like Muzaffarabad. One of the primary barriers is the geographical isolation of rural communities, which can make it difficult for pregnant women to reach healthcare facilities. In Muzaffarabad, the mountainous terrain and limited transportation infrastructure can pose significant challenges for women seeking prenatal care. The long distances to healthcare centers, coupled with poor road conditions, can result in delayed or missed prenatal visits, increasing the risk of complications for both the mother and the fetus (Fitzgerald et al., 2016)

Muzaffarabad faces barriers to prenatal care access due to cultural and social factors. Traditional beliefs and practices discourage women from seeking medical care, leading to reliance on traditional birth attendants or home remedies. Gender norms and women's rural roles also limit their autonomy in healthcare decisions, causing delays or preventing access to essential services (Farooq et al., 2019). Healthcare access in rural areas is influenced by geography, socio-economic conditions, and infrastructure, leading to significant service differences and the need for specific interventions, with geographical limitations causing delays and socio-economic issues impacting health outcomes (Johnson et al., 2010).

Methodology

The present study employed a qualitative research design to conduct an in-depth exploration of the various factors influencing prenatal care among rural mothers in Muzaffarabad, Azad Jammu and Kashmir (AJK). The qualitative approach was deemed appropriate for capturing the lived experiences of participants, thereby providing a comprehensive understanding of the challenges they face in accessing and utilizing prenatal care services. This methodology enabled the researchers to explore complex, context-specific factors such as the availability and accessibility of healthcare services, socio-economic constraints, prevailing cultural norms, and the overall healthcare infrastructure in rural settings. The universe of the study encompassed all rural mothers residing in Muzaffarabad, as this demographic is most relevant to the research objectives given their direct engagement with prenatal care systems. Within this universe, the study population specifically included rural mothers who had experienced at least one pregnancy, as such individuals are likely to have encountered and can articulate the practical challenges related to prenatal healthcare. A purposive sampling technique was employed to select participants who were best positioned to provide detailed and insightful information relevant to the study’s focus. This non-probability sampling method ensured that the selected

participants could meaningfully contribute to the understanding of the research problem. Data collection was carried out through in-depth interviews, using an interview guide developed to address the core themes of the study. Interviews were conducted at participants' homes or other convenient locations within rural Muzaffarabad, thereby fostering a comfortable and familiar environment that encouraged openness and authenticity in responses. The researchers continued data collection until the point of saturation was reached, ensuring that the information gathered was both rich and exhaustive. The use of in-depth interviews facilitated the acquisition of nuanced data, offering valuable insights into the structural and experiential barriers to prenatal care among rural mothers in the region.

Data Presentation and Interpretation

The data collected from interviews with 15 respondents' sheds light on the intricate and layered challenges faced by women in rural Muzaffarabad in accessing prenatal healthcare services. These findings underscore the interconnected socio-economic, geographic, educational, and cultural factors that shape women's access to necessary prenatal care.

Table 1: Respondents' Profile

Respondent name	Age	Village area	Education level	Employment status	Family structure	No. of children
Respondent 1	28	Khillah	Completed 10th grade	Homemaker	Lives with husband and parents	2
Respondent 2	32	Battliyan	Completed 12th grade	Homemaker, occasional fieldwork	Lives with their husband, and their mother assist	3
Respondent 3	24	Langapura	Completed intermediat e	Homemaker	Lives with in-laws	1
Respondent 4	30	Ghan Chattar	Completed primary education	Homemaker helps on the farm	Lives with extended family	2
Respondent 5	28	Tarari	Completed secondary education	Homemaker, occasional sewing work	Lives with husband and children	3
Respondent 6	22	Subri	Completed secondary education	Homemaker	Lives with in-laws	1
Respondent 7	34	Shala Bagh	Completed 10th grade	Homemaker does embroidery	Lives with husband and parents-in-law	4
Respondent 8	29	Pathali	Completed 8th grade	Homemaker helps on the farm	Lives with husband and children	2
Respondent 9	31	Rarah	Completed 9th grade	Homemaker assists in shop	Lives with husband and parents	3
Respondent 10	25	Thala	Completed 8th grade	Homemaker	Lives with husband and children	2
Respondent 11	28	Danna	Completed 6th grade	Homemaker	Lives with husband and children	4
Respondent 12	34	Kukarwaray	Completed 10th grade	Homemaker helps on the farm	Lives with husband and children	3
Respondent 13	26	Tandali	Completed 5th grade	Homemaker	Lives with husband and children	2

Respondent 14	31	Sarran	Completed 8th grade	Homemaker assists with carpentry work	Lives with husband and children	4
Respondent 15	29	Tanda	Completed 9th grade	Homemaker	Lives with husband and children	3

A predominant theme among respondents is the socio-economic landscape that limits their ability to access prenatal care. Most respondents are homemakers with restricted sources of income, and their households largely depend on agricultural work or manual labor. These income sources are often inconsistent and low-paying, making it difficult to allocate funds for non-essential expenditures.

Financial Constraints and Healthcare Access

The financial barriers faced by families in rural Muzaffarabad profoundly impact women's access to prenatal healthcare, shaping their health-seeking behaviors and leading to significant consequences for maternal and child health outcomes. These barriers are intricately tied to the precarious economic realities of rural households, where income levels are insufficient to cover basic living needs, let alone healthcare expenses. A comprehensive analysis of these challenges, supported by literature, highlights the interrelation of socio- economic, cultural, and systemic factors that exacerbate the problem.

One of the respondents from rural Muzaffarabad, poignantly expressed this dilemma: "our financial situation often prevents us from seeking timely care. Every expense is scrutinized, and healthcare often takes a back seat." This sentiment is not unique to the region where families in Pakistan in poverty consistently deprioritize healthcare due to pressing financial needs In addition to direct medical costs, the geographical isolation of rural Muzaffarabad amplifies financial barriers. "My husband works in construction, but there is often not enough work," she explained. This financial unpredictability is a common issue in rural Pakistan, where many families rely on seasonal or temporary employment. Such precarious income streams hinder consistent healthcare access and create additional vulnerabilities during emergencies.

Jahangeer (2015) pointed irregular income affects prenatal care and financial strain during health crises. Families often resort to high-interest loans for medical emergencies, reinforcing debt and poverty cycles. This exacerbates maternal health risks, leading to high rates of medical challenges like preeclampsia, gestational diabetes, and postpartum hemorrhage. Effective management requires timely intervention.

Another respondent experience underscores the broader implications of these systemic issues. "When you have to choose between food for your family and a visit to the doctor, the choice is clear," The respondent highlights the harsh realities faced by many women in her community, highlighting how their choices for survival contribute to long-term adverse outcomes for mothers and children, perpetuating cycles of poor health and poverty, and how household demographics are crucial indicators (Ahmad & Faridi, 2020).

Rural Muzaffarabad faces financial constraints that limit access to prenatal care and impact maternal and child health. Economic precarity, geographic isolation, and systemic inadequacies necessitate holistic, evidence-based interventions. Addressing these barriers through targeted investments and community-driven approaches can lead to a more equitable healthcare system that prioritizes the physical and mental well-being of women and children in rural areas.

Geographic Isolation and Healthcare Accessibility

Rural Muzaffarabad faces geographical isolation, limiting access to healthcare for pregnant women due to mountainous terrain and remote villages. This leads to delayed or missed prenatal visits, increasing the risk of undetected complications, highlighting the impact of geographic isolation on pregnancy-related risks. The mountainous terrain of Muzaffarabad requires

immense physical effort to access healthcare facilities, as most respondents live in remote villages far from medical centers. The lack of paved roads connecting these villages means that travel often involves navigating treacherous, narrow paths on foot. “The journey to the nearest health facility is often treacherous. It involves walking on narrow, unpaved paths that can be muddy and slippery, especially during the rainy season,” explained by one of the respondents. Her account aligns with Abdullah and Wang (2017), The author discusses the challenges faced by rural Pakistan, such as unpaved roads and difficult terrain, and suggests that improving the country's transport structure could significantly increase access to affordable, wholesome food. Most respondents reported that reaching the nearest healthcare center required journeys of several kilometers. A respondent stated, “The nearest healthcare facility is around 10 kilometers away. The whole journey takes over an hour, which is hard with small children.” Her account reflects a broader pattern noted by Khan et al. (2018), Long travel distances discourage regular prenatal visits, especially for women with caregiving responsibilities, as balancing childcare and household duties with extended travel adds stress and reduces healthcare engagement. Jahangeer (2015) noted that rural women in Pakistan face higher rates of maternal mortality due to limited access to emergency obstetric care, a problem exacerbated by geographic isolation.

Geographic isolation significantly affects pregnant women's psychological well-being due to the planning, risks, and uncertainty of each journey, including fear of injury and clinic access. “The journey feels treacherous,” one of the respondents said, reflecting the psychological toll of repeated exposure to such difficulties. This sense of dread and anxiety discourages proactive healthcare-seeking behavior, as women may rationalize that the risks and costs of the journey outweigh the benefits of regular check-ups. Sen (2013) the study reveals that rural women often face psychological barriers in accessing healthcare due to logistical issues, with disease and poverty being closely linked to the "inability to command commodities" and inadequate healthcare access, Geographic isolation in rural Muzaffarabad significantly impacts pregnant women, causing physical, financial, and psychological burdens. These barriers limit access to prenatal care and exacerbate health risks by delaying timely interventions. Addressing these challenges through infrastructure improvements, mobile health services, and community-based healthcare initiatives could improve healthcare accessibility for rural women, empower them, and contribute to better maternal and child health outcomes

Limited Health Knowledge and Decision-Making

Health literacy, defined as to what extent we can understand, have the access and use health information effectively, is critical to improving maternal healthcare access and outcomes. In Rural Muzaffarabad women face challenges due to limited formal education, hindering their understanding of health information and decision-making about prenatal care. This lack of health literacy affects interactions with healthcare providers, access to support systems, and healthcare infrastructure. Addressing this requires community-based interventions that empower women with practical knowledge.

One of the respondents exemplified this challenge when she shared, “I have completed my intermediate education. I enjoy reading about health and wellness, but I often find it hard to apply that knowledge practically in my situation.” Her statement reflects the disconnect between theoretical knowledge and real-life application in a resource- constrained setting. Women live longer than men in practically every country, but they also have worse mental health, more disabilities, and more diseases. However, by 2030, it is anticipated that this paradoxical female advantage in life expectancy will decline globally (Kontis et al., 2017). Culture significantly influences women's autonomy in healthcare, with Pakistan women experiencing less autonomy due to cultural perceptions of making decisions independently. (Ahmed et al., 2019).

Many women feel hesitant or insecure when discussing their health concerns with medical professionals, particularly when they do not fully understand the advice given, for example, another respondent admitted that, "My limited education makes it difficult to understand some health advice, which sometimes leads me to make poor health decisions. Health literacy is the ability to access and use essential health information and services for informed decisions. Low health literacy leads to increased hospitalizations, emergency room visits, and higher mortality rates. Rural women often lack confidence in medical information, resulting in knowledge gaps that negatively impact their health choices (Berkman et al., 2011). For instance, some respondents mentioned being unaware of financial assistance programs that could have eased their access to prenatal care. Even when such programs are promoted, the reliance on formal channels and written materials often makes them inaccessible to women with limited literacy skills. "I didn't know the clinic had a free service until someone else told me much later," shared one respondent, reflecting a widespread issue where crucial information fails to reach the intended beneficiaries. This gap underscores the need for targeted outreach efforts that account for the educational and cultural realities of rural populations.

Community health workers and local health educators are crucial in bridging health information gaps by providing direct, localized communication and fostering trust within the community. Their contributions are increasingly recognized as they help people and communities most impacted by injustices (Shantharam et al., 2022).

Environmental Challenges: Seasonal and Weather Impacts

Seasonal weather changes and environmental factors significantly obstruct access to healthcare for women in rural Muzaffarabad. The region's mountainous terrain and limited infrastructure make healthcare facilities inaccessible due to weather fluctuations. Monsoon rains, winter snowfalls, and landslides isolate villages, making it difficult for pregnant women to seek timely care: "the rainy season is particularly tough, as roads can become completely impassable. I have missed several appointments due to this." Her experience is representative of a broader issue in rural Muzaffarabad, where heavy rainfall floods or washes away roads and paths, disrupting healthcare access. These seasonal challenges exacerbate the already limited accessibility of prenatal care, leading to delays in essential check-ups and increasing the risk of complications

The physical dangers posed by seasonal weather conditions are especially daunting for pregnant women. The risks of landslides, flooding, and icy roads make travel hazardous, particularly for those in advanced stages of pregnancy. "After heavy rainfall, the roads can become muddy and difficult to navigate. Once, I got stuck in the mud and had to turn back, missing a vital appointment." Such incidents are common in Muzaffarabad, Pregnant women face increased risks of falls and injuries due to poorly maintained roads, leading to psychological stress. Climate change is causing infrastructural damage, disrupting food and water systems, and causing economic instability. Marginalized groups, such as women, ethnic minorities, and low-income communities, have fewer resources and ability to confront climate-related dangers, exacerbated by existing social and economic disparities (Cianconi et al 2020).

These proposed solutions align with respondents' calls for a more resilient healthcare system that accommodates the unique challenges of Muzaffarabad's environment. Respondent's statement about the monsoon season underscores the recurring nature of these barriers: "it's not just one year; every season brings the same problems. We need solutions that work even when the roads don't." Notably, Primary health facilities are often scarce, especially in rural areas of developing nations, making it difficult for patients to receive care and potentially reducing their likelihood of seeking it. Research indicates a positive correlation between mortality and distance to nearest medical institution, and a negative correlation with health service consumption (Aggarwal, 2021).

Cultural expectations and traditional gender roles significantly influence health decisions among rural women in Muzaffarabad. Household responsibilities and family needs often prioritize women's health, leading to many forgoing or delaying essential prenatal care due to their family obligations. This challenge highlights the importance of prioritizing family well-being "with my husband busy with work, I have no one to look after the children while I go." Her experience reflects Cultural expectations of caregiving responsibilities that often discourage women from prioritizing their health, especially during pregnancy. The intersection of economic dependency and caregiving expectations leads to lower maternal health priorities, delayed health check-ups, and increased risk of preventable complications (Kelliher, 2019).

"During my last pregnancy, I had to postpone appointments due to financial issues, and I worried constantly about the health of my baby." Financial barriers in rural areas exacerbate vulnerability and anxiety, leading to a cycle of stress and limited healthcare access. Delayed or missed check-ups exacerbate fears about complications, causing women to feel powerless and unsupported. The combined pressures of financial strain, unpredictable transportation, and cultural expectations make accessing prenatal care as burdensome as the care itself. This emotional toll often leads to guilt and self-blame (Rabin et al., 2020).

"My limited education means I often rely on others for information. I wish I could read and understand health materials better." Women's reliance on external sources in healthcare leads to a passive approach, with family members or friends providing advice rather than seeking professional medical advice. This increases the risk of misinformation and delays timely interventions. Educational barriers also hinder women's ability to navigate the healthcare system, making it intimidating and inaccessible. This often results in hesitancy in asking questions or clarifying doubts, leaving women feeling marginalized (van der Heide, 2013).

Family dynamics significantly influence women's healthcare decisions in rural Muzaffarabad, affecting their access to prenatal care and autonomy over personal health choices. Decisions are often guided by family members, particularly male heads and elder relatives, reflecting cultural norms prioritizing collective decision-making and family needs over individual health concerns.

"My mother-in-law and husband usually decide what the right time to go to the clinic is. I sometimes feel like my needs are secondary to other family concerns." Her experience highlights the subordination of women's health needs to familial priorities, resulting in limited autonomy in healthcare due to household hierarchies and cultural expectations. Men are often the primary decision-makers, even when women recognize the importance of prenatal care, and may need approval before accessing medical services (Ganle et al., 2015).

Moreover, one of the respondents described her experience "my grandmother advises against certain foods during pregnancy, which she believes are bad for the baby, but the doctor says they're fine." Her account highlights that rural women's face tension due to conflicting advice from cultural authorities and healthcare providers, leading to confusion and conflict. Pregnant women often experience dietary deprivation during pregnancy, as traditional beliefs and practices are spread globally. Modern medicine has not prioritized these procedures, causing further confusion and conflict (Withers et al., 2018).

Discussion

The study highlights significant barriers to prenatal care access among rural women in Muzaffarabad, which can be effectively interpreted through the lens of the Social Determinants of Health (SDH) theory. This theoretical framework emphasizes that health outcomes are not solely the result of individual choices or biological factors, but are profoundly shaped by broader social, economic, and environmental conditions.

Moreover socio-economic factors, such as low income and limited educational attainment, emerged as significant determinants of prenatal care access. Many women face financial

constraints that hinder their ability to afford transportation to healthcare facilities, purchase medications, or undergo necessary diagnostic tests. Many rural health centers lack adequate medical equipment, essential supplies, and specialized care, leaving women with no option but to rely on informal or unqualified care providers. Addressing these barriers requires strengthening rural healthcare systems by improving infrastructure, establishing mobile clinics, and expanding the availability of well-equipped, accessible healthcare facilities. Additionally, investments in transportation networks and community health programs have the capacity in reducing the physical distance between rural women and essential prenatal care services.

Furthermore cultural norms and patriarchal family structures emerged as critical social determinants influencing women's health-seeking behavior. Deeply embedded beliefs about pregnancy being a natural process, coupled with limited autonomy in healthcare decisions due to male-dominated household dynamics, restrict women's access to timely and adequate prenatal care. These determinants reflect the powerful role that social and cultural environments play in shaping health behaviors and outcomes.

In addition, the healthcare system itself acts as a determinant, where systemic deficiencies such as the shortage of skilled professionals, under-resourced facilities, and lack of infrastructure disproportionately impact rural areas. These structural challenges are not isolated issues but symptoms of inequitable health resource distribution, which the SDH theory identifies as fundamental to understanding disparities in health access and outcomes.

The psychological stress experienced by rural women due to financial pressures, geographic isolation, and lack of mental health support further demonstrates how social and economic conditions interact to influence maternal well-being. These findings underscore the need to approach maternal health not just through clinical interventions but through comprehensive strategies that address these upstream determinants**.**

Conclusion

The results of this study provide important information on the many difficulties that women in Muzaffarabad, Azad Jammu and Kashmir (AJK) encounter while trying to get prenatal treatment. The study utilized qualitative methods to examine the experiences of women in rural areas, highlighting the socio-economic, cultural, geographical, and structural barriers that hinder healthcare access. It emphasized the need for a comprehensive strategy, customized policy frameworks, community involvement, and robust healthcare systems to improve health outcomes for mothers and children. Rural healthcare centers face systemic challenges due to understaffing and lack of skilled professionals, resulting in substandard care and complications. Policy measures, competitive salaries, and professional development opportunities are needed to improve access. Limited mental health resources and financial barriers also contribute to anxiety and depression in rural women.

One of the biggest challenges is the geographical isolation of rural Muzaffarabad, which is made worse by the hilly terrain and terrible weather conditions. The absence of infrastructure, such as well-kept roads and dependable transit, not only makes it difficult to get to healthcare facilities on time, but it also increases delays in emergencies. The lack of healthcare centers that are well prepared makes these geographical issues even worse, forcing many women to depend on facilities that are far away in metropolitan areas. These systemic shortcomings need urgent action, especially when it comes to creating decentralized healthcare centers and mobile clinics that are designed to serve the needs of those living in rural areas.

The study highlights the need for improved prenatal care in rural areas due to a lack of qualified healthcare professionals. It recommends a multisectoral strategy, focusing on education, income generation, and healthcare delivery. Future research should explore long-term effects of tailored treatments and psychological aspects of prenatal care experiences. The study calls for community-driven solutions, strong legislative support, and systematic investments in

healthcare infrastructure. To improve maternal and child health outcomes in underserved and remote communities, a multi-faceted and culturally responsive approach is essential. Governments should invest in the development of reliable and accessible transportation infrastructure to connect marginalized populations with healthcare facilities. Equipping local midwives and health educators with professional training and culturally sensitive resources can enhance trust and accessibility, particularly in prenatal and maternal health services. Finally, integrating mental health support and counseling into prenatal services can address emotional challenges during pregnancy, promoting resilience and psychological well-being among expectant mothers.

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