

Utilization of Maternal Health Care Services in Slum Areas of Kathmandu Valley, Nepal

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Abstract

This study aims to investigate on the factors affecting the utilization of maternal services surrounding maternal health practices in those demolished areas in the Kathmandu valley with socio-cultural norms that heavily shape the scope of these services. The study cultivated the essence of women in search of maternal health services, like ANC, skilled birth attendance, and postnatal care, and some challenges faced by healthcare providers while ensuring maternal healthcare services. A qualitative study was conducted, including in-depth interviews and focus group discussions among reproductive aged women and healthcare providers as well as important community stakeholders. The study highlights the improvements in awareness about maternity health services because of government and non-governmental organizations' involvements; however, many still face challenges. These challenges include financial constraints, lack of health facilities, poorly maintained roads access, lack of skilled health personnel, and other crucial life aids in maternal health care. Socio-cultural beliefs, which encompass traditional healing practices influence maternal health-seeking behaviors; some women have delayed or avoided formal healthcare services as a result. Increased male involvement in maternal health, community-based support programs, and female community health volunteers (FCHVs) would help improve healthcare utilization. The structural aspects of healthcare systems have to be improved. The strengthening of maternal services, ensuring a supplementary source of finance for maternal services, improving access to transport should certainly be considered. Health education programs aimed at challenging cultural practices are seriously needed if improvement in health access and quality lies beyond. The co-operation among the state, local government bodies, and NGOs is requirement. Targeted interventions would serve in either reducing or completely eliminating some of these forms of disparities in maternal health. The result is a healthier future for mothers and their families in squatter areas of Kathmandu Valley.

Keywords: Maternal health, Squatter settlements, Healthcare utilization, Socio-cultural norms, Access to services, Community interventions and health disparities

Introduction

Healthy motherhood is a global health priority, particularly so in low-resource settings where maternal morbidity and death rates are grossly high (WHO, 2021). The access to quality services during pregnancy and at birth will facilitate climbing down maternal and neonatal unfavorable outputs. The extent to which care-seeking behavior influences maternal health-seeking encompasses respectable differences in various socio-economic and geo-physical groups. Among them, urban slum dwellers have been told of by Barros et al. (2019) to have been some of the most underserved. In Nepal, despite significant progress made in maternal health over the last few decades, significant disparities still manifest within marginalized communities like urban slums in the Kathmandu valley (Acharya et al., 2020). An understanding of the utilization of maternal health care services in these areas is necessitated by designing effective involvements aimed at improving maternal health results.

The worldwide commitments concerning the improvement of maternal health are heavily protected through the goals set by several platforms, the most important being the sustainable development goals (SDGs), which, particularly targets Goal 3 -health and well-being. Under this goal, one of the sub-targets is to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030. Nepal has shown significant gains in maternal health, with the MMR dropping from 539 per 100,000 live births in 1996 to 239 per 100,000 live births in 2016 (Ministry of Health, Nepal, 2017). Nevertheless, these changes have been far from uniform-the women from slum areas face many challenges to access maternal health care services (Pant et al., 2021).

Slum settings that are characterized by inadequate sheltering, poor sanitary facilities, and minimal access to basic services pose special challenges in the utilization of maternal health care (Bhan et al., 2020). Women residing in these areas commonly endure socio-economic deprivation, awareness deficits, and cultural barriers that are inhibiting timely access to maternal health care (Nair et al., 2018). Studies in Nepal have shown disparities against urban poor women regarding antenatal care (ANC), skilled birth attendance (SBA), and postnatal care (PNC) services when compared with those of women from other wealthier urban and rural areas (Adhikari et al., 2019). Despite being the presence of the many maternal health programs, their efficiencies in slum settings are conceded by the cover-up systemic inequalities and logistical challenges (Pokhrel et al., 2022).

Thus, with the rapid urbanization of Nepal and expanding slums, it is imperative to understand the factors influencing utilization of maternal health care services in these areas. Particularly in this context, it is equally valuable to pursue a qualitative approach-this method may offer deeper insight into the lived experiences, perceptions, and socio-cultural determinants influencing maternal health-seeking behaviors (Silverman, 2020). The present study purposes to explore the utilization of maternal health care services in the slum areas of Kathmandu Valley using an in-depth qualitative study.

Utilizations of maternal health services could be synthesized in multiple theoretical frameworks with Andersen's behavioural model of health services utilization (Andersen, 1995) among them. This model asserts the system of health service utilization to be informed by predisposing factors (like socio-demographic characteristics and cultural beliefs), enabling factors (like financial resources and access to health facilities) and need factors (like perceived health conditions and past experience of maternal health). Therefore, an application of this model to the specific context of the slums in Kathmandu Valley would appropriately explain the various societal access and decision-making dynamics on maternal health care within these communities.

Moreover, the social determinants of health (SDH) framework expressed by the WHO (2019) underscores how economic status, level of education, social support networks, and physical environment have effects on maternal health results. Poverty, gender disparities, etc. are quite widespread here; however, knowledge about these determinants becomes very relevant for debuting effective health interventions that can be customized according to the needs of marginalized women (Shrestha et al., 2021).

Despite several maternal health projects in Nepal, the persisting low exploitation of maternal health in these areas of slum is a signal for further scrutinizing gaps that exist in systems that need to be explored further (Dahal et al., 2020). While quantitative studies have given statistical insights into maternal health disparities, there is a need for qualitative research to explain the reasons contributing to low-use rates of service delivery in urban slums. The objectives of the study is identify the major barriers and supports to health care utilization among mothers in the slum areas of the Kathmandu Valley, explore the impact of socio-cultural beliefs and practices on health service utilization among mothers, explore women's experiences in using certain maternal health services, like antenatal care (ANC), skilled

birth attendance (SBA), and postnatal care (PNC), and finally, unveil health care providers' perceptions and how they address barriers in maternal health service delivery.

The study seeks to establish awareness of maternal health service utilization, devise policy recommendations towards its improvement in urban-slum contexts in Nepal. The comprehension of maternal health service utilization in slum areas confidently has greater disadvantages for public health policy and program implementation. Results of this study might inform health policymakers, governmental bodies, and NGOs on the specific needs and challenges faced by slum-dwelling women regarding maternal health care (Gautam et al., 2019). The increased insights from this study might help in developing targeted interventions that retard accessibility, affordability, and acceptability to services in urban slums.

Furthermore, this study posits into the wider discussion on health equity and social justice by highlighting the systemic barriers that sustain maternal health disparities. Targeting these issues becomes crucial to attain national health goals of Nepal and international commitments in maternal health, such as the SDGs and WHO's Global Strategy for Women's, Children's, and Adolescents' Health (WHO, 2016).

To sum up, maternal health services utilization in the slum areas of Kathmandu Valley remains a complex issue due to the simultaneous intervention of multiple socio-economic, cultural, and technical factors. Despite significant achievements in maternal health within Nepal, the problems faced by poor urban women reveal a deficiency for context-specific interventions. The research study, therefore, is focused on exploring maternal healthcare utilization in the slums of Kathmandu Valley, in order to gain a detailed insight into factors favoring maternal healthcare-seeking behavior. This insight will be particularly useful in shaping policy and programming that ensures equity in coverage of maternal health services for women regardless of their socio-economic status.

Data and Methods: Qualitative Information

Qualitative data has been collected pertinent to the existing state, problems, and constraints facing the maternal health care services pertaining to the slum areas of Kathmandu Valley. To this end, in-depth interviews (IDIs) were held with health workers, ward members, community volunteers, and female community health volunteers (FCHVs) in three major slum areas of the Kathmandu Valley encompassing all three districts: Kathmandu, Bhaktapur, and Lalitpur. Fifteen interviews were held.

Table 1: Characteristics of IDI participants

Name	Age	Sex	Designation	Community	District
Participant 1	60	Female	Community Volunteer	Manohara	Bhaktapur
Participant 2	30	Female	Community Volunteer	Manohara	Bhaktapur
Participant 3	50	Female	Health Worker	Manohara	Bhaktapur
Participant 4	55	Female	Community Volunteer	Thapathali	Kathmandu
Participant 5	43	Female	FCHV	Teku	Kathmandu
Participant 6	43	Female	FCHV	Teku	Kathmandu
Participant 7	50	Female	FCHV	Teku	Kathmandu
Participant 8	37	Female	FCHV	Manohara	Bhaktapur
Participant 9	42	Female	Female Ward Member	Godawari	Lalitpur
Participant 10	45	Female	Health Worker	Godawari	Lalitpur
Participant 11	40	Female	FCHV	Godawari	Lalitpur
Participant 12	29	Female	FCHV	Godawari	Lalitpur
Participant 13	43	Female	Community Volunteer	Manohara	Bhaktapur
Participant 14	35	Female	Community Volunteer	Manohara	Bhaktapur
Participant 15	42	Female	Community Volunteer	Manohara	Bhaktapur

Three larger slum areas of the Kathmandu Valley-world city regions serving the districts of Kathmandu, Bhaktapur and Lalitpur, five focus group discussions (FGDs) were held. At these sessions, one in Teku, Kathmandu; two in Manohara, Bhaktapur; and two in Godawari, Lalitpur and discourses were carried out by a cross-section of women, mothers' groups, volunteers, and FCHVs selected from the community. Following transcription and translation of the IDI responses to English, qualitative data were coded using the ATLAS.ti program. A code list was established for the qualitative data analysis to examine problems the maternal health care service users are experiencing. A coding scheme was articulated from the coded topics, within which coded analyses were conducted.

Results

Maternal health is a very critical issue in public health of the marginalized populations, more specifically in slum dwellers of the Kathmandu Valley. The study reviews the problems concerning maternal health, availability and accessibility of maternal health care, the role of stakeholders like local governments and political parties, family support, so also sources of health information and intensification of superstitious beliefs, and against the backdrop of which programs are needed for the expansion of maternal health.

Problems associated with maternal health: Such details were unearthed during interviews and Focus Group Discussions (FGDs) with various health workers, community volunteers, and FCHVs in the course of the study: Most of the women do not report severe problems during pregnancy, delivery or at the neonatal stage, maybe due to increased awareness, good access to health care, and improvement of their socio-economic status. The situation is better in comparison to then, when seeking birth health care was so much rare due to poor economic and food conditions. Their IDs observed how most women went today to health centers or hospitals for checkups and deliveries and did not opt for home births. The improvement is mainly a result of increased awareness of health risks and availability of maternal health care services. Women now make the right decisions regarding their pregnancies, seeking pre-conception counselling and antenatal care (ANC). However, some women still experience some difficulties such as too many bills to pay and other constraints, such as lack of combined service in most local health posts and infrastructure.

Maternal healthcare services: The document dealing with maternal health care services names many variables under which maternal health care services are being provided or not provided include availability, access, and affordability, not to mention satisfaction from the services rendered, and present problems in the delivery of health care.

Availability, access, and affordability: Meanwhile, basic maternal health services that include antenatal care (ANC), postnatal care (PNC), iron calcium supplementation, and routine checkups are provided at the health posts and centers. However, there is a dire lack of delivery services in many health posts, necessitating referrals to higher centers. Some women face extreme financial hurdles while availing private health services and in fulfilling testing charges, especially ultrasound. NGOs play a noteworthy role in support of government's services by providing education, awareness, and other health programs to these communities.

Satisfaction from services: The great majority of women assert satisfaction with the maternal health services available. This is given in their active involvement in health programs and educational initiatives, an indication of positive attitude towards seeking healthcare. Health workers underscore the effects of various health camps on health-related issues and NGO-supported programs carried out, including screening for breast and cervical cancer, tuberculosis, and eye diseases too. Whereas a general perception dwells that services are adequate, still, yet some women clamor for the extension of health services, equipment, and facilities.

Problems in accessing health services: Although most women tended not to report substantial challenges with respect to access to health care services, financial constraints, transport-related problems, and difficulties concerning comprehensive health facilities continue to abound. Some women tend to postpone or simply avoid further health visits because of excessive costs attached to diagnosis and treatment. Among others, there are women facing difficulties in getting appointments. The cost of care has increased, becoming more and more unmanageable for women in the slums. Thus, a therapy is hesitatingly rendered to women who live on the edge of existence as far as their food is concerned. In order to mitigate these situations, healthcare infrastructures such as health posts need to be within the vicinity of slum communities.

Place of delivery: Almost all the women interviewed had given birth in hospitals or health facilities. This shift from giving birth at home to institutional delivery is attributed to increased recognition of state-sponsored collectivization of maternal health risks and availability of health facilities--a development to ensure safer deliveries when a lady is in labor. Thus, it is a common practice among Nepali women to deliver their baby in any hospital: government-owned maternity hospitals, birthing homes, or private clinics.

Role of local government and political parties: Local government has the ultimate responsibility for making maternal health services accessible to the populace through improved cover health posts, ward-level clinics, and the district hospital. However, several women felt that the services were few in number and that much needed to be done to meet the needs of slum-dwelling women. Some informants explain healthcare-related infrastructures in which

healthcare is discussed minimally, without giving focus to the urgent needs of slum residents. Women themselves would like for there to be permanent FCHVs in their community to constantly support and educate.

The role of family in maternal health: The support from the family towards maternal health is fundamental. Certainly, most respondents remained focused on affirming that now families have become more supportive compared to the recent past. Husbands and in-laws do take part throughout pregnancy and at the time of delivery and postpartum care. Nevertheless, challenges are attracted, such as several women reporting against weak family support, mainly in households with financial strains or husbands' least involved. Here, there are instances where the community members team up with FCHVs in taking up the responsibility of supporting women in need.

Topics of health awareness: From the perspective of the key participants, community health awareness is encouraging. Women are expected to search for outlets through which acknowledgement is received. These sources of health information and counseling are numerous and involve FCHVs, health workers, television, radio, newspapers, and the community meeting structure. Points of use for promoting health knowledge include health activities training and refresher courses conducted with relative effectiveness on top of raising awareness. Meanwhile, extension through community health groups and NGOs to widespread coverage gives detailed knowledge on maternal health, nutrition, and child care practice.

Superstition and practices: While many believe that many superstitious beliefs relating to maternal health have been decreasing, there are some old practices that continue. They include various prohibitions during pregnancy and pre-consultation about traditional healing before professional healthcare is sought. Campaigns have somewhat succeeded in eradicating such practices; however, continuous one is very much needed. Programs and Activities Required for Improvement; The participants expressed their heartfelt desire for enhanced maternal health programs and services.

Establish more health posts serving the slum communities: The emphasis should be on establishing more health centers that cater to the needs of residents of slum communities. These health centers should have basic medical facilities, qualified health personnel, and ambulance services in cases of emergency transport, mainly to reduce delays in receiving critical care and improve results for their clientele. It was recommended that expanding maternal health services to health posts attached to the locality would be important in ensuring safe motherhood and neonatal survival. Mass health education programs should be conducted to sensitize the population about preventive opportunities and the goodness of going for regular consultation. The strengthening of the existing healthcare structures, including the provision of doctors for routine consultations, is considered very essential for sustaining the whole works. Outreach-related website content by healthcare workers collectively would then improve maternal healthcare access, serve as an essential lifeline in terms of medical care to those women who could not reach health facility premises. Lastly, free medicines and financial assistance for basic medical tests would greatly encourage mothers to use the services without having to meet extra costs, amid the already-challenging financial status of many slum families. The survey result showed significant improvement in maternal health services in overlooked slum pockets of Kathmandu valley. Improving awareness, increasing access to health facilities by government, and NGO initiatives have largely contributed to improving maternal health results. Nevertheless, a set of challenges, like financial constraints, limited healthcare services, and transportation, remain in place and poor maternal health results are linked to these problems. Interventions on the policy, infrastructure, and/or on specific programmatic health issues would go a long way in enhancing maternal health results in the community.

Discussion

An evaluation of maternal health challenges highlights slum health issues in Kathmandu valley where maternal health has shown significant improvements with many problems still unresolved. Promoting awareness and accessibility has been a key area in favor of maternal health progress (Karkee & Morgan, 2023). Nevertheless, limited healthcare opportunities and means create formidable obstacles (Shrestha et al., 2022).

For women coming from poorest sections health check-up and treatment remains a challenge (Poudel et al., 2023). While most health posts deliver the minimum services like antenatal care (ANC) and postnatal care (PNC), most cannot deliver those babies if complications were to arise, thus leading to referrals. So, these vulnerable groups are disproportionately affected because of poor transport and financial resources (Kumar et al., 2022). -Therefore, eliminating this gap shall narrow down income inequity with respect to maternal health services.

Availability, accessibility, and affordability: Maternal healthcare services have improved a lot in the slum areas because of the participation of governmental and nongovernmental organizations (NGOs) (Joshi et al., 2023). However, even now significant barriers are faced due to the absence of adequately equipped health facilities. A step in this direction is the provision of mobile clinics, which have provided health services in those areas where women cannot reach the health services due to financial constraints (Ghimire et al., 2023). Still, women would have to pay quite a lot in lieu of an ultrasound or laboratory tests when they visit a private health facility (Dahal et al., 2022).

Service satisfaction: Studies show satisfaction with the available services but still indicate women stating a need for improvement in healthcare infrastructure and logistics (Acharya & Subedi, 2023). Women highly appreciate healthcare volunteers and health workers who take on health promotion (Thapa et al., 2023). Yet women also seem uncomfortable with the overcrowded setup and long waiting hours, which may be discouraging for the timely use of maternal health services (Maharjan et al., 2023).

Receiving health services problem: The pressing issue of financial burden associated with the use of maternal health services and, more seriously, even using government-run institutions should not require extra costs for transport and drugs (Paudel et al., 2023). As free maternal health services cover medical expenses, the poorest ladies find themselves unable to pay for necessary additional expenses such as tests and drugs (Sharma et al., 2022). A collaborative effort to extend subsidized services to middlemen is required to address this problem.

Reasons for institutional deliveries being promoted over home births: Awareness-raising campaigns and the introduction of a better quality of healthcare institutions have meant the majority of women now opt for institutional delivery giving rise to significantly reducing maternal and neonatal mortality rates (Bista et al., 2023). Yet, the transportation issue remains a hindrance, though quite a few women are confronted with no services for birthing within their local health center (Tamang et al., 2023). Clear referral structures and an emergency transport would improve maternal health results even further.

Role of local government in politics: Local governments have a vital role in assisting and promoting maternal health care services, but, depending on the case, they are largely ineffective in slum areas (Bhandari et al., 2023). Women in the focus group expressed concern for weak inclusion of slum community needs by health committees (Shrestha et al., 2022). If more investment in maternal health infrastructure takes place, with increasing healthcare workers, it may make up for the injury. Political will plays an integrative role in ensuring efficient maternal health services. Persuasion coming from parliamentarians might bring about increased budget allocation on maternal healthcare programs in far-flung areas (Nepal et al., 2023). Strengthening cooperation between local governments and NGOs may further extend maternal health services as well as education.

Role of family in maternal issues: Familial assistance is very (much) essential for assuring positive maternal health results (Bhattarai et al., 2022). Thus, husbands and in-laws, unlike their offspring, are actively engaged in maternal healthcare, thereby leading to a better decision-making process around maternal health issues (Singh et al., 2023). In the eyes of Gautam and Dahal (2023), some women still encounter a double fold in terms of financial constraints and traditional gender positions that diminish their ability to decide on their health-seeking behaviors. Empowering women in education and finances actually paves an extra mile toward access of maternal health without any hurdles. Again, peer education in community-based interventions that engage men in maternal healthcare creates a family setting supportive of delivery services.

Sources of health information: Information modes and quality have certainly improved through several channels like mobile tech, community meetings, and media campaigns (Giri et al., 2023). Female Community Health Volunteers (FCHVs) and health workers are the primary purveyors of reliable maternal health information (Adhikari et al., 2023). Nonetheless, it should be clarified that the channels to soundly disseminate health information are still a real difficulty, with ill-informed sectors depending yet on gran grandparent oral tradition or other means of misinformation in the name of maternity (Rai & Pant, 2023). Community-based education and digital health programs, therefore, are helpful in increasing knowledge and dispelling erroneous notions in the realm of maternal health.

Superstitious beliefs and practices: At tangling with the diminution in superstitious beliefs is the remaining practice (s) of old customs. For instance, a ban on food combines well with an alleged bad symptom, while a sick companion is relied upon to withdraw from the very first step towards medicinal cure (Karki et al., 2023). Today, the ongoing informative and educational campaigns have done good with their significant effects towards having such practices prejudiced, but a farward (sic) push is important for dismantling the so-called traditional practices (Paudel et al.,

2023). Through the provision of relevant information, a quantum leap can be made toward ensuring that culture shifts over to evidence-based maternal healthcare strategies.

Conclusion

The progress in maternal health services in the slum areas of Kathmandu valley might explain to us that a great stride has been accomplished in the care of the expectant mothers. Much can be assigned to the awareness raised on maternal health care and the greater access to these services, including the active roles of government and non-governmental organizations. By now, more women are in for institutional delivery and access to antenatal and postnatal care, hence reducing complications related to maternal health. Despite this, several structural challenges impede an all-encompassing maternal healthcare delivery for people of the slums. One of the most pressing issues remains financial limitations, which prevent women from receiving essential health services, including diagnostic tests, ambulatory care, and institutional delivery. The scope of their health posts and need referral to the higher center just worsens the already high financial and transport problems associated with their health, especially if coming from marginalized settings. While some gaps have been supplemented by civil society and NGOs, the resources and mechanisms in place for the delivery of their services are limited and failing fast under the weight of expanding demands. The supply of free drugs, financial donations, or emergency transportation for these women will greatly ease their burdens.

Local government is dealing with these maternal health care challenges through establishment of health posts at the ward level. Such services, however, never cater to the full needs of the slum population, with all constraints being resources, personnel, or inadequate infrastructure. It would aid the in-service provision much if health infrastructures were strengthened and a consistent presence of permanent female community health volunteers (FCHV) ensured. Family dynamics are another significant aspect for the maternal health results. A hard trend is setting in where huge male and in-law involvement is seen in maternal and postnatal care but with huge biases or gaps when it comes to families residing in slums with economic plight or virtually no male engagement. Improved male involvement and further strengthening of community-based support systems for maternal health could further improve service uptake and results.

Such cultural and traditional beliefs are hard realities that are still currently impacting maternal health practices if compared to the mid-90s when awareness and linking were encouraged through effective awareness campaigns and education, a resistance has set in, pushing those superstitions to the brink of almost eradication. Maintaining this incredible awareness of beneficial maternal health practices is much needed to clear any slow reservations. Appropriate action entails a complex approach through policy reform, infrastructure developments, adequate financing, and continuous education. By securing healthcare access, investing in maternal health education, and supporting community interactions, the maternal healthcare services in Kathmandu valley slums can be given an extra push. These particular areas would not only yield better maternal health results but such efforts could ensure an overall well-being of the community by providing comprehensive care to any woman in need during pregnancy and childbirth.

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