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Factors Affecting Health-Seeking Behaviour among High-Risk Pregnant Women in Rural Haryana: A Mixed-Methods Study: Reg No: 208

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Abstract

Background: High-risk pregnancy (HRP) constitutes 20–30% of all pregnancies in India and contributes to 75% of perinatal morbidity and mortality. Despite national programmes such as the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), only 14% of pregnancies are currently classified as high-risk on national platforms. Sub-centres represent the most peripheral public health unit, yet their readiness to manage HRP remains understudied, particularly in rural Haryana. **Objectives**: To assess infrastructure and service readiness of rural sub-centres for maternal healthcare and to explore healthcare provider perspectives on barriers in the management of high-risk pregnancies. **Methods:** A community-based, cross-sectional, convergent parallel mixed-methods study was conducted across 10 randomly selected sub-centres under CHC Dighal and CHC Dubaldhan, Jhajjar district, Haryana. Quantitative data were collected using a validated sub-centre checklist. Qualitative data were obtained through in-depth interviews (IDIs) with 12 healthcare workers (4 LMOs, 4 ANMs, 4 ASHAs) and analysed using inductive thematic analysis. Ethical clearance was obtained from the IEC, Pt. B. D. Sharma PGIMS, Rohtak. **Results:** Most sub-centres had adequate basic infrastructure — 90% had electricity, water supply (80%), and essential diagnostic equipment. However, 30% lacked examination tables and blood glucose measurement was absent in 30% of facilities. All sub-centres referred identified HRP cases (100%). Five barrier themes emerged from IDIs: challenges in client engagement, inadequate infrastructure and care provision, barriers to timely ANC registration, limited community acceptance and support, and gaps in access to comprehensive maternal healthcare. Key barriers included communication difficulties, transportation deficits, healthcare worker knowledge deficiencies across all cadres, cultural misconceptions about pregnancy and inadequate family involvement. **Conclusion:** While basic sub-centre infrastructure is largely in place, functional gaps and multi-level barriers significantly impede HRP management in rural Haryana. Targeted frontline worker training, referral system reform, community engagement addressing cultural barriers, and policy-level resource investment are essential. These findings have direct implications for strengthening PMSMA implementation and achieving equitable maternal health outcomes in rural India especially for High-risk pregnancy.

Keywords

High-Risk, Pregnant, Women, Rural