Factors Motivating Early Antenatal Care Attendance in Lesotho: A Qualitative Study

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Abstract

Introduction: Early antenatal care is key to the World Health Organization's strategy to reduce maternal morbidity and mortality. However, the rate of early antenatal attendance remains low in Lesotho. Few studies have been conducted on the reasons for late antenatal care attendance, but there is a dearth of information on the factors motivating early antenatal care in Lesotho.

Methods: A qualitative, exploratory and descriptive design study was conducted to explore and describe the factors motivating women to attend antenatal care services before 16 weeks gestation. The study was conducted at a healthcare centre in Lesotho, where 14 participants were purposely selected, and data was collected using semi-structured interviews. Thematic analysis was used following Tesch's protocol.

Results: Six themes were identified as the factors motivating early antenatal attendance in Lesotho, namely 1) confirmation of pregnancy, 2) concern for foetal well-being, 3) optimising maternal well-being, 4) awareness raising through health education, 5) motivation from family and friends and 6) cultural and social expectations. The findings from this study can inform the development of interventions to promote early antenatal care attendance in Lesotho and reduce maternal and foetal morbidity and mortality.

Keywords: antenatal care; delayed antenatal care; early antenatal care; Lesotho; pregnant women

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Introduction

Lesotho's maternal mortality ratio is among the highest in the Southern region at 566 per 100 000 live births in comparison to the Sustainable Development Goal (SDG) target of 70 per 100 000 (World Health Organization (WHO) 2023). A significant percentage of these deaths were from pregnancy and childbirth complications, which could have been prevented if pregnant women had early access to high-quality antenatal care (WHO 2024). Timely antenatal care attendance within the first 16 weeks of pregnancy provides a unique opportunity for early identification of health concerns, prompt treatment and health education (Seidu 2021). Regardless of the knowledge about the significance of early antenatal care, only 24% of women in Lesotho attend antenatal care early (Mkandawire et al. 2021). Several research studies have been done nationally and internationally on the reasons for late antenatal care attendance (Letsie and Lenka 2021; Maluka et al. 2020; Warri and George 2020). However, literature on the factors motivating early antenatal care in Lesotho is limited, indicating the need for more research.

The use of antenatal care services contributes significantly to reducing maternal mortality and morbidity (Abegaz and Habtewold 2019). Therefore, most countries developed and implemented national strategies towards safe motherhood, including prioritisation of early antenatal care (Abegaz and Habtewold 2019). Antenatal care refers to "the care provided by skilled healthcare professionals to pregnant women and adolescent girls in order to ensure the best health condition for both mother and baby during pregnancy" (Tola et al. 2021). The care includes screening for pregnancy problems, assessing pregnancy risk, providing information to pregnant women and supporting women to make pregnancy and birth a positive life experience (Jinga et al. 2019). Timely initiation of antenatal services is important to improve maternal and neonatal outcomes. For this reason, government initiatives aimed at educating and empowering communities on the benefits of beginning antenatal care timely are necessary (Letsie and Lenka 2021).

On the other hand, late antenatal care booking contributes to delays in discovering life-threatening abnormalities such as uncontrolled blood pressure and HIV/AIDS status and deferring the commencement of important strategies such as the prevention of mother-to-child transmission (Ntshanga 2018). Globally, 82.6% of pregnant women have their initial antenatal care service during the second or last trimester of their pregnancy (Boraya, Githae and Atandi 2018). This late antenatal care attendance leads to roughly 515 000 deaths every year related to complications of pregnancy and childbirth (Boraya, Githae and Atandi 2018).

Despite nearly universal coverage, only 24% of pregnant women in Lesotho initiate antenatal care within the first 12 weeks gestation, as recommended by the WHO (Mkandawire et al. 2021). However, there was an increase in pregnant women attending their first antenatal care from 1 877 to 2 729 four years after implementing the National Health Reform in Primary Healthcare (PHC) clinics in four districts of Lesotho

(Ndayizigiye et al. 2022). The United Nations Children's Fund (UNICEF 2024) reports that 91,3% of pregnant women (aged 15 to 49) in Lesotho attended at least one skilled antenatal care visit, and 77% of pregnant women attended at least four antenatal care visits. The rate, however, is the lowest among the poorest and those between 15 and 19 years of age (UNICEF 2024). In Lesotho, geographic location and education level were found to be significant predictors of antenatal care literacy (Gill et al. 2015). A study conducted among pregnant teenagers in Lesotho identified a lack of awareness regarding the importance of antenatal care, denial of pregnancy by their partners and societal taboos surrounding premarital sex as factors contributing to delayed antenatal care attendance (Phafoli, Van Aswegen and Alberts 2007). There is a lack of recent findings and evidence on the factors motivating early antenatal care attendance.

Therefore, this study aims to explore and describe factors motivating women in Lesotho to attend antenatal care early. Understanding the drivers of seeking initial antenatal care early can inform the development of more effective antenatal care systems. The findings can also assist in developing health education programmes (Sibiya, Ngxongo and Bhengu 2018).

Methods

Research Design

The researcher employed a qualitative, exploratory and descriptive design for this study. An in-depth exploration was necessary to uncover and describe the personal experiences and motivational factors influencing early attendance of antenatal care. According to Brink, Van der Walt and Van Rensburg (2018), a descriptive qualitative research design aims to describe a population, situation or phenomenon accurately and systematically in its context. An explorative design allows for the investigation of the full nature of the phenomenon and the presentation of comprehensive summaries of a phenomenon (Polit and Beck 2017).

Population and Sample

The target population was women who attended antenatal care services on or before 16 weeks gestation at a public health centre in Mafeteng in the urban South of Lesotho. The health centre was purposively selected because it was centrally located within its target population, making it accessible to pregnant women. More pregnant women can be expected to attend antenatal care early at this health centre compared to other health centres, which are less accessible.

This study used purposive sampling according to inclusion and exclusion criteria until data saturation was reached. The women had to be pregnant at the time of data collection so that they could provide rich data based on their recent experiences. Additionally, for ethical-legal purposes, participants had to be older than 18 years and should have been able to provide informed consent for themselves. In this study, data saturation was

reached after the researcher had conducted 12 interviews. Data saturation is evident when concepts are understandable and well-described, and patterns or themes of a theory emerge (Grove and Gray 2019). Two more interviews were conducted to confirm the data saturation.

Data Collection

Following the provision of written informed consent, individual face-to-face interviews were conducted by the researcher (the first author) at a date and time suitable for participants. Face-to-face interviews were conducted using an interview guide translated into Sesotho, the participants' home language. A research consultant with expertise in Sesotho checked the accuracy of the translation. Participants had the option to use either Sesotho or English during the interview, but all participants preferred Sesotho.

The interview guide originally included three questions, but was refined after three exploratory interviews since it did not elicit rich data. The revised semi-structured interview guide with seven questions was further tested, and the researcher's interview skills developed during another five exploratory interviews. The findings of the exploratory interviews were not included in the official findings.

The interviews were conducted in a room adjacent to the antenatal care department at the clinic after the participants' antenatal care services to facilitate convenient movement for participants. The room where the interview was conducted was quiet and provided privacy. The interviews were audio-recorded. Each interview took between 30 and 40 minutes. The researcher took reflective notes directly after each interview, and non-verbal communication during the interviews was noted. Interviews were conducted with 12 participants until data saturation was reached, namely, repeating data patterns were identified. Thereafter, two more interviews were conducted to confirm the data saturation. No participant experienced any discomfort, and there was no need for referral to a professional counsellor.

Data Analysis

Audio recordings were transcribed by an expert transcriber fluent in Sesotho shortly after each interview. The transcriptions were translated from Sesotho to English. Thereafter, the researcher, also fluent in Sesotho, verified the accuracy of the transcriptions and translations by listening to the audio recordings while reading through the transcripts. The data analysis was initiated after the first three interviews and thereafter continued concurrently with the data collection (after each interview). Thematic analysis was used to analyse the data using Tesch's thematic analysis protocol (Creswell 2018). Iterative coding cycles were applied to conceptualise the findings and develop meaningful themes and sub-themes. Co-coding was used to ensure the rigour of the study.

Validity, Reliability and Trustworthiness

Guba and Lincoln's principles of credibility, dependability, confirmability, transferability and authenticity were adhered to, to enhance the trustworthiness of the findings (Polit and Beck 2017). To enhance credibility, the researcher developed proficiency in interviewing through eight exploratory interviews. Each interview lasted 30 to 40 minutes, with probing questions used to elicit in-depth responses and ensure that participants' meanings were understood. Data collection continued until saturation was reached. The researcher maintained prolonged engagement with participants and data, being involved in the data collection, analysis and literature control phases for a deeper understanding. Dependability, the stability and reliability of data over time and conditions (Polit and Beck 2017), was ensured through supervisor checks of the research design, data collection and analysis. Confirmability, which ensures objectivity and neutrality in interpretation (Polit and Beck 2017), was achieved through bracketing to prevent bias. The findings, conclusions and recommendations aligned with the collected data and were supported by transcripts as evidence. Transferability, the applicability of findings to other contexts (Polit and Beck 2017), was supported by detailed descriptions of the study context, participant demographics and findings, enabling readers to assess relevance to other settings. Authenticity, the fair representation of diverse realities in data collection and interpretation (Polit and Beck 2017), was ensured by using participants' mother tongue for accurate understanding. Direct, translated quotations were presented to support data interpretation, providing context-rich, meaningful descriptions (Brink, Van der Walt and Van Rensburg 2018).

Ethical Considerations

The ethical principles in the Belmont Report of 1978 were applied to protect human participants, including beneficence, respect for persons and justice (LoBiondo-Wood and Haber 2018). The study received ethical clearance on 23 February 2021 from the Health Sciences Research Ethics Committee, with study approval number 50015729_CREC_CHS_2021. Permission was also granted by the Ministry of Health of Lesotho on 25 May 2021 (Reference number ID18-2021). The participants were informed about the risks and benefits of participation in the study and signed written informed consent to maintain confidentiality. All identifiers were removed from the data, and participants were referred to using a numerical code (for example, P1). The researcher selected the study's participants fairly for reasons directly related to the research problem.

Results

The participants' characteristics are outlined in Table 1, followed by the thematic data. The participants were between 21 and 39 years of age. Eight participants had Grades 8 to 11 as their highest qualification. The other six participants completed Grade 12, four of whom completed or were busy studying towards a diploma, and one had a degree.

Eleven participants were multi-gravida with a history of two to six pregnancies. Four participants had experienced miscarriages in their previous pregnancies, and three participants were pregnant for the first time.

Table 1: Participant characteristics

Participant	Age in years	Educational level	Employment status	GTPAL	Gestational age at first antenatal care
Participant 1	35	Grade 9	Unemployed	G2T0P1A0L1	8 Weeks
Participant 2	21	High school certificate	Unemployed	G1T0P0A0L0	8 Weeks
Participant 3	29	Grade 11	Employed	G2TP0A0L1	4 Weeks
Participant 4	32	Diploma	Employed	G2T1P0A0L1	9 Weeks
Participant 5	38	Grade 10	Unemployed	G3T1P0A1L1	8 Weeks
Participant 6	27	Grade 9	Unemployed	G2T1P0A0L1	4 Weeks
Participant 7	23	Grade 9	Employed	G4T3P0A0L3	9 Weeks
Participant 8	25	Diploma	Unemployed	G1T0P0A0L0	7 Weeks
Participant 9	25	Grade 9	Unemployed	G2T1P0A0L1	8 Weeks
Participant 10	22	Grade 8	Unemployed	G1T0P0A0L0	4 Weeks
Participant 11	25	Currently studying for a Diploma	Unemployed	G3T1P1A1L1	7 Weeks
Participant 12	27	Grade 10	Unemployed	G2T1P0A0L1	4 Weeks
Participant 13	39	Degree	Employed	G6T2P0A3L2	5 Weeks
Participant 14	36	Diploma	Employed	G2T0P0A1L0	4 Weeks

G=Gravida (number of pregnancies); T= Term birth; P= Preterm birth; A= Abortions / miscarriages; L= Living babies

Six themes were developed, each with two to three sub-themes, as outlined in Table 2. The themes included the need to confirm pregnancy early, concern for foetal well-being, optimising maternal well-being, awareness raising through health education, family and friends, and certain cultural and social expectations that motivated early antenatal care attendance.

Table 2: The themes and sub-themes

Theme	Sub-theme
Confirmation of pregnancy	1.1 Confirming a planned pregnancy 1.2 Experiencing signs and symptoms of pregnancy 1.3 Planning the future
Concern for foetal well-being	2.1 Optimising foetal health 2.2 Fear of losing the baby 2.3 Prevention of mother-to-child HIV transmission
Optimising maternal well-being	3.1 Management of normal pregnancy signs and symptoms 3.2 Management and treatment of health risks associated with pregnancy
Awareness raising through health education	4.1 Health education from social media platforms 4.2 Advice from healthcare workers
Motivation from family and friends	5.1 Motivation from family 5.2 Motivation from friends
Cultural and social expectations	6.1 Influence of cultural practices 6.2 Culturally responsive and respectful antenatal care 6.3 Myths about pregnancy

Theme 1: Confirmation of Pregnancy

The need to confirm the pregnancy was recognised as a factor motivating participants to attend antenatal care early. Three sub-themes emerged, namely 1) early confirmation when the pregnancy was planned, 2) to confirm the pregnancy because signs and symptoms were experienced and 3) the need to confirm the pregnancy to make critical decisions for the future.

Sub-theme 1.1: Confirming a Planned Pregnancy

It was found that women who planned their pregnancies were eager to confirm them, with this eagerness linked to feelings of happiness and anticipation.

> I and my husband have been trying to have a baby for nine years, so as soon as I suspected that I might be pregnant, I did [a] home pregnancy test so that I can attend antenatal early. (P13)

Sub-theme 1.2: Experiencing Signs and Symptoms of Pregnancy

Experiencing pregnancy signs and symptoms early in pregnancy made it possible for most participants in this study to realise that they might be pregnant.

> My pregnancy signs motivated me to attend antenatal care. If I did not have any of pregnancy signs, I could not have known that I was pregnant because I know some people who did not experience pregnancy sign[s] and just discover[ed] very late that they were pregnant, hence attended antenatal care late. (P6)

Sub-theme 1.3: Planning the Future

Planning for the future in various ways, for example, to continue studies or for financial reasons, was also a motivator to attend antenatal care early.

> I had to ascertain whether I was pregnant or not so that when I start[ed] my studies at university, I can [would] be of good health. Hence, I was motivated by my new venture to attend antenatal care early so that I can [could] be helped with my pregnancy before I start my studies. (P2)

Theme 2: Concern for Foetal Well-being

Participants were motivated to attend antenatal care early to maintain foetal well-being. Three sub-themes emerged, namely to optimise foetal health, fear of losing the baby and prevention of mother-to-child HIV transmission.

Sub-theme 2.1: Concerns for Optimising Foetal Health

Some participants' concerns about optimising foetal health motivated them to attend antenatal care early. Optimising foetal health implies monitoring foetal health and providing interventions where necessary to promote foetal survival.

> I attended antenatal care early because I wanted my baby to be assessed if it was growing well and baby's heartbeat assessed because, in my previous pregnancy, I was told that it was important for [a] nurse to monitor the baby during pregnancy so that complications concerning the baby can be detected early. (P9)

> I attended ANC early so that the health of my baby can [would] be optimised as I had experienced recurrent miscarriages. (P13)

Sub-theme 2.2: Fear of Losing the Baby

These concerns for the baby's health were often associated with the fear of losing the baby. Some participants developed a fear of losing their lives and that of their unborn babies because of their previous experiences during pregnancy. This fear motivated them to attend antenatal care early.

> If my baby's foetal growth is not monitoring [sic] early in pregnancy, I thought that I will deliver [an] under-weight baby, as a result, that motivated me to attend antenatal care early. (P8)

> [I] attended antenatal care early because I had lost my first pregnancy when I was eight months pregnant, and I was advised to attend antenatal care early so that my uterus can be closed to prevent loss of another pregnancy. (P14)

Sub-theme 2.3: Prevention of Mother-to-Child HIV Transmission

Participants were motivated to attend antenatal care early by the need to access Prevention of Mother-To-Child Transmission (PMTCT) services early and to monitor their HIV status early in pregnancy.

> I wanted to be tested for HIV so that HIV can be prevented from infecting my baby by starting ARVs early in pregnancy. (P11)

Theme 3: Optimising Maternal Well-being

The third theme included motivators to optimise maternal well-being, meaning that they wished to be treated for normal pregnancy signs and symptoms that often became intolerable (sub-theme 3.1) and for the management of known health risks associated with pregnancy (sub-theme 3.2).

Sub-theme 3.1: Management of Normal Pregnancy Signs and Symptoms

Certain normal pregnancy signs and symptoms can disrupt normal daily functioning. Some participants in this study indicated that they experienced vomiting, painful breasts, nausea and abdominal pains that became intolerable.

> Vomiting was intolerable, and that made me to go to the clinic for assistance and attend antenatal, so those symptoms helped me to attend the antenatal early so that the symptoms can be managed. (P5)

Sub-theme 3.2: Management and Treatment of Health Risks Associated with Pregnancy

Health risks associated with pregnancy are conditions that women experience that may worsen during pregnancy and pose a risk to the mother and the unborn baby. These health risks included high blood pressure, swollen, painful feet, uterine fibroid and an incompetent cervix.

> I was now pregnant with the unplanned baby. This increased my blood pressure, and I started having swollen, painful feet and headaches; therefore, this motivated me to seek medical help and start antenatal care because untreated high blood pressure can affect both me and my baby negatively. (P4)

> I was informed that I have an incompetent cervix in my previous pregnancy; therefore, this motivated me to attend antenatal care early so that my cervix can be sutured to help me carry my pregnancy to term. (P14)

> In my previous pregnancy, I was told that I had a uterine fibroid and high blood pressure, so when my pregnancy was confirmed, I attended antenatal early so that my conditions can [could] be managed to prevent them from impacting my pregnancy negatively. (P13)

Theme 4: Awareness Raising Through Health Education

The fourth theme centred on health education. Two sub-themes developed from this theme: sub-theme 4.1) health education from social media platforms, and sub-theme 4.2) advice from healthcare workers.

Sub-theme 4.1: Health Education from Social Media Platforms

Seven participants were motivated to attend antenatal care early through health education, which they received through social media platforms. The radio appeared to be an important medium for sharing information on the importance of early antenatal care attendance. Some participants also received information on social media platforms such as Facebook.

> I once learnt that it was important to attend antenatal early from a local radio; therefore, that motivated me to attend antenatal early in this pregnancy. (P11)

> I regularly read and listen to social media platforms such as Facebook on health matters, including benefits of attending ANC early, hence, that motivated me to attend ANC early in all my pregnancies. (P13)

Sub-theme 4.2: Advice from Healthcare Workers

Some participants were motivated by healthcare workers' advice to attend antenatal care early. As trained professionals, healthcare workers provided valuable information on the importance of early antenatal visits, timely pregnancy testing and pregnancy preservation to prevent recurrent losses. Participants applied this advice from both previous and current pregnancies in their decision-making. In addition to nurses and doctors, village health workers also played a key role in encouraging early antenatal care through health education and pregnancy testing guidance.

> Another person who motivated me was a village health worker who lives near me. I told her that I suspect[ed] that I might be pregnant, and she advised me to buy [a] pregnancy test or test for pregnancy at [the health centre] and encouraged me to attend antenatal immediately. (P7)

Theme 5: Motivation from Family and Friends

The fifth theme was about the impact of family and friends in motivating early antenatal care attendance. Family and friends are important to a pregnant woman's well-being, and they can influence her behaviour and self-esteem. The theme consists of two sub-themes, namely, motivation from family and motivation from friends.

Sub-theme 5.1: Motivation from Family

Mothers and other family members, including husbands and partners, encouraged pregnant women who participated in this study to initiate antenatal care timely. In many cultures, mothers are expected to advise their daughters on the importance of antenatal

care and its timing. Some participants did not associate what they were experiencing with pregnancy. Therefore, their sisters, mothers and other family members played an important role in identifying pregnancy signs and symptoms and encouraging them to attend antenatal care early.

> My mother motivated me to attend antenatal early to prevent HIV transmission to my baby, as my mother feared that I might infect my baby with HIV. (P11)

Because of cultural beliefs regarding the dominance of men, some participants had to wait for the approval of their husbands or partners before attending antenatal care. Some participants were supported financially by their husbands as they were unemployed and depended on their husbands' money for transport to reach the health centre for early antenatal attendance. Another participant was motivated by the presence of the husband during the antenatal visit.

> As we had discussed with my husband, the nurses' and doctor's advice after I lost my first pregnancy, in this pregnancy, my husband emphasised the need for me to attend antenatal early and went with me to attend my first antenatal visit to show me his support so that real[ly] motivated me to attend antenatal early. (P14)

Sub-theme 5.2: Motivation from Friends

Friends provided peer support and advice to participants, enabling them to decide to attend antenatal care early. Friends shared their knowledge and experiences of their own pregnancies.

> My friend's suspicions made me suspect that I might be pregnant. As a result, I took my friend's advice to test for pregnancy. If it was not for her, I could not have attended antenatal early because I was not aware that I was pregnant. (P8)

Theme 6: Cultural and Social Expectations

The sixth and last theme related to culture and social expectations as a motivator for attending antenatal care early. Social norms are perceived as informal, mostly unwritten rules that define acceptable and appropriate actions within a given group or community, thus guiding human behaviour (UNICEF 2024). Three sub-themes were developed, namely the influence of cultural practices, culturally responsive and respectful antenatal care and myths about pregnancy.

Sub-theme 6.1: Influence of Cultural Practices

Culture is a belief, norm or practice of a particular group that is learnt and shared and guides decisions and actions in a patterned way (Mulondo 2020). Some cultural practices that motivated participants to attend antenatal care early were family traditions, traditional rituals and the traditional dress code for pregnant women. Some participants wanted to attend antenatal care early to know their estimated delivery date

to initiate their cultural practices, as it was supposed to be done during a specific pregnancy period.

> My cultural practice that motivated me to attend antenatal care early was the family tradition that my grandmother instilled in us of protecting each other as a family. Because of our family tradition of protecting each other, I was able to follow my family['s] advice that I should attend antenatal care early as I knew they had my best interest at heart. (P2).

Some participants were motivated to attend antenatal care early based on the fear that cultural practices could harm their babies. Some pregnant women felt the need to hide their pregnancy from other people to avoid performing the traditional rituals they are expected to perform late in pregnancy. Early antenatal care attendance assisted them in knowing their gestational age and estimated delivery date. They used that information to escape from performing traditional pregnancy rituals.

> My cultural practice motivated me to attend antenatal care early as we had agreed with my husband that we should hide my pregnancy so that we can [could] run away from our family tradition that I was supposed to perform when I was eight months pregnant and attending antenatal care early was going to help me know when I was going to give birth and also hide my pregnancy gestation from other people who can [could] possible [possibly] attack my pregnancy using traditional herbs. (P3)

Sub-theme 6.2: Culturally Responsive and Respectful Antenatal Care

Pregnant women prefer receiving care from respectful healthcare providers who offer safe, kind, caring, culturally sensitive and flexible care. Some participants were motivated by the knowledge that antenatal care services provided at the selected health centre respected their cultural practices. A lack of these factors can be perceived as barriers affecting women's decision-making for early antenatal care. Sharing the same culture appears to be an important motivating factor.

> As soon as I had confirmed that I was pregnant, I decided to attend antenatal care in Lesotho, not South Africa, as I did not believe that health workers there had [the] same culture as mine and I will [would] not understand how antenatal care services were provided. (P9)

> My cultural practice that motivated me to attend antenatal early was that I knew that I will [would] be served by nurses who understands [sic] my culture. (P4)

Sub-theme 6.3 Myths about Pregnancy

Participants were driven by the need to validate their personal beliefs and the information they received from others by consulting healthcare providers at the antenatal care clinic. Some participants, particularly those in their first pregnancy, sought accurate information from nurses to alleviate fears stemming from myths shared

by their peers. They felt that their friends or sisters did not fully address all their concerns about pregnancy.

> I had so many myths about pregnancy from my peers, and that created fear in me; therefore, I wanted to learn about pregnancy from nurses so that I can [would] be ready to have my baby without any fear, hence that motivated [me] to attend antenatal early. (P2)

Discussion

The findings provided insight into several factors that motivated pregnant women in Lesotho to attend antenatal care on or before 16 weeks gestation. These factors reflected the specific context in Lesotho, such as the concerns related to cultural practices. In this study, participants sought antenatal care between their fourth and ninth week of pregnancy, with some having experienced previous miscarriages. Key motivators included the eagerness to confirm pregnancy and the desire to optimise both foetal and maternal well-being. Additional drivers were social, cultural and informational factors, such as guidance from healthcare workers and support from family and friends. These motivations align with broader studies (Comfort et al. 2022), which found that in Uganda and South Africa, early antenatal care was sought for pregnancy confirmation, screening, medication, immunisation and supplementation.

Pregnancy confirmation was the key motivator for participants to seek early antenatal care, though their reasons for wanting confirmation varied. For some, pregnancy signs and symptoms were experienced early in the pregnancy, which motivated participants to conduct a test to confirm the pregnancy. The findings support this, indicating that improved access to HCG pregnancy testing could facilitate early pregnancy detection. Greater availability and use of urine pregnancy tests are significantly associated with a lower gestational age at antenatal care initiation, particularly in planned pregnancies (Downe et al. 2019). If the woman is planning a pregnancy, the attention of initial antenatal care visits shifts to establishing the viability of the pregnancy, assessing the gestational age of the foetus, discovering significant maternal disorders that could adversely affect the pregnancy and planning the course of care (Brucker et al. 2019).

In some low-resource settings, antenatal care is often viewed as necessary only for managing health issues such as back pain or HIV (Nyando et al. 2023; Riang'a, Nangulu and Broerse 2018). However, in this study in Lesotho, both health concerns and emotional factors – including fear and the excitement of confirming a planned pregnancy – motivated early antenatal care attendance. Fear for foetal and maternal well-being played a significant role, particularly among those with prior pregnancy complications, aligning with the Health Belief Model, which suggests that individuals seek care when they perceive a condition as severe (Nyando et al. 2023). In Tanzania, Maluka et al. (2020) also found that the likelihood of illness influenced early booking of antenatal care services.

Cultural and social factors also contributed to fear. Some participants sought early confirmation gestational age to perform traditional pregnancy rites at the appropriate time, while others wished to determine their expected delivery date to avoid perceived harmful cultural practices. Traditional gender roles and cultural beliefs about pregnancy continue to influence the timing of antenatal care attendance in various contexts (Maluka et al. 2020). Early antenatal care and support from trained healthcare providers can help alleviate fears through screening and foetal monitoring and by providing appropriate health education to dispel myths (Teshale and Tesema 2019). Additionally, the supportive role of family, especially male partners, was emphasised. In Lesotho, women are positioned as lifelong minors under customary law, with men holding key decision-making power over family matters, including family size, birth spacing and contraceptive use (Macleod and Reynolds 2021).

Awareness of the importance of early antenatal care served as a key enabler, driven by health education through social media, radio and village health workers. Radio remains a vital tool for health communication in rural Africa (Olaoye and Onyenankeya 2023; Seeiso 2017). However, mobile phone ownership has been associated with better reproductive health outcomes than radio or television access (Iacoella, Gassmann and Tirivayi 2022). In Lesotho, village health workers play a crucial role in referring pregnant women for early antenatal care, as they are integral to the primary healthcare system, linking communities with local health centres (Thetsane et al. 2022). Their primary responsibilities include health promotion, disease prevention and rehabilitative care.

Additionally, advice from healthcare providers after a previous pregnancy loss encouraged some women to seek early antenatal care in subsequent pregnancies. Respectful and culturally sensitive care from nurses and doctors further motivated women to attend antenatal care early, fostering trust and self-expression. Health professionals remain a crucial source of information, reinforcing the importance of timely antenatal care (Comfort et al. 2022).

Recommendations

The government and non-governmental organisations should ensure the consistent availability of HCG pregnancy testing strips at all health centres. Since pregnancy confirmation was a primary motivator for early antenatal care attendance, stock shortages could delay care initiation, as Lesotho's antenatal guidelines require pregnancy confirmation before service access (Ministry of Health Lesotho 2020). Similarly, prenatal supplements should be freely and consistently available at health centres. Some participants were motivated to attend antenatal care early to access prenatal supplements. A lack of stock may erode trust in antenatal care services, discouraging timely attendance.

Policies should promote preconception services at all health centres to educate women and their partners about the importance of early antenatal care attendance before conception. Many first-time mothers in this study only became aware of antenatal care timing after their first visit, highlighting the need for proactive awareness. Male partners should also be engaged, as their support was found to be a key enabler.

The policy should strengthen the integration of antenatal care services at the ARV sites to guarantee that HIV-positive patients have access to ANC services early in their pregnancies. The study found that mother-to-child HIV transmission was a key concern for pregnant women.

Husbands, mothers, sisters and grandmothers played a critical role in motivating early ANC attendance. Awareness campaigns should actively involve these family members and specifically engage men in sexual and reproductive health education.

Limitations

The selected health centre was geographically situated in an urban area in Lesotho. However, for women in rural areas, the factors may vary, and different barriers may be present. Therefore, future studies can explore the factors motivating early antenatal care attendance in rural areas of Lesotho.

Conclusion

Factors motivating pregnant women to attend antenatal care services early include the need for early pregnancy confirmation, concerns for foetal and maternal well-being, and the desire to optimise health outcomes. Additionally, awareness raised through health education, support from family and friends and cultural and social expectations influenced the decision to seek antenatal care before 16 weeks gestation. These findings highlight the importance of strengthening health education programmes, improving access to pregnancy testing and prenatal supplements and engaging family and community members in promoting early antenatal care attendance. Policymakers should integrate these insights into maternal health strategies to enhance early care utilisation and improve pregnancy outcomes.

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