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RESEARCH ARTICLE

MATERNAL MENTAL HEALTH IN CHINA: MATERNAL ANXIETY

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ABSTRACT

The aim of this review is to explore the factors contributing to poor maternal mental health that is prevalent in China and to evaluate what has been done so far, as areas for improvement will be deduced so that recommendations can be given. Some of the factors influencing maternal anxiety in China are: lack of access to appropriate counselling centres, preference for the male child, marital tensions and the low status of women in the Chinese society. Another major factor is the mother in-law versus daughter in-law conflicts which also directly influences antenatal anxiety. The government of China has responded by enacting policies to safeguard the rights of pregnant women and to develop interventions that will improve on their maternal health services with heavy emphasis on mental health services. Further responses include, the capacity building of mental health workers, health promotion, the integration of mental health in Maternal and Child Health and the successful attempts in reducing the gaps in equity. To further improve on these successes, community participation and the expansion of coverage and access of antenatal care services have been recommended.

INTRODUCTION

According to WHO, anxiety disorders are one of the most prevalent mental health disorders in China, with 3.39% of people suffering from anxiety disorders according to a 2019 data (1). 4.12% of women suffer from anxiety disorders as compared to 2.66% of men (1). And one of the predisposing factors is childbirth because women commonly experience depression and anxiety during, and after childbirth. There is compelling evidence that antenatal depression and anxiety during pregnancy can lead to adverse outcomes, not only for women but also for their offspring, such as postnatal depression, reduced birth weight, preterm birth, and long-term ill health in the offspring (2). This is prevalent in China as well (3)(4).

DISCUSSION

Associated Factors: As shown in figure 1 above, there are associated factors such as poor educational level, unemployment during pregnancy or after childbirth that affect

the mental health of women during pregnancy, which means that, for instance, from the figure, the chance of getting prenatal anxiety is 11.73 times higher when pregnant women have family conflicts as compared to the anxiety they get from just being in an older maternal age. Studies have shown that the prevalence of antenatal anxiety in Chinese women is heavily correlated with social support, and that low social support, such as from family and friends will influence pregnant women's willingness to seek help, then increase anxiety in them, leading to antenatal anxiety and significantly increasing the probability of postnatal depression (5)(6).

Social Support and Maternal Mental Health in China: There are several reasons for the low social support that affects the maternal mental health of Chinese women and some of the major reasons are: the lack of access to counselling centres, the preference for male offspring, marital tensions, and poor family relationships. Lack of access to appropriate counseling centres: Such social lack for pregnant women with psychological problems, or lack of health education related to pregnant mental health and care in the community immensely contribute to their poor mental health. Due to a lack of public awareness of antenatal anxiety, Chinese women are deprived from receiving timely psychological and pharmacological treatment, putting them at risk of dire consequences, such as conversion from antenatal anxiety to postnatal depression (7)

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(8). Such health inequalities can vary with socio-economic differences between regions (9).

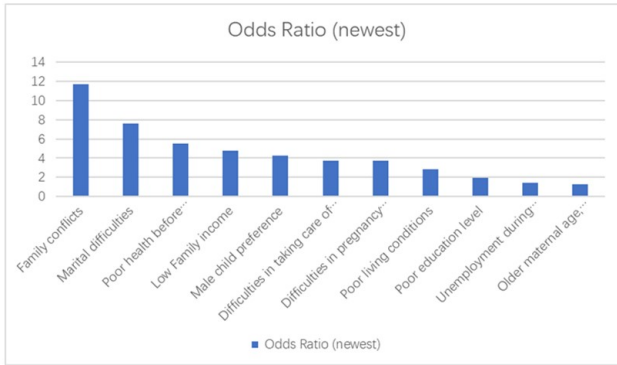


Figure 1. Other factors Predisposing Chinese Pregnant Women to Mental Illnesses

The preference for the male-child: In a significant number of poor areas in China, there are many families which prefer the male offspring till date. Due to traditional Chinese culture, the traditional lineage is male, and girls must leave the home after marriage. Parents also prefer boys, as men traditionally provide for the family and take care of their parents (10). Therefore, the concern for the gender of the offspring, combined with the one-child policy of family planning until 2015, increases the pressure on pregnant women thus creating anxiety and tension (11).

MARITAL TENSIONS

Marital relationships are influenced by multiple factors such as the inability of husbands to provide sufficient care and support to their wives (12), or the fear of losing attractiveness due to pregnancy (13), thereby resulting to negative feelings such as low self-esteem and low sense of identity. Also, marital relationships are strained by the traditional culture of matchmaking in Chinese society, which is a culture of dating for the purpose of marriage, and this often leads to marriages without strong emotional support, resulting to weak relationships (14). These relationships may more likely get weaker when the woman is physically 'unattractive' during pregnancy. Finally on this point, since the Chinese men have a higher social status than women, women tend to be the ones burdened with more marital tensions of 'demanded tolerance' and abuse, and in most cases, they do not know how to ask for help (15)(16). Some of these men usually lack the basic knowledge about maternity care, which, in addition to the unstable sex hormones their pregnant wives produce, their pregnant women become more emotionally sensitive, leading to an increase in maternal anxiety.

The Family-House Culture in China: Due to traditional Chinese culture, many partners will still choose to live in the same house with their parents after marriage and take on the responsibility of supporting them. According to some studies, it has been found that poor relationships between Chinese mothers-in-law and daughters-in-law are a major factor in marital tensions (17) and one of the main sources of maternal stress (18)(19) and antenatal anxiety when pregnant (20).

Government Responses: In the 2019 report on maternal and child health in China, the Health and Welfare Commission formulated a series of policies to safeguard the rights and

interests of pregnant women, focusing on safeguarding healthcare services and education, and enhancing social support for pregnant women (21)(22). The interventions developed were tailored towards meeting the social determinants of maternal mental health as earlier discussed. Figure 2 below, as adopted from Lee et al. (23), shows the positive correlation between good social support and mental health.

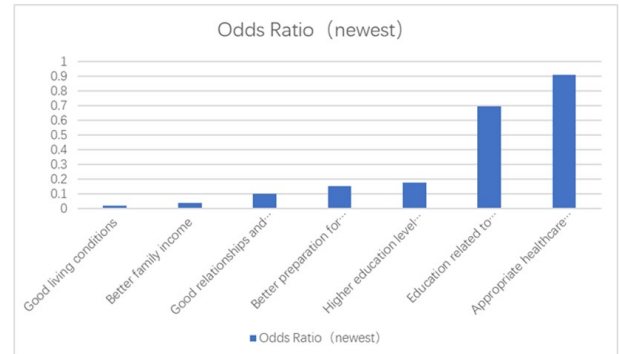


Figure 2. Protective Factors to Maternal Mental Health in China

According to the figure above, having a good living environment can be a protective factor for pregnant women. So are acquiring a higher education and greater economic prosperity. Therefore, in developing interventions, these social needs of pregnant women must be considered to permanently tackle maternal mental health and in particular, antenatal anxiety in China. How the Policies enacted have been able to meet these needs will now be discussed. Strong Policy Enactment: A series of laws have been introduced to protect pregnant women so that they have the right to defend their rights and to enhance their sense of security (24), consolidating on already existent laws protecting them from, for instance, the second-hand exposure to tobacco smoking, even from their husbands (25)(26). The implementation of a full range of health care services during pregnancy. This has been made possible by the opening of pre-conception contingencies, the provision of fertility assessments and guidance on pregnancy preparation, encouraging midwifery institutions to open antenatal care services for pregnant women, educating the public to establish a scientific view of pregnancy and childbirth, and exploring the development of specialist psychiatry services during pregnancy and childbirth, in order to protect the physical and mental wellbeing of the pregnant Chinese women (27).

Capacity building in Mental health workforce: In response to the shortage of mental health professionals, it is proposed that the number of practicing psychiatrists nationwide be increased to 40,000, by training mental health assistants that will be able to meet basic mental health needs of the people and especially, the Chinese pregnant women. The target is to increase the mental health workforce to no less than 3.8 per 100,000 population in the eastern regions and no less than 2.8 per 100,000 population in the central and western regions (27).

Health Promotion: It was also necessary to improve the mental health service teams of grassroots mental health prevention and treatment personnel, psychotherapists, and social workers. This was established in the whole of China and it vigorously carried out publicity and education to effectiveness. As followed from the plan, all regions placed publicity and education at the forefront of mental health work, guiding the public to correctly understand mental disorders and

psychological behavioural problems (28). All local departments developed separate publicity and educational strategies for key groups such as students, left-behind children, women, and the elderly, and actively created a social atmosphere of understanding, acceptance, and care for people with mental health disorders. With the improvement of Mental health care infrastructure, the emphasis on the psychological problems of pregnant women have been reflected in a series of health education, not only for the pregnant women themselves, but also for their family members, so that they will have sufficient awareness and knowledge to provide adequate care and attention to pregnant women and reduce the psychological damages caused by unnecessary family conflicts (29)(30).

Husbands as Mediators to Domestic Conflicts: The mediation style system of husband support was introduced to solve the daughter-in-law versus mother-in-law conflicts happening in Chinese homes. As much as independence is encouraged on a newly wedded couple, places where tradition has a strong influence may not allow such independence and hence the adoption of this mediation approach, all for a better mental wellbeing of the wives involved. Studies show that husbands have better conflict management styles and better relational satisfaction with a mother-in-law than their wives. This is made possible through their problem-solving and accommodating styles of communication. Unlike the women, husbands are less likely to exhibit competing and avoiding styles of communication which negatively influence the judgements of communication appropriateness and effectiveness.

If the husbands are well informed, educated or given proper orientation on the importance of the general wellbeing of their wives, be it physical or mental, from the health promotional interventions, they will better exhibit these positive features of communication and conflict resolution for a better marital satisfaction and relational satisfaction as well (31). The Integration of Mental Health in Maternal and Child Health Comprehensive pregnancy care services and an increase in the number of psychiatrists can improve the childbirth environment for pregnant women by providing them with advice on all aspects of pregnancy care, appropriate psychological counselling, earlier and faster detection of the first signs of mental illness, and prompt intervention and treatment (32). This was strategically implemented by the mobilization and organizing of pregnant women in clusters, strengthening their ties and sharing experiences, and relieving stress and anxiety during antenatal visits or special meetings during their antenatal period.

Equity Issue: Through the government's policies on maternal and child health, whilst increasing investments to these components of healthcare, pregnant women are taking maternal health more seriously and common perinatal psychological problems, such as prenatal anxiety and postnatal depression, have significantly dropped (33)(34). With China's rapid socio-economic development and improved educational levels, the awareness of self-regulation among pregnant women has continued to grow (35)(36). However, the inequities in health care remains a major challenge for the health care system. In China, disparities in socio-economic levels between regions are a key factor in the unequal access to healthcare and resources for pregnant women across the country, leading to health inequalities (37). To better promote gender equality, the Chinese government has developed policies to safeguard women's rights. In 2009 the government

began a free childbirth programme in rural areas, with the aim of reducing the financial burden on rural families, thus ensuring a better environment for pregnant women to give birth, whilst protecting their rights at the same time. This policy improved the environment for rural women to give birth and reduced the probability of women dying in the perinatal period, hence, its continuation till this day. Secondly, it reduces the financial burden on rural families and makes women partly less of a source of stress (38). These policies include maternity leave, the establishment of women's federations, and the establishment of some family and work rights for women (39)(40). With the increase in the number of educated women and the emergence of some outstanding groups of women, the process of gender equality has been promoted and the voices of women in social media are gradually increasing. The improved status of women has contributed to an increased awareness of self-care among pregnant women, and where there is demand, there is a market, such as the emergence of various maternity services and the opening of specialist consultation clinics in hospitals for pregnant women. It is believed that with the further advancement of gender equality and the increased awareness of self-protection among the female population, women's mental health issues will be further improved (41)(42).

Recommendations to Improve on the Effective Responses

A more community Participation: The most important influence on the Chinese pregnant women is the measures taken directly by the medical institutions and the community to make them aware and seek solutions through continuous education. But it is not enough for hospitals to offer counselling clinics for pregnant women, as not all pregnant women are aware that they can seek help from the psychology or psychiatry department in hospitals. And hospitals have limited health educational materials for non-institutionalized pregnant women, thereby reaching a small number of people. However, the community, due to its location, its public duties based on the population and its usual closeness to the people, can supply more accessible pregnancy care, including the creation of birth records, etc., the implementation of pregnancy health education, regular courses for pregnant women, increased contact between residents and a greater sense of belonging among pregnant women in the community. In fact, there is evidence to show the effectiveness of community participation to improving the mental health of a people generally (43)(44). In China, psychosocial interventions which are centrally community-based, have been shown to be effective in reducing perinatal depressive symptoms. Scaling up this most promising and evidence-based intervention is critical to meeting the needs of the millions of mothers suffering from perinatal depression in the country. Shifting the tasks to community-based lay health care workers may be a potential solution to achieving universal health coverage (45).

Antenatal Care Services: Due to the imbalance in people's standard of living, caused by the level of economic development in each region and the different awareness of self-care among pregnant women, antenatal care services have been shown to be underutilized. According to a survey in Shanxi Province, China, attending antenatal care services for less than three visits during pregnancy accounted for 72.9% of its respondents; and a large part of the reason said, was the poor transportation network connecting the women and the antenatal clinics (20) indicating that most pregnant women do not utilize antenatal care services, though these services,

despite not being adequately utilized are still not enough in China (45). So, we can conclude that most pregnant women lack a maternity support system throughout their pregnancy period and labour. Antenatal care services can be improved to provide the platform for pregnant women to learn about health care throughout pregnancy and childbirth and further raise maternal awareness of self-care, which is important to ensuring maternal and child health with maternal mental health including in their antenatal packages of service delivery.

CONCLUSION

Antenatal anxiety is prevalent in China and the major determining factors for its occurrence is family conflict and low social support. Many of these are related to perceptions created by traditional Chinese culture, such as the unequal status of men and women. This phenomenon is more common in less economically developed rural areas than in economically developed ones. Therefore, it is important to narrow the gap between urban and rural areas, to promote health education and to improve public perceptions. As people pay more attention to health, there is a greater demand from women to acquire needed knowledge about health care during pregnancy and mental health counselling. Paying attention to the mental health of pregnant women significantly reduces the risk of dangerous birth accidents and protect the health of women and children. The Chinese government has formulated several policies to provide a platform for safeguarding the physical and mental health of pregnant women, with remarkable results. Good policies, with strong implementation produce meaningful results in narrowing the equity gap, tackling the lack of social support system for women and the provision of a more enabling environment for the improvement of the mental health of its people, as a whole, and in particular, the mental health of pregnant women. To further improve on the successes of the government's interventions, more community participation and an increase in antenatal services are recommended so that the maternal mental health of Chinese women will continue to improve.

REFERENCES

- Dattani, S., Ritchie, H. and Roser, M., 2021. Our world in data: Mental health.
- Dubber, S., Reck, C., Müller, M. and Gawlik, S., 2015. Postpartum bonding: the role of perinatal depression, anxiety and maternal-fetal bonding during pregnancy. *Archives of women's mental health*, 18, pp.187-195.
- Qiao, J., Wang, Y., Li, X., Jiang, F., Zhang, Y., Ma, J., Song, Y., Ma, J., Fu, W., Pang, R. and Zhu, Z., 2021. A Lancet Commission on 70 years of women's reproductive, maternal, newborn, child, and adolescent health in China. *The Lancet*, 397(10293), pp.2497-2536.
- Zhang, Y., Muyiduli, X., Wang, S., Jiang, W., Wu, J., Li, M., Mo, M., Jiang, S., Wang, Z., Shao, B. and Shen, Y., 2018. Prevalence and relevant factors of anxiety and depression among pregnant women in a cohort study from south-east China. *Journal of reproductive and infant psychology*, 36(5), pp.519-529.
- Gao, L., Qu, J. and Wang, A.Y., 2020. Anxiety, depression and social support in pregnant women with a history of recurrent miscarriage: a cross-sectional study. *Journal of reproductive and infant psychology*, 38(5), pp.497-508.
- Huang, J., Xu, L., Xu, Z., Luo, Y., Liao, B., Li, Y. and Shi, Y., 2022. The relationship among pregnancy-related anxiety, perceived social support, family function and resilience in Chinese pregnant women: a structural equation modeling analysis. *BMC Women's Health*, 22(1), p.546.
- Shao, R., He, P., Ling, B., Tan, L., Xu, L., Hou, Y., Kong, L. and Yang, Y., 2020. Prevalence of depression and anxiety and correlations between depression, anxiety, family functioning, social support and coping styles among Chinese medical students. *BMC psychology*, 8(1), pp.1-19.
- Wu, F., Lin, W., Liu, P., Zhang, M., Huang, S., Chen, C., Li, Q., Huang, W., Zhong, C., Wang, Y. and Chen, Q., 2021. Prevalence and contributory factors of anxiety and depression among pregnant women in the post-pandemic era of COVID-19 in Shenzhen, China. *Journal of affective disorders*, 291, pp.243-251.
- Amiel Castro, R.T., Pinar Anderman, C., Glover, V., O'Connor, T.G., Ehler, U. and Kammerer, M., 2017. Associated symptoms of depression: patterns of change during pregnancy. *Archives of women's mental health*, 20, pp.123-128.
- Bo, S., 2018. Son preference, children's gender and parents' time allocation: Evidence from China. *Applied Economics*, 50(45), pp.4830-4846.
- Zhang, J., 2017. The evolution of China's one-child policy and its effects on family outcomes. *Journal of Economic Perspectives*, 31(1), pp.141-160.
- Li, Y. and Yuan, C., 2011. Levels of fatigue in Chinese women with breast cancer and its correlates: A cross-sectional questionnaire survey. *Journal of the American Academy of Nurse Practitioners*, 23(3), pp.153-160.
- Zhou, C., Weng, J., Tan, F., Wu, S., Ma, J., Zhang, B. and Yuan, Q., 2020. Pregnancy-related anxiety among Chinese pregnant women in mid-late pregnancy under the two-child policy and its significant correlates. *Journal of Affective Disorders*, 276, pp.272-278.
- Hofmann, S.G., Anu Asnaani, M.A. and Hinton, D.E., 2010. Cultural aspects in social anxiety and social anxiety disorder. *Depression and anxiety*, 27(12), pp.1117-1127.
- Li, J. and Lavelly, W., 2003. Village context, women's status, and son preference among rural Chinese women. *Rural sociology*, 68(1), pp.87-106.
- Shao, Z., Zhu, T., Zhang, P., Wen, Q., Li, D. and Wang, S., 2017. Association of financial status and the quality of life in Chinese women with recurrent ovarian cancer. *Health and quality of life outcomes*, 15(1), pp.1-8.
- Singla, D.R., Kohrt, B.A., Murray, L.K., Anand, A., Chorpita, B.F. and Patel, V., 2017. Psychological treatments for the world: lessons from low-and middle-income countries. *Annual review of clinical psychology*, 13, pp.149-181.
- Peng, S., Lai, X., Qiu, J., Du, Y., Yang, J., Bai, Y., Jia, Y., Meng, L., Wang, K. and Zhang, X., 2021. Living with parents-in-law increased the risk of postpartum depression in Chinese women. *Frontiers in Psychiatry*, 12, p.736306.
- Shih, K. Y., & Pyke, K. (2016). Seeing mothers-in-law through the lens of the mothering ideology: An interview analysis of Taiwanese, Taiwanese American, and Mexican American daughters-in-law. *Journal of Family Issues*, 37(14), 1968-1993.
- Yin, J., Nisar, A., Waqas, A., Guo, Y., Qi, W.L., Wang, D., Rahman, A. and Li, X., 2020. Psychosocial interventions on perinatal depression in China: A systematic review and meta-analysis. *Journal of Affective Disorders*, 271, pp.310-327.

21. Lane, R., 2021. Jun Zhu: China's maternal and child health surveillance supremo. *The Lancet*, 397(10293), p.2457.
22. QIAO, Y.X., Wang, J., Li, J. and Ablat, A., 2009. The prevalence and related risk factors of anxiety and depression symptoms among Chinese pregnant women in Shanghai. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 49(2), pp.185-190.
23. Lee, A.M., Lam, S.K., Lau, S.M.S.M., Chong, C.S.Y., Chui, H.W. and Fong, D.Y.T., 2007. Prevalence, course, and risk factors for antenatal anxiety and depression. *Obstetrics & Gynecology*, 110(5), pp.1102-1112.
24. Sun, H.Z., Xiang, Q., Xu, S., Dai, H., Fang, J., Tang, H., Xue, T., Wang, H., Tang, K., Guo, Y. and Bai, X., 2022. China's unwavering determination in protecting pregnancy and perinatal health. *The Innovation*, 3(6).
25. Yang, L., Tong, E.K., Mao, Z. and Hu, T.W., 2010. Exposure to secondhand smoke and associated factors among non-smoking pregnant women with smoking husbands in Sichuan province, China. *Acta Obstetrica et Gynecologica Scandinavica*, 89(4), pp.549-557.
26. Zhang, L., Hsia, J., Tu, X., Xia, Y., Zhang, L., Bi, Z., Liu, H., Li, X. and Stanton, B., 2015. Peer reviewed: exposure to secondhand tobacco smoke and interventions among pregnant women in China: a systematic review. *Preventing chronic disease*, 12.
27. Xiangdong, W.A.N.G., 2017. Objectives of China and the global mental health work plan. *Shanghai archives of psychiatry*, 29(2), p.111.
28. Xiong, W. and Phillips, M.R., 2016. Translated and annotated version of the 2015-2020 National Mental Health Work Plan of the People's Republic of China. *Shanghai Archives of Psychiatry*, 28(1), p.4.
29. Luo, Y., Sato, Y., Zhai, T., Kagamiyama, H. and Ebina, Y., 2022. Promotion of Parenting and Mental Health Needs among Chinese Women Living in Japan: A Qualitative Study. *International journal of environmental research and public health*, 19(20), p.13538.
30. Schwank, S., Lindgren, H., Wickberg, B., Ding, Y. and Andersson, E., 2019. Perinatal mental health in China: views of health system professionals in Shanghai. *Global Health Journal*, 3(3), pp.73-78.
31. Song, Y. and Zhang, Y.B., 2012. Husbands' conflict styles in Chinese mother/daughter-in-law conflicts: Daughters-in-law's perspectives. *Journal of Family Communication*, 12(1), pp.57-74.
32. Howard, L.M. and Khalifeh, H., 2020. Perinatal mental health: a review of progress and challenges. *World Psychiatry*, 19(3), pp.313-327.
33. Chen, J., Cross, W.M., Plummer, V., Lam, L. and Tang, S., 2019. A systematic review of prevalence and risk factors of postpartum depression in Chinese immigrant women. *Women and Birth*, 32(6), pp.487-492.
34. Liu, Y., Guo, N., Li, T., Zhuang, W. and Jiang, H., 2020. Prevalence and associated factors of postpartum anxiety and depression symptoms among women in Shanghai, China. *Journal of Affective Disorders*, 274, pp.848-856.
35. Luo, Y. and Wang, S., 2022. Urban living and chronic diseases in the presence of economic growth: Evidence from a long-term study in southeastern China. *Frontiers in Public Health*, 10, p.1042413.
36. Wu, H., Ba, N., Ren, S., Xu, L., Chai, J., Irfan, M., Hao, Y. and Lu, Z.N., 2022. The impact of internet development on the health of Chinese residents: transmission mechanisms and empirical tests. *Socio-Economic Planning Sciences*, 81, p.101178.
37. Nisar, A., Yin, J., Waqas, A., Bai, X., Wang, D., Rahman, A., & Li, X. (2020). Prevalence of perinatal depression and its determinants in Mainland China: A systematic review and meta-analysis. *Journal of Affective Disorders*, 277, 1022-1037.
38. Yang, L. and Sun, Z., 2023. Structural Gender Inequality and Mental Health among Chinese Men and Women. *International Journal of Mental Health Promotion*, 25(1).
39. Johnson, K.A., 2009. *Women, the family, and peasant revolution in China*. University of Chicago Press.
40. Song, Y., Zhang, J. and Zhang, X., 2021. Cultural or institutional? Contextual effects on domestic violence against women in rural China. *Journal of Family Violence*, 36, pp.643-655.
41. Cook, S. and Dong, X.Y., 2017. Gender, welfare and the economy of care in reform era China: How the welfare system shapes women's opportunities and gender equality. *Handbook of welfare in China*, pp.266-84.
42. Jiang, Y. and Yang, F., 2022. Motherhood health penalty: Impact of fertility on physical and mental health of Chinese women of childbearing age. *Frontiers in public health*, 10, p.787844.
43. Lamb, J., Dowrick, C., Burroughs, H., Beatty, S., Edwards, S., Bristow, K., Clarke, P., Hammond, J., Waheed, W., Gabbay, M. and Gask, L., 2015. Community Engagement in a complex intervention to improve access to primary mental health care for hard-to-reach groups. *Health Expectations*, 18(6), pp.2865-2879.
44. McNeish, R., Albizu-Jacob, A. and Memmoli, C., 2022. Engaging the community to effectively plan and implement community-based mental health programs. *The Journal of Behavioral Health Services & Research*, pp.1-13.
45. You, H., Yu, T., Gu, H., Kou, Y., Xu, X.P., Li, X.L., Cui, N. and Bai, L., 2019. Factors associated with prescribed antenatal care utilization: a cross-sectional study in eastern rural China. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 56, p.0046958019865435.
