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A Qualitative Study Exploring the Prenatal Care Experiences of Pregnant and Postpartum Women in Arochukwu, Nigeria

Esther Ejim
Walden University

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Walden University

College of Health Sciences and Public Policy

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Esther Ejim

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Walden University
2025

Abstract

A Qualitative Study Exploring the Prenatal Care Experiences of Pregnant and Postpartum

Women in Arochukwu, Nigeria

by

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MPhil, Walden University, 2021

MHA, University of Maryland University College,

MBA, University of Maryland University College, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

In Health Services

Walden University

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Abstract

This basic qualitative research study explored the perceptions and lived experiences of pregnant and postpartum women in Arochukwu, Abia State, Nigeria, where access to quality prenatal and maternal healthcare is limited. Nigeria records the highest maternal and infant mortality rates in sub-Saharan Africa, largely due to weak healthcare systems, poverty, and entrenched sociocultural norms. Grounded in the Health Belief Model (HBM) and guided by the lens of social constructivism, the study explored how health beliefs, perceived risks, benefits, barriers, and cues to action shaped women's healthcare decisions. Using semistructured, open-ended interviews with 13 purposefully selected women, the study captured how age, education, socioeconomic status, gender norms, and religious or traditional beliefs influenced their access to care and decision-making. Thematic analysis revealed five key themes: the centrality of family and male decision-makers, the influence of traditional and religious beliefs, generational disparities, education and class divides, and negative experiences within healthcare settings. Findings also highlighted how intersections of age, gender, social class, and education uniquely impacted women's health behaviors and outcomes. This study provides important insights into the structural and cultural barriers that impede maternal health and suggests the need for intersectional, community-based, and policy-driven interventions to promote positive maternal health outcomes and reduce mortality rates in Nigeria.

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Dedication

This dissertation is dedicated with humility and thankfulness to the Almighty God and Father, without whom there would be no me. He made this journey of realizing my lifelong dream possible. I thank my late parents, Mazi David Ukatu Ijomanta and Oyidie Gladys Olejuru Ijomanta, for instilling in me the joy of learning and perseverance. I will not be here without them, without their love and care. I dedicate this dissertation to my children, grandchildren, sons and daughters-in-law, siblings, friends, and well-wishers. Here's to all of you because this would not have been possible without your love and support.

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Chapter 1: Introduction to the Study

Introduction

Maternal health is a fundamental human right, yet access to maternal health remains a challenge in Nigeria. According to the World Health Organization (WHO), Nigeria has the second-highest number of maternal deaths in the world, with an estimated 512 deaths per 100,000 live births. This figure is even higher in rural areas, where access to quality maternal health services is limited. The high maternal mortality rate in Nigeria is a result of various factors, including inadequate access to maternal health services, poor quality of care, and lack of awareness among pregnant and postpartum women. The purpose of this paper was to explore the challenges faced by pregnant and postpartum women in rural Nigeria in accessing maternal health services and propose solutions to improve their access to care. The study drew on existing literature, reports, and studies related to maternal health in Nigeria.

Nigeria's healthcare system has been in a state of crisis for years, exacerbated by its predominantly private nature, which leaves many low-income individuals without coverage. (WHO, 2017; Dahab & Sakellariou, 2020; Mpembeni, 2019). As a result, many pregnant and postpartum women in Nigeria do not access prenatal and maternal healthcare services, leading to high rates of maternal and infant mortality and morbidity. This qualitative study explored the perceptions and experiences of pregnant and postpartum women in Arochukwu, a rural community in Abia State, southeast Nigeria, regarding their utilization of skilled medical staff and the influence of sociocultural and socioeconomic factors and inadequate healthcare infrastructure on their access to these services (Eke et al., 2021).

The study was grounded in the Health Belief Model (HBM), which examines the relationship between women's health beliefs and their prenatal, ante-natal, and maternal

healthcare visits (Kahsay et al., 2019). The research aimed to address the theoretical link between health behaviors and health promotion behaviors and to investigate how these variables impact health outcomes in Arochukwu (Kahsay et al., 2019). The HBM includes four components (perceived susceptibility, perceived severity, perceived benefits, and perceived barriers), as well as cues to action and self-efficacy. This study used the HBM as a tool for understanding health-seeking behaviors among Arochukwu women. By examining the factors that influenced the use of prenatal and maternal healthcare services, this research aimed to contribute to the development of effective strategies for improving maternal and infant health outcomes in rural Nigeria.

Background

Limited access to maternal and prenatal healthcare in Nigeria, particularly in the Arochukwu community, has been a major concern (Olonade et al., 2017). Previous studies have highlighted the issue, but there is a lack of comprehensive research on this topic, specifically in Arochukwu (Ntoimo et al., 2019). The neglect from both federal and state governments has contributed to the high maternal mortality rates in the region. This study aimed to address the lack of access to healthcare services for pregnant and postpartum women in Arochukwu by conducting an in-depth investigation. Existing literature emphasized the link between limited access to healthcare, sociocultural and socioeconomic factors, and high maternal mortality rates in Nigeria. Factors contributing to this problem include inadequate healthcare infrastructure, lack of qualified medical personnel, high costs, and reliance on traditional healers.

Maternal and prenatal health are crucial aspects of the well-being of both mothers and children. Several researchers, including Amutah-Onukagha et al. (2017), Onyeonoro (2016), and Harvey et al. (2019) have examined the issue of limited access to maternal and prenatal

healthcare in Nigeria. However, there is a lack of extensive research exploring solutions to this critical health problem in the Arochukwu community (Harvey et al., 2019; Nkwo et al., 2022). Both the federal and state governments have neglected healthcare services in the Arochukwu community. Dahab and Sakellariou's research (2020) indicates that Africa has the highest maternal mortality rates, yet comprehensive studies regarding the restricted access to healthcare services for Arochukwu women are lacking. Therefore, there is a need for more literature and knowledge to address and resolve this lack of access. This research aimed to be the first study to conduct an in-depth investigation and propose a solution to this critical social problem. The literature review highlighted the interconnectedness between the lack of access to healthcare for pregnant and postpartum care in Arochukwu, sociocultural and socioeconomic factors, and high maternal mortality rates in Nigeria (Ikechukwu et al., 2020; Ntoimo et al., 2021).

Factors contributing to maternal mortality and morbidity in Southeast Nigeria include the breakdown of healthcare infrastructure, lack of access to quality medical care, and cultural and socioeconomic disparities. Inadequate access to public healthcare services leads families in Nigeria to spend a significant amount on private medical care or turn to traditional healers, resulting in insufficient treatment and higher maternal mortality rates in rural areas (Udejah, 2020). Arochukwu lacks public medical facilities, relying on ill-equipped private clinics for antenatal care. Disrespect and abuse of pregnant women during childbirth further contribute to the problem, with some women preferring traditional home birth (Oti, 2016; Enojuba, 2019). Establishing an affordable medical clinic with qualified personnel is a potential solution to address these issues.

Maternal mortality (MM) refers to the death of a woman during childbirth or within 42 days after birth due to pregnancy-related complications (Salawu et al., 2021), which is a

preventable issue. Maternal mortality rates (MMR) are calculated as the number of maternal deaths per 100,000 live births. Infant mortality (IM) refers to the death of a child under one year of age, and it is measured by the infant mortality rate (IMR) per 1,000 live births. Both MMR and IMR are important indicators of population health, development, and well-being (WHO, 2019). While there has been a decline in the infant mortality rate in Nigeria, the country still experiences high maternal and infant mortality rates.

Maternal Mortality and Infant Mortality

Maternal mortality occurs when a woman loses her life during childbirth or within 42 days after birth due to complications from pregnancy. This largely preventable issue is measured by the maternal mortality rate (MMR) per 100,000 live births (Demographic and Health Survey, 2018; Musarandega et al., 2021; WHO, 2000-2015; World Bank, 2019; UNICEF, 2019; Nigeria). Similarly, infant mortality (IM) refers to the death of a child before its first birthday and is typically measured by the infant mortality rate (IMR) per 1,000 live births (Salawu et al., 2021). High IMRs and MMRs in Nigeria's rural communities, such as Arochukwu, are attributed to limited access to healthcare services, including essential medicines (Samuel et al., 2021; Eke et al., 2021). Disparities between rural and urban areas in receiving skilled maternal care further contribute to higher mortality rates among women in rural communities (Eke et al., 2021; Olonade et al., 2017; WHO, 2019). Access to healthcare is recognized as a fundamental human right, ensuring that everyone can receive necessary care without discrimination or financial burden (WHO, n.d.). However, healthcare delivery in many developing countries, including Nigeria, is insufficient and underfunded, resulting in preventable loss of lives, particularly among mothers and infants (Ogbuoji et al., 2019; Salawu et al., 2019). Adequate prenatal and maternal healthcare is essential for the well-being of women and their babies (Sageer et al.,

2019). Despite the alarming rates of maternal and infant mortality in Nigeria, the government's efforts to provide adequate healthcare have been insufficient, with persistent underfunding and misallocation of resources (Koce et al., 2019; Gyuse et al., 2018). This contributes to a lack of basic reproductive and maternal care services, exacerbating the already high maternal mortality rate in the country (Olonade et al., 2019; Fantaye et al., 2019).

Arochukwu, with an estimated population of 200,000 people and known for its rich culture and history, suffers from a crumbling healthcare infrastructure (Udeajah, The Guardian, 2020). According to Ogbuoji et al. (2019) and Okoro (2020), the community relies primarily on Arochukwu General Hospital Arochukwu, the sole federally funded medical facility in the area. The hospital is in a deplorable condition with limited resources, inadequate or outdated medical equipment, and a shortage of skilled medical personnel.

Healthcare Utilization

Healthcare utilization in rural southeast Nigeria is low, particularly among pregnant women. Sub-Saharan African women, including those in Nigeria, have lower rates of healthcare service utilization compared to the global average (Olonade et al., 2017). Limited access to prenatal and maternal healthcare services contributes to the region's high maternal mortality rates (Eke et al., 2021). Challenges such as insufficient transportation, lack of equipped medical facilities, and poor policies hinder access to healthcare in rural areas like Arochukwu. The prevalence of private healthcare and the high cost of services further exacerbate the healthcare crisis (Oti, 2016). The unemployment crisis compounds the problem as many individuals lack access to affordable and comprehensive healthcare coverage.

Utilization of Health Care

The utilization of health care in rural southeast Nigeria is minimal. Women in Sub-Saharan Africa are less likely to use healthcare services (Sayyadi et al., 2021). One study found that only 34% of pregnant women received four antenatal care visits, and 44% had deliveries in a health institution (Mohale, 2017). In contrast, the world average for the same indicators is 79% and 91%, respectively (WHO, 2015). The World Health Organization suggests pregnant women undergo extra care from professionals like obstetricians, midwives, and birth assistants (WHO, 2021). Women in the sub-Saharan Africa region have the highest rates of maternal deaths globally (Mshelia et al., 2020; WHO, 2021). Nigeria has a very high maternal mortality rate, which is linked to insufficient access to medical care and disruptions in health services (Adedokun & Uthman, 2019). Limited resources and the growing population often result from insufficient access to prenatal and maternal healthcare services in rural communities like Arochukwu (Olonade et al., 2018).

Many pregnant women go without medical care because they live in rural areas. Accessing prenatal and maternal healthcare in Abia State is difficult, primarily due to the lack of transportation and, in most cases, equipped medical facilities (Eke et al., 2021; Lim & Ojo, 2017). Nigeria's health crisis results from many years of neoliberalism and poor policies (Gatwiri et al., 2020). Nigerians need more healthcare coverage due to the established private healthcare system and their prior experience with Western medicine (AMANHI, 2017). The private healthcare system, combined with previous experience with Western healthcare, leaves many Nigerians needing coverage (AMANHI, 2017). The unemployment crisis is made worse because many people do not have access to good healthcare due to high costs and lack of coverage (Hauck et al., 2019).

Healthcare utilization in rural southeast Nigeria is low, particularly among pregnant women. Sub-Saharan African women, including those in Nigeria, have lower rates of healthcare service utilization compared to the global average (Coley et al., 2018; Azuh et al., 2017; Vedam et al., 2019). Limited access to prenatal and maternal healthcare services contributes to the region's high maternal mortality rates. Access to healthcare in rural communities like the Ancient Kingdom of Arochukwu is severely hindered by many challenges including inadequate transportation, poorly equipped medical facilities, and ineffective health policies (Dahab & Sakellariou, 2020). The dominance of private healthcare providers, coupled with the high cost of services, further deepens the crisis. Additionally, widespread unemployment limits individuals' ability to afford comprehensive healthcare coverage, leaving many without essential medical support.

Maternal Mortality and Infant Mortality

In Nigeria's rural communities, the infant mortality rates (IMRs) and maternal mortality rates (MMRs) are higher due to poor healthcare delivery (Eke et al., 2021). Inadequate access to essential medicines persists in Arochukwu. Disparities in receiving skilled maternal care exist between rural and urban women in Nigeria, with rural women facing higher risks of death during childbirth and from pregnancy-related complications (Mpembeni, 2019). For example, in Arochukwu, women are more likely to die during childbirth and from pregnancy-related complications compared to urban women. Access to healthcare is recognized as a universal human right without discrimination, as stated in the United Nations Universal Declaration of Human Rights (WHO, 2018). However, in many developing countries, including Nigeria, citizens often lack access to healthcare services, leading to preventable loss of lives, particularly among mothers and infants. Maternal and prenatal healthcare is crucial for women's well-being,

and it is important to provide them with the necessary care to ensure their health and the health of their babies.

The rates of maternal, neonatal, and infant mortality in Nigeria remain high, and the government has consistently failed to fulfill its responsibility in providing healthcare to its citizens (Adedokun & Uthman, 2019). Budget allocations for healthcare often go unused or are redirected, resulting in a lack of essential reproductive and maternal care services. This contributes to Nigeria's already high maternal mortality rate of 512 deaths per 100,000 live births (Amutah-Onukagha et al., 2018). The healthcare system in Nigeria suffers from severe underfunding, making it difficult for many families to afford necessary medical care, hospital stays, and medications. Insufficient funds, lack of equipment, and a shortage of healthcare personnel lead to unnecessary deaths from preventable illnesses. In 2001, Nigeria and other heads of state pledged to allocate 15% of their annual national budget to healthcare at the Abuja Declaration, but this commitment has not been fully realized (UN, 2020).

The high maternal mortality rate in Nigeria, along with the significant number of children dying from preventable illnesses, highlights the urgent need for improved prenatal care (Alonge, 2020). The severe underfunding of healthcare in Nigeria contributes to these alarming statistics, particularly in rural areas like Arochukwu. The healthcare infrastructure in Arochukwu, exemplified by the Arochukwu General Hospital, is in a deplorable state (Oti, 2016; Udejah, 2020). The hospital, the only federally funded facility in the area, suffers from poor accessibility, lack of medical equipment, shortage of skilled medical personnel, and limited resources. The building itself has deteriorated over the years, and even doctors and nurses are hesitant to work there due to its poor condition. The situation is further exacerbated by the lack of functioning healthcare units, with the hospital's mortuary being one of the few operational units.

In the community of Arochukwu, the lack of medical infrastructure and skilled healthcare personnel poses a significant challenge for pregnant and postpartum women in accessing essential maternal care (Musarandega et al., 2021; World Bank, 2019). This limited access to care contributes to high rates of preventable infant and maternal deaths. Due to the absence of adequate healthcare facilities in Arochukwu, women often have to travel long distances, particularly to Umuahia, the nearest urban city with a functional federal healthcare facility (Udejah, 2020). However, the journey to Umuahia is hindered by the poor condition of the road, making it dangerous and time-consuming. Many pregnant women choose to avoid this journey as a precaution, leading them to seek care from small, ill-equipped private clinics or rely on traditional birth attendants for delivery. The challenges of traveling long distances include potential dangers such as accidents or miscarriages caused by the condition of the roads, further limiting access to appropriate care for pregnant women in Arochukwu.

The lack of access to skilled healthcare for prenatal and maternal health in Arochukwu remains a significant challenge, leading to a heavy reliance on traditional birth attendants and unorthodox methods (Aziato & Omenyo, 2018). There is a scarcity of skilled medical professionals in the community and limited knowledge about the health-seeking behaviors of pregnant and postpartum women and the cultural influences on these behaviors (Ope, B. W, 2020). This research study aimed to explore the perceptions and experiences of women who lack access to a continuum of healthcare for prenatal and maternal health in Arochukwu, Abia State, Nigeria (Amutah-Onukagha et al., 2018). The findings from this study may inform policymakers at the federal, state, and local levels to implement programs and services that can address the healthcare needs of these women.

Positive Social Change

This study on access to healthcare for maternal and prenatal health in Arochukwu may contribute to positive social change by promoting the achievement of UN Sustainable Development Goal 3, which aims to reduce global maternal and neonatal mortality rates (Sageer et al., 2019). The findings may help policymakers design evidence-driven programs and services to reduce or eliminate infant and maternal deaths in the community. The study emphasized the importance of early health-seeking behaviors, creating awareness, and improving the well-being of mothers, infants, and children. The current study also sheds light on the inadequate provision of healthcare by the Nigerian government, which contributes to the high maternal mortality rate in the country (Toe et al., 2021). By addressing these issues, the study may contribute to improving the overall health outcomes and quality of life for women and children in Arochukwu and beyond.

Despite its historical significance in the nation, Arochukwu is still like a land forgotten by the leaders of Nigeria (Oti, 2016). Apart from sporadic newspaper articles about the deplorable condition of the roads leading into and out of the town and its lack of healthcare access, there has never been any research carried out on the abysmal healthcare situation in the community (Oti, 2016; Udejah, 2020; Enujuba, 2019). The lack of research and attention given to the healthcare situation in Arochukwu highlights the need for this study to identify the underlying factors contributing to the low-level or total lack of access to healthcare services. By uncovering barriers such as lack of awareness, information, resources, facilities, healthcare providers, and costs, this research may inform policymakers and drive the implementation of effective solutions. The study aimed to bring about positive change by improving access to prenatal and maternal healthcare services in the community, ultimately changing the experiences

and perceptions of pregnant and postpartum women. The incorporation of sustainable healthcare delivery services in Arochukwu may have significant short and long-term healthcare outcomes for the community (Roozbeh et al., 2016).

The research in Arochukwu aimed to address the lack of healthcare access and identify the factors contributing to this issue, such as awareness, information, resources, facilities, healthcare providers, and costs (Creswell & Creswell, 2018). This research is the first of its kind in the community, providing valuable insights to inform policymakers and drive corrective action. By highlighting the importance of accessing prenatal and maternal healthcare services, the study sought to change the experiences and perceptions of pregnant and postpartum women (Nelson et al., 2021). Additionally, incorporating sustainable healthcare delivery services in the community may lead to significant improvements in both short-term and long-term healthcare outcomes.

Chapter 1 of the research study provides an overview of the issue of high infant and maternal mortality in Nigeria. It explores the knowledge, myths, and misconceptions surrounding prenatal and maternal health-seeking behavior among pregnant women. The chapter focuses on the experiences and perceptions of Arochukwu women who lack access to skilled medical personnel and facilities, resulting in significant risks to the lives of both mother and child. This analysis aimed to strengthen the importance of the research study. By identifying the underlying reasons behind the lack of access to maternal and prenatal healthcare in Arochukwu, the study is designed to inform policymakers about the specific factors that need to be addressed. The ultimate goal is to reduce maternal mortality rates and improve access to maternal health services, which can lead to increased productivity and higher educational attainment in society.

The study may provide valuable evidence on how to overcome barriers to accessing maternal healthcare in Arochukwu, making it a significant contribution to the field.

Maternal and prenatal health have been the focus of various studies in Nigeria, highlighting the limited access to healthcare services in the country. However, there is a lack of comprehensive research specifically addressing the issue in the Arochukwu community (Oti, 2016; Udeajah, 2020). The neglect of healthcare infrastructure by both federal and state governments has contributed to the high maternal mortality rates in Africa, with limited attention given to Arochukwu. This research aimed to fill the gap in the literature by conducting an in-depth investigation to address this critical social problem (Aspers & Corte, 2019).

The literature review conducted for this study revealed the interconnectedness between the lack of healthcare access for pregnant and postpartum women in Arochukwu, sociocultural and socioeconomic factors in rural communities, and high maternal mortality rates in Nigeria (Creswell & Creswell, 2018). Other studies have also identified disparities in pregnant women's experiences, such as the differences between rural and urban populations. For example, researchers have explored the social and cultural contexts of maternal morbidity and mortality among married women in specific regions (Olonade et al., 2018). Overall, the existing literature emphasized the urgent need to address the limited access to maternal and prenatal healthcare in Arochukwu and its impact on maternal mortality rates.

This research aimed to contribute to the knowledge base and provide insights to develop effective strategies and interventions to improve healthcare access and reduce maternal deaths in the community. The relationship between locus of control, patriarchy, family dynamics, and healthcare access in rural Southeast Nigeria is influenced by cultural, legal, and economic factors. Research by Sharma (2021) and Huang et al. (2022) highlighted the complexities of this

relationship. Nigeria is characterized by a mix of rural and urban settlements, with a significant portion of the population residing in rural areas across the north, south, and east regions (CIA.GOV, 2022; World Bank, 2018). The country's total population was estimated to be 217.4 million in 2022, with a high urbanization rate of 52% (Worldometer, 2022). Rural areas are primarily engaged in subsistence farming, light industry, and manufacturing (Worldometer, 2022). The Nigerian population comprises various ethnic groups, with the major ones being Hausa, Igbo, and Yoruba (Worldometer, 2022). The cultural norms, traditions, and gender dynamics within these communities contribute to the complex dynamics of healthcare access, particularly in rural areas. Patriarchal structures and family dynamics can influence decision-making processes related to healthcare-seeking, impacting the locus of control individuals have over their healthcare access. Understanding these factors is central to developing effective strategies to improve healthcare access and address disparities in rural Southeast Nigeria. It requires consideration of cultural norms, legal frameworks, and economic conditions to ensure equitable access to healthcare services for all individuals, regardless of their gender or sociocultural background.

Locus of Control and Healthcare Access in Rural Southeast Nigeria

As of 2022, the population of Nigeria is estimated to be 217.4 million, with an urbanization rate of 52 percent. This suggests that many people are still living in rural areas. Rural areas in Nigeria are typically engaged in subsistence farming, light industry, and manufacturing. Agriculture remains a vital sector in these regions, with individuals relying on farming as a primary source of income and sustenance. However, it is important to note that the economic landscape may have evolved since my last update, and there might be new developments in various sectors. The Nigerian population consists of diverse ethnic groups, with

Hausa, Igbo, and Yoruba being the major ones. These ethnic groups, along with others, contribute to the rich cultural tapestry of Nigeria. However, it is crucial to acknowledge that cultural norms, traditions, and gender dynamics within these communities can have an impact on healthcare access, especially in rural areas.

Patriarchal structures and family dynamics can influence decision-making processes related to healthcare seeking. In some cases, the locus of control over healthcare access might be influenced by these dynamics, which can affect individuals' ability to make independent decisions regarding their health. It is important to understand and consider these factors when designing strategies to improve healthcare access and address disparities in rural Southeast Nigeria. To ensure equitable access to healthcare services for all individuals, regardless of their gender or socio-cultural background, it is essential to take into account cultural norms, legal frameworks, and economic conditions. This involves designing policies and interventions that are culturally sensitive and respectful.

The Igbo people are diverse and patriarchal, patrilineal, polygamous, and bilaterally descent-oriented (Nwuba, 2021). The Igbo trace lineage through the father's line. They are culturally conservative concerning specific features of their traditional culture while simultaneously adopting external qualities from other cultures due to their diverse demographics (Nwuba, 2021). In many Igbo societies, all powers belong to males, while all housework is the woman's domain (Eke et al., 2021). All fundamental decisions are made by the husband, father, or son, and in their absence, any male relative, including the decision about a woman's pregnancy, access to health care, and delivery (Nwuba, 2021). Arochukwu is a profoundly cultural community known as the keeper of Igbo culture and tradition. Yaya et al. (2019) found that gender inequality caused barriers to women seeking access to skilled care during pregnancy.

The authors also found that women's lack of knowledge about pregnancy impacts their health and access to skilled care.

Nevertheless, another study by Udeagha and Nwanmah (2019) argues that, contrary to the general idea that women should be seen but not heard, this is not the case. According to the authors, Igbo traditions gave a prominent place to women, and their roles in Igbo culture can be vital for ensuring the continuity of society. Another research by Nwuba (2021) found that though Igbo is a patriarchal culture, women's rights and dignity in this society are still respected. The author pointed at the power wielded by women's groups in different Igbo communities and how they organize themselves to protect and uphold their rights and dignity as human beings (Nwuba, 2021) regarding social topics and is structured around the extended family and is patrilineal.

The Roles of Traditional Birth Attendants

Traditional birth attendants play a crucial role in providing childbirth support in communities where access to skilled healthcare providers and facilities is limited, including rural areas like Arochukwu (Kassie et al., 2022; Adatara et al., 2018). In the absence of trained medical personnel, traditional birth attendants assist women during childbirth and provide maternal care based on their traditional knowledge and practices. Culture also influences the utilization of prenatal and maternal care services throughout pregnancy, contributing to higher rates of infant and maternal mortality (Olonade et al., 2018). Many pregnant women in rural communities, including those in poverty, lack access to adequate prenatal care (WHO, 2019). This lack of access to emergency obstetric care in developing countries leads to a disproportionate number of maternal deaths (WHO, 2019).

Socioeconomic inequality and resource mismanagement contribute to these disparities. In countries with significant wealth disparities, such as Nigeria, there is a substantial gap in the

utilization of cesarean sections between the wealthiest and poorest women (WHO, 2019; Ope, 2020). The wealthiest 10% of women are much more likely to receive a cesarean section compared to the poorest 10%. While traditional birth attendants play an essential role in providing care in resource-constrained settings, it is important to promote a safe and integrated approach to maternal and newborn healthcare (Eke et al., 2021). This includes improving access to skilled healthcare providers, ensuring the availability of emergency obstetric care, and promoting culturally sensitive approaches that respect the knowledge and practices of traditional birth attendants while ensuring the safety and well-being of mothers and infants.

Problem Statement

The problem addressed in this research study is the inadequate access to quality prenatal and maternal healthcare for pregnant and postpartum women in Arochukwu, Nigeria, leading to negative experiences and perceptions (WHO, 2018; Fantaye et al., 2019). Pregnant women in Arochukwu face challenges in receiving appropriate prenatal care and maternal healthcare services, resulting in a lack of continuity of care during and after childbirth. This disparity in healthcare access between rural areas like Arochukwu and urban areas exacerbates the risks associated with maternal morbidity and mortality (Ikechukwu et al., 2020). The responsibility for healthcare provision in Nigeria lies with the federal, state, and local governments, but the lack of functioning medical facilities in rural areas hinders the delivery of quality healthcare services. The lack of federal, state, or community-based medical hospitals or maternity centers in Arochukwu, a border town in southeast Nigeria, contributes to the absence of quality prenatal care and maternal health delivery services for women in the community (Udejah, 2020). This leads to high rates of infant and maternal mortality. Arochukwu is an ancient town with 19 villages and a population of over 200,000 people. It serves as the headquarters of Arochukwu

Local Government, which includes eight towns (Udeajah, 2020). The Arochukwu community faces a critical challenge due to inadequate access to maternal and prenatal/infant healthcare services, resulting in alarmingly high rates of maternal and infant mortality (Coley et al., 2018; Azuh et al., 2019). Despite the Nigerian government's persistent efforts to reduce these rates, the nation still grapples with one of the highest maternal and infant mortality burdens in Sub-Saharan Africa. Startling statistics reveal 1,012 maternal deaths per 100,000 live births and 117.2 infant deaths per 1,000 live births. Moreover, the scarcity of healthcare services compels women in the community to turn to traditional birth attendants for childbirth support, adding to the complexity of the situation (WHO, 2018).

The lack of studies or articles specifically addressing the maternal health situation in Arochukwu highlights a gap in knowledge and understanding of the challenges faced by pregnant and postpartum women in the community (Udenigwe, 2022). Existing research conducted in Nigerian cities and rural areas emphasizes the high infant and maternal mortality rates in rural regions, including Arochukwu (Marabele et al., 2020). Focusing on the health situation in Arochukwu will help raise awareness of the issues and promote the development of solutions. Increasing public awareness, implementing targeted programs, and creating a knowledge base for policymakers and future studies can address the lack of prenatal and postpartum care for mothers and improve public health outcomes.

Purpose of the Study

The purpose of this basic qualitative research study was to explore and understand the perceptions and experiences of pregnant or postpartum women in rural communities like Arochukwu. The study aimed to shed light on the challenges faced by women in accessing healthcare and resources, which can impact their health during pregnancy and after childbirth.

By obtaining insights from the participants, the study intends to inform policymakers and community leaders about specific health problems and develop evidence-based programs and services to address them. Additionally, the study sought to raise awareness about the high incidence of birth injuries and deaths in the Arochukwu area and advocate for efforts to reduce and overcome these issues by addressing the underlying causes of infant and maternal mortality.

Research Questions

The research questions for the study are as follows:

RQ1. What are the perceptions and experiences of pregnant and postpartum women living without access to prenatal and maternal health care in Arochukwu, Nigeria?

RQ2. How can access to quality prenatal and maternal healthcare in Arochukwu, Nigeria, be improved to reduce the high infant and maternal mortality rates?

RQ3. What barriers exist to using maternal health services in Arochukwu, Nigeria?

RQ4. What are the potential benefits and drawbacks of providing all pregnant women free access to quality prenatal and maternal healthcare?

These research questions aimed to explore the experiences and perspectives of pregnant and postpartum women in Arochukwu regarding their access to healthcare, identify barriers to accessing maternal health services, and examine the potential impacts of providing free access to quality prenatal and maternal healthcare for all pregnant women.

Theoretical Framework for the Study

The Health Belief Model (HBM) serves as the theoretical framework for this research study. The HBM is commonly used in health promotion research to understand individuals' health-related behaviors (Jones et al., 2015). It consists of several components, including perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to

action, and self-efficacy. Perceived susceptibility refers to an individual's perception of their risk or vulnerability to a particular health issue. It can be categorized as low, medium, or high. Individuals with a low perceived susceptibility may be less motivated to seek healthcare and adopt healthy behaviors, while those with a higher perceived susceptibility are more likely to take action to prevent negative health outcomes. Perceived severity relates to an individual's perception of the seriousness and impact of a health condition. If individuals perceive the consequences of not seeking healthcare as severe, they are more likely to take preventive measures and seek appropriate care. Perceived benefits involve individuals' perceptions of the advantages and positive outcomes associated with adopting health behaviors or seeking healthcare. Recognizing the benefits of prenatal and maternal health services can motivate individuals to engage in these behaviors. Perceived barriers refer to the perceived obstacles, challenges, or costs associated with accessing healthcare services. Identifying and addressing these barriers is crucial in promoting healthcare utilization.

Cues to action are external factors or triggers that prompt individuals to take action toward seeking healthcare. These cues can be informational, environmental, or interpersonal, and they play a significant role in influencing health-related behaviors. Self-efficacy is an individual's belief in their ability to successfully engage in a behavior or perform a specific action. Higher self-efficacy levels can enhance individuals' confidence in accessing healthcare services and taking appropriate health-related actions. By applying the HBM, this research study aimed to explore how pregnant and postpartum women in Arochukwu perceive and experience access to prenatal and maternal healthcare, identify barriers to healthcare utilization, and understand the factors that may promote or hinder their engagement with healthcare services.

It seems there might be some confusion or misinterpretation of the concept of “perceived susceptibility” in the context of the HBM. Perceived susceptibility in the HBM refers to an individual’s perception of their personal risk or vulnerability to a specific health condition or problem. It does not specifically relate to discrimination or bias based on personal characteristics. In the context of healthcare utilization, perceived susceptibility refers to individuals’ beliefs about their likelihood of experiencing a health issue or the severity of the consequences if they do not seek healthcare. It is a subjective perception that can influence their decision to seek or avoid healthcare services. It is important to note that the HBM focuses on individuals’ beliefs and perceptions regarding health-related behaviors and does not directly address issues of discrimination or prejudice. While discrimination and prejudice can be important factors influencing healthcare access and utilization, they are not inherent components of the HBM.

The challenges in adapting to an education and promotion program in a traditional and cultural community like Arochukwu include traditional beliefs and practices that may influence people’s attitudes and behaviors toward healthcare (Latif, 2020). Adapting to an education and promotion program requires understanding and respecting these cultural beliefs while introducing new information and practices. Also, adapting to change can be challenging for individuals and communities. People may be hesitant to adopt new health behaviors or strategies if they perceive them as conflicting with their cultural traditions or if they have long-held beliefs. Lack of access to accurate and relevant health information may hinder the adoption of new health practices (Latif, 2020). Providing accessible and culturally appropriate information is essential for effective education and promotion programs, but communication barriers, including language differences and low literacy levels, can hinder the understanding and uptake of health

information. Programs should consider using local languages, visual aids, and community health workers to ensure effective communication.

Socioeconomic factors, such as poverty and limited resources, can impact people's ability to adopt new health practices. Addressing these factors, such as through the provision of affordable healthcare services and resources, is crucial for successful program implementation (Karimy et al., 2017). Building trust and engaging the community is critical for the success of education and promotion programs. Establishing partnerships with local leaders, community members, and healthcare providers can help ensure program acceptance and sustainability. Addressing these challenges requires a culturally sensitive and community-centered approach that considers the unique context of Arochukwu (Eke et al., 2021). It involves actively involving community members, understanding their perspectives, and tailoring interventions to their specific needs and cultural norms.

The Health Belief Model

The Health Belief Model (HBM) is a theoretical framework that explains how people's beliefs and perceptions influence their health-related behaviors (Kurichi et al., 2017). It consists of several constructs, including perceived susceptibility (belief in the likelihood of getting a health condition), perceived severity (belief in the seriousness of the health condition), perceived benefits (belief in the effectiveness of preventive actions), perceived barriers (belief in the obstacles to taking preventive actions), cues to action (external factors that prompt action), and self-efficacy (belief in one's ability to take action) (Kassim, 2021; Rosenstock, 1974).

According to the HBM, people's health-related decisions are influenced by their perception of the risks and benefits associated with specific health behaviors (Sukeri et al., 2020). They may overestimate the risks and underestimate the ease of taking preventive actions,

which can impact their decision-making (Lee & Kim, 2019). The model suggests that individuals weigh the trade-offs between the perceived risks or inconveniences of acting and the potential benefits to their health (Alagili & Bamashmous, 2021). Researchers have used the HBM to predict health-seeking behaviors, as patients may consider the level of inconvenience or risks associated with treatment options when making decisions (Vieira, 2021).

Understanding individuals' health beliefs and perceptions, as guided by the HBM, can inform health promotion efforts by identifying factors that influence behavior change. By addressing perceived barriers, providing cues to action, and enhancing self-efficacy, interventions can be tailored to promote positive health behaviors (Houlden et al., 2021). However, it is important to recognize that individual health beliefs are influenced by various sociocultural, economic, and environmental factors, which should be considered when designing interventions (Kurichi, 2017).

Applying Health Beliefs/Health Belief Model

By applying the HBM to the study of access to maternal and prenatal care in rural communities in Nigeria, researchers can examine how individuals' health beliefs and practices influence their decisions and behaviors related to healthcare utilization. The HBM considers factors such as perceived susceptibility, severity, benefits, barriers, cues to action, and self-efficacy to understand individuals' health beliefs and predict their behaviors (Rosenstock, 1974; Houlden et al., 2021). In the context of maternal health care, the HBM suggests that limited awareness and beliefs in the efficacy of self-care practices may contribute to decreased prenatal care utilization, increased maternal morbidity and mortality rates, and lower live birth rates in rural areas (Nkwo et al., 2021; Oyovwe & Woolhead, 2021). The community health belief model extends the HBM by incorporating community factors that influence individuals' health beliefs,

such as social norms, self-efficacy, social support, knowledge of associated risks, and access to resources (Houlden et al., 2021; Nkwo et al., 2021; Syed et al., 2021).

Effective communication strategies based on the HBM should be employed to promote behavior change and improve access to maternal health care. Messages should align with individuals' values and beliefs, provide clear instructions for behavior change, acknowledge successful role models or support networks, present evidence-based claims about positive outcomes, and use naturalistic imagery to make behavior changes appear more feasible and less burdensome (Chang et al., 2019; Nkwo et al., 2021; Houlden et al., 2021). Utilizing the HBM and considering community factors, policymakers and healthcare providers can develop targeted interventions that address individuals' health beliefs, overcome barriers to accessing maternal health care, and improve maternal and prenatal health outcomes in rural communities.

Figure 1

The Various Paradigms of Health Belief/Health Beliefs Model



Logical Connection

The logical connection between the research on pregnancy and postpartum women and the Health Belief Model is that both focus on understanding individuals' health beliefs and behaviors to promote health and prevent adverse outcomes (Houlden et al., 2021; Nkwo et al., 2021). The Health Belief Model provides a theoretical framework that helps analyze and explain how individuals' perceptions and beliefs about health risks and benefits influence their decision-making and behavior (Houlden et al., 2021; Rosenstock, 1974; Hochbaum, 1960). The research study on pregnancy and postpartum women explores the perceptions and experiences of women

without access to prenatal and maternal health care, which aligns with the concept of perceived susceptibility and perceived benefits in the Health Belief Model (Nkwo et al., 2021; Chang et al., 2019). It acknowledges that individuals' beliefs about their self-worth and the value of seeking care can impact their pregnancy experiences (Nkwo et al., 2021; Chang et al., 2019).

The mention of Walden University's extensive data sets further highlights the connection to the Health Belief Model as it emphasizes the importance of data collection and analysis in unraveling the complexities of health-related behaviors and outcomes (Rosenstock, Luger, 2013; Rosenstock, 1974; Hochbaum, 1960). By accessing comprehensive databases, researchers can gain insights into the factors contributing to poor health and inform evidence-based interventions and policies. Overall, the logical connection lies in the shared focus on understanding and addressing individuals' health beliefs, behaviors, and the factors influencing them, as well as utilizing data to inform health promotion efforts and improve health outcomes.

Nature of the Study

The nature of this study is a basic or general qualitative study approach, which is rooted in the social constructivism perspective. It aimed to examine and understand a specific phenomenon, in this case, the experiences and perceptions of pregnant and postpartum women in rural communities regarding access to maternal health care (Rahman, 2017; Busetto et al., 2020). The study adopted an exploratory approach, allowing the researcher to have a broad and comprehensive understanding of the participants' lived experiences and the factors influencing their healthcare utilization (Patton, 2015). The research problem was translated into research questions, and the sample size can vary, accommodating both large and small samples (Patton, 2015).

Open-ended, semi-structured interview questions were used to gather data, providing participants with the opportunity to share their perspectives and experiences (DeJonckheere & Vaughn, 2019). Thematic analysis was employed to analyze the collected data, identifying recurring themes and patterns to gain insights into the participants' experiences and the impact of these experiences on their utilization of healthcare services (Castleberry & Nolen, 2018). Participant selection included various demographic factors such as age, education, income level, marital status, and the required number of participants to ensure diversity and representativeness (Vasileiou et al., 2018; Houlden et al., 2021). Overall, the study's nature involved qualitative data collection and analysis to explore and understand the perceptions and experiences of pregnant and postpartum women in relation to accessing maternal health care in rural communities.

Definitions

The keywords used in the proposal have been defined in this chapter.

Access to Health Care: Defined as using health delivery services on time for optimal health outcomes (HealthyPeople, 2020).

Infant mortality: Defined as the number of infants who die before age one (CDC, 2019).

Infant Mortality Rate: This is defined as the number of infant deaths per 1,000 live births (CDC, 2019).

Maternal Mortality: Death of women before, during, and after pregnancy delivery, up to 42 days post-delivery (UNICEF, 2017). The maternal mortality rate refers to the death of women before, during, or after delivery per 1,000,000 live births (CDC, 2020).

Preterm: Babies born alive before 37 weeks of pregnancy are considered complete (WHO, 2018).

Postpartum: Refers to the period after a woman gives birth to a baby (CDC, 2019).

Pregnancy: The term used to describe the time a fetus develops inside a woman's body (NIH, 2017).

Prenatal care: Involves regular care and check-ups during pregnancy (NIH, 2021).

Maternal health refers to a mother's health during and after pregnancy (Rural Health Info, 2021).

Low weight: Refers to children whose weights are under 5 pounds 8 ounces.

Arochukwu Kingdom: A border town in Abia State, in southeastern Nigeria.

Socio-cultural factors: Intersection of tradition, habits, patterns, and socioeconomic factors to demonstrate the interconnectedness of education, income, and occupation and the inequalities in accessing necessary resources.

Health Belief Model: Used by scientists to address public health issues, it assumes that a person's health perceptions will determine their willingness to change their health behaviors (Kassim, 2021).

Traditional Birth Attendants: These individuals have been trained in traditional or folk practices related to childbirth and assist with labor and delivery.

The Health Beliefs Model: The Health Belief Model (HBM) is a theoretical framework that examines individuals' health beliefs and how they influence health-related behaviors. It consists of several key constructs: 1. Perceived susceptibility: This refers to an individual's perception of their risk of acquiring an illness or disease. It influences their motivation to engage in preventive behaviors or seek healthcare (Houlden et al., 2021).

Perceived severity: It reflects an individual's subjective perception of the seriousness or consequences of a particular illness or disease. The perceived severity of a health issue can impact one's willingness to act or seek appropriate care (Deng et al., 2020).

Perceived benefits: This construct suggests that individuals consider the potential advantages or positive outcomes of adopting specific health behaviors or seeking healthcare. Perceived benefits contribute to the motivation for behavior change or healthcare utilization (Conner & Norman, 2021).

Perceived barriers: Perceived barriers encompass the perceived obstacles, concerns, or disadvantages that individuals associate with adopting certain health behaviors or seeking healthcare. Addressing and reducing these barriers can facilitate behavior change and healthcare-seeking (Jones et al., 2015).

Health-seeking behavior: The action taken by individuals who perceive themselves to have health issues or are ill to seek appropriate solutions or healthcare services. It encompasses a range of activities aimed at addressing health concerns and finding appropriate care (Zhang et al., 2020). Overall, the Health Belief Model provides a framework to understand how individuals' perceptions of susceptibility, severity, benefits, and barriers influence their health-related behaviors and decisions, including seeking healthcare.

Assumptions

Assumptions play a role in shaping the research design and interpretation of findings (Doyle et al., 2020). In the context of the chosen basic qualitative research design to explore the experiences and perceptions of pregnant and postpartum women in Arochukwu, Abia State, Nigeria, the following assumptions can be identified: The assumption that the chosen research method, which includes interviews provided valuable insights into the participants' knowledge and experiences related to accessing prenatal and maternal health services. This assumes that interviews will allow for in-depth exploration and understanding of the participants' perspectives. The assumption is that the lack of access to prenatal and maternal health delivery

services in the community may influence the behavior of pregnant and postpartum women in seeking maternal and prenatal care. This assumes a potential relationship between access to healthcare services and utilization of those services. The assumption is that the researcher's knowledge and understanding of the phenomenon or issue, population, background experience, and the subjects' beliefs, systems, and practices are important for conducting an unbiased study. This assumes that the researcher's familiarity with the context and subject matter will contribute to the validity and credibility of the research. It is important to note that assumptions should be critically examined and supported by evidence throughout the research process to ensure the validity and reliability of the study (Nyamtema et al., 2016).

In the context of the general qualitative study exploring the experiences and perceptions of pregnant and postpartum women in Arochukwu, Abia State, Nigeria, several assumptions can be identified: The assumption that pregnant and postpartum women in rural communities may lack awareness of infant and maternal morbidity and mortality, leading to a reluctance to seek medical care (Isiguzo et al., 2019). This assumption suggests that the lack of access to trained, skilled medical personnel or medical facilities contributes to this behavior. The assumption is that the lack of workable governmental medical facilities at the federal, state, or local government levels in Arochukwu contributes to a high rate of infant and maternal mortality within the community. This assumption implies that the healthcare infrastructure in the community is inadequate. The assumption is that the researcher may have firsthand or preconceived knowledge of the issue, potentially leading to bias in the research process and outcomes. This assumption recognizes the potential influence of the researcher's worldview on the study. The assumption is that pregnant and postpartum women, community leaders/elders, health care personnel, and traditional birth attendants in the community were willing to

participate and provide truthful information during data collection. This assumption implies a willingness of participants to disclose personal health information, beliefs, and behaviors. The assumption is that a sufficient number of study participants was available to ensure robust research. This assumption acknowledges the importance of an adequate sample size to draw meaningful conclusions. It is important to recognize these assumptions and consider how they may impact the research design, data collection, and interpretation of findings. Careful attention should be given to minimize bias, establish trust with participants, and ensure the validity and reliability of the study (Onyeonoro et al., 2016).

Scope and Delimitations

The scope of this research study was limited to women and infants from the Arochukwu community in Nigeria. The study focused on the experiences and perceptions of these women regarding prenatal and maternal health, as well as the associated infant mortality rate. The research utilized data collected between 2016 and 2022, ensuring the inclusion of recent information. The delimitations of the study included the restriction to a specific geographic area (Arochukwu) and a specific population (women and infants). The study did not extend to other states or regions in Nigeria. Additionally, the study's time frame was limited to the specified years, and data prior to 2016 or after 2022 will not be considered. It is important to note that the scope and delimitations of the study define the boundaries within which the research was conducted and the specific focus areas.

Limitations

This study faced several limitations, challenges, and barriers. Firstly, since this was the first study conducted on the lack of access to prenatal and maternal health in Arochukwu, there was limited existing data or literature to draw upon. This posed challenges in understanding the

context and developing a comprehensive research framework. Ethical considerations also presented challenges. Ensuring participant privacy, obtaining informed consent, and maintaining confidentiality were complex, particularly in a sensitive research topic such as maternal health. Ethical guidelines and regulations were strictly followed to protect the rights and well-being of the participants.

Recruitment of participants was challenging. Factors such as limited awareness of research studies, cultural beliefs, and logistical difficulties hindered the identification and enrollment of pregnant and postpartum women in the study. Additionally, the ongoing COVID-19 pandemic restricted access to participants and created difficulties in conducting face-to-face interviews or focus groups. Travel and logistical arrangements were required to access the study site, which incurred additional costs and time constraints. Ensuring the availability and commitment of research assistants or trained personnel to assist with data collection and coordination of interviews was also a barrier. Overall, these limitations, challenges, and barriers highlighted the need for careful planning, adaptation to the local context, adherence to ethical guidelines, and flexibility in research methods to overcome the obstacles and successfully conduct the study on access to prenatal and maternal health in Arochukwu.

Significance

The significance of this research lies in its potential to bring about social change and improve maternal and prenatal healthcare in Arochukwu and beyond. By addressing the high stillbirth and maternal mortality rates in the community, this study aligned with the UN Sustainable Development Goal 3, which aims to reduce global mortality rates for maternal and prenatal health. Through this research, policymakers may be informed about the specific challenges and barriers faced by women in accessing healthcare services during pregnancy and

childbirth. This knowledge can help in the design and implementation of effective programs and services to improve maternal and prenatal care in the community. Reducing stillbirth and maternal mortality rates requires ensuring that women receive adequate care before, during, and after delivery. By shedding light on the current situation and identifying areas for improvement, this research may contribute to enhancing women's access to healthcare services in Arochukwu. Furthermore, the findings of this study may contribute to raising awareness about the critical issues faced by pregnant and postpartum women in the community. Increased awareness may lead to advocacy efforts and mobilization of resources to address the healthcare needs of mothers, infants, and children.

Overall, the significance of this research lies in its potential to drive positive changes, improve healthcare outcomes, and enhance the well-being of mothers, infants, and children in Arochukwu and similar communities. By aligning with global goals and promoting access to healthcare, this study may contribute to the overall improvement of maternal and prenatal health on a broader scale. The significance of this research is underscored by the historical neglect and lack of attention given to the healthcare situation in Arochukwu. Despite the occasional media coverage highlighting the poor condition of infrastructure and limited healthcare access in the community, there has been a lack of comprehensive research addressing these issues (Oti, 2016). By being the first research of its kind in Arochukwu, this study may hold great importance in shedding light on the underlying factors contributing to the low or total lack of access to healthcare. It aimed to identify triggers such as lack of awareness, information, resources, facilities, healthcare providers, and affordability of services. Understanding these barriers is crucial for taking corrective action and implementing targeted interventions to improve the healthcare situation in the community. The significance of this research lies not only in providing

evidence and data to support the need for change but also in giving voice to the experiences and perspectives of the community members. By capturing their lived experiences and challenges related to accessing healthcare, this research may advocate for the rights and well-being of the community. Ultimately, this study aimed to bring attention to the plight of Arochukwu and prompt action from policymakers, government authorities, and other stakeholders to address the healthcare disparities and ensure equitable access to quality healthcare services. It has the potential to pave the way for future interventions, policies, and investments that can bring about transformative change and improve the lives of the people in Arochukwu (Kassie et al., 2022; Adatawa et al., 2018).

The significance of this research lies in its potential to inform policymakers about the specific factors contributing to the lack of access to maternal and prenatal healthcare in the Arochukwu community. By identifying and addressing these barriers, policymakers may design and implement targeted interventions to improve access and quality of healthcare services. The study's findings may serve as evidence to advocate for policy changes and resource allocation that prioritize maternal health. Reducing maternal mortality and improving access to maternal healthcare may have broader societal benefits, such as increased productivity and higher educational attainment, as healthier mothers can actively contribute to their families and communities Adedokun and Uthman (2019).

Additionally, incorporating sustainable healthcare delivery services in the community may ensure that the improvements made are long-lasting and can continue to benefit the population in the future. By addressing the root causes of limited access to healthcare, policymakers may implement sustainable solutions that address the underlying issues and promote equitable healthcare access for all. Ultimately, the research outcomes have the potential

to bring about substantial healthcare outcomes in both the short and long term. By informing policymakers and providing evidence-based recommendations, this study may contribute to the development and implementation of effective strategies to improve maternal and prenatal healthcare services in Arochukwu, leading to better health outcomes for women and their families. The significance of this research lies in its potential to inform policymakers about the specific factors contributing to the lack of access to maternal and prenatal healthcare in the Arochukwu community (Udejah, 2020). By identifying and addressing these barriers, policymakers may design and implement targeted interventions to improve access and quality of healthcare services. The study's findings may serve as evidence to advocate for policy changes and resource allocation that prioritize maternal health. Reducing maternal mortality and improving access to maternal healthcare may have broader societal benefits, such as increased productivity and higher educational attainment, as healthier mothers can actively contribute to their families and communities.

Additionally, incorporating sustainable healthcare delivery services in the community may ensure that the improvements made are long-lasting and can continue to benefit the population in the future (UN, 2018). By addressing the root causes of limited access to healthcare, policymakers can implement sustainable solutions that address the underlying issues and promote equitable healthcare access for all. Ultimately, the research outcomes have the potential to bring about substantial healthcare outcomes in both the short and long term. By informing policymakers and providing evidence-based recommendations, this study may contribute to the development and implementation of effective strategies to improve maternal and prenatal healthcare services in Arochukwu, leading to better health outcomes for women and their families.

Implications for Possible Social Change

The findings of this research study have implications for possible social change in the Arochukwu community and beyond. By shedding light on the challenges and barriers faced by pregnant and postpartum women in accessing maternal healthcare, the study highlighted the need for interventions and policy changes to improve access to healthcare information and services. The research findings may inform policymakers and healthcare providers about the specific issues faced by women in the community, such as lack of awareness, limited resources, and inadequate healthcare facilities. This knowledge may guide the development and implementation of targeted programs and initiatives to address these issues and improve access to maternal care. The potential social change resulting from this research includes increased awareness and understanding of the importance of maternal health, leading to improved healthcare-seeking behaviors among pregnant and postpartum women. It may also contribute to the development of sustainable healthcare delivery systems, ensuring that quality maternal healthcare services are available and accessible to all women in the community.

By advocating for policy changes and interventions based on the research findings, there is the potential to reduce maternal and infant mortality rates and improve the overall well-being of women and children in the community. The study's qualitative nature provides valuable insights into the lived experiences and perceptions of women, which can contribute to more patient-centered and culturally sensitive healthcare practices. Overall, the implications of this research for possible social change lie in the potential to address the existing gaps in maternal healthcare access, improve health outcomes, and promote the well-being of women and infants in the Arochukwu community and similar settings.

Summary

In conclusion, this study on prenatal and maternal healthcare access in Arochukwu, Nigeria, holds significant importance in addressing the higher infant and maternal mortality rates in rural areas compared to urban areas. By exploring the health beliefs and factors affecting access to healthcare among rural women, the study aimed to promote positive change and reduce the disparity gap in infant and maternal mortality between urban and rural communities. The findings of this research provided valuable insights into the challenges and barriers faced by pregnant and postpartum women in accessing healthcare services in Arochukwu. By understanding the unique experiences and perceptions of these women, policymakers and humanitarian organizations may develop targeted interventions and policies to improve access to prenatal and maternal care in the community.

Implementing the research findings and recommendations may lead to a reduction in infant and maternal mortality rates in Arochukwu and contribute to positive social change. By addressing the socioeconomic and demographic challenges faced by rural women and providing them with better access to healthcare, the study aimed to bridge the gap between urban and rural areas in terms of healthcare outcomes. Ultimately, the goal is to achieve equitable healthcare access and outcomes for all women, regardless of their geographic location. By focusing on Arochukwu and utilizing the research findings to inform interventions and policies, this study may contribute to broader efforts in Nigeria to reduce infant and maternal mortality rates and improve the well-being of women and children in rural communities.

Chapter 2: Literature Review

Introduction

The lack of access to quality maternal and prenatal care, particularly in rural communities like Arochukwu, Abia State, Nigeria, contributes to high maternal and prenatal mortality rates nationwide. This chapter plays a crucial role in the research by providing an in-depth exploration of why access to maternal and prenatal care is a critical concern, especially for women in rural communities such as Arochukwu. It will build upon the topics covered in the previous chapter, further investigating the research question and ensuring comprehensive coverage.

The literature review examined existing literature on the significance of access to maternal and prenatal healthcare for women in Nigeria. It serves as a foundation for policy-making purposes, utilizing the information gained from the literature to inform potential interventions and policies. Relevant studies and sources were reviewed and summarized, emphasizing the importance of researching the expectations and experiences of pregnant and postpartum women in Arochukwu, along with the associated challenges. This review highlights the necessity and relevance of the research study. The methods employed to gather study materials were explained, ensuring transparency in the selection process. Additionally, the theoretical framework underlying the research was examined, providing a conceptual framework for understanding the factors influencing maternal and prenatal health access in rural Nigerian communities.

A comprehensive overview and classification of maternal and prenatal health is presented, along with an analysis of the global and local implications of maternal and prenatal health outcomes. Potential solutions to improve healthcare access in rural Nigerian communities are explored, including guidelines for eliminating maternal and prenatal illnesses, specifically in

Arochukwu. The review also evaluates the knowledge, attitudes, and behaviors of pregnant and postpartum women in the state to gain insights into their healthcare-seeking habits. Overall, this literature review establishes a solid foundation for the research study, incorporating a wide range of sources to support the significance of studying maternal and prenatal health access in Arochukwu. By synthesizing existing knowledge and identifying gaps in the literature, this chapter contributes to the overall understanding of the research topic and lays the groundwork for subsequent chapters.

Chapter 2 focuses on conducting a comprehensive review of the existing literature related to the research topic. The literature review addresses the issue of limited access to quality maternal and prenatal care, particularly in rural communities like Arochukwu, Abia State, Nigeria, which contributes to high maternal and prenatal mortality rates nationwide. This chapter is crucial in providing a solid foundation for the research study by explaining the significance of maternal and prenatal care access as a critical concern. The chapter builds upon the topics covered in the previous chapter, ensuring that the research question is thoroughly explored and addressed. It delves into the research theme, closely examining relevant literature to determine the importance of access to maternal and prenatal healthcare for women in Nigeria. The literature review serves the purpose of informing policy-making efforts by utilizing the information gained from the literature to shape potential interventions and policies.

Various scholarly works and sources are presented to indicate the range of study materials available. The literature review summarizes the key findings and arguments from these sources, highlighting the essential reasons why researching the expectations and experiences of pregnant and postpartum women in Arochukwu is crucial. It also establishes the necessity and relevance of conducting this research study. The methods employed to gather the study

materials, such as systematic literature searches and selection criteria, are explained to ensure transparency and rigor. The chapter also examines the theoretical framework that underlies the research, providing a conceptual basis for understanding the factors influencing access to maternal and prenatal healthcare in rural Nigerian communities. Additionally, a thorough overview and classification of maternal and prenatal health are provided, offering a comprehensive understanding of the topic. The review includes an analysis of the global and local implications of maternal and prenatal health outcomes, shedding light on the significance of improving healthcare access in rural Nigerian communities.

In conclusion, Chapter 2 presents a comprehensive literature review, synthesizing existing knowledge and identifying gaps in the literature. It will establish the importance of studying maternal and prenatal health access in Arochukwu and lay the groundwork for subsequent chapters in the research study. Chapter 2 provides a comprehensive review of the existing literature related to the research topic, focusing on maternal and prenatal health access in rural Nigerian communities like Arochukwu. This chapter addresses the global and local impacts of maternal and prenatal health outcomes, as well as proposes solutions to improve the healthcare situation in rural communities. The chapter delves into the guidelines and strategies for eliminating maternal and prenatal illnesses and deaths in Arochukwu. It explores the existing literature on effective interventions and best practices aimed at improving maternal and prenatal healthcare access and outcomes.

Furthermore, the study evaluated the knowledge, attitudes, and behaviors of pregnant and postpartum women in the state to gain a deeper understanding of their health-seeking habits. This evaluation was conducted through qualitative studies and the analysis of relevant literature to provide insights into the experiences and perceptions of women in Arochukwu. The research

aimed to analyze maternal health knowledge by synthesizing evidence from various qualitative studies and drawing conclusions from the literature review. By following established guidelines and organizing the literature search process, the chapter included relevant and comprehensive information.

Overall, Chapter 2 contributes to the research by presenting a thorough review of the literature, highlighting the global and local implications of maternal and prenatal health, discussing guidelines for improvement, and evaluating the knowledge and behaviors of women in Arochukwu. This comprehensive analysis informs subsequent chapters and provides a solid foundation for the research study. Ayyala et al. (2020) conducted a study examining the perceptions and experiences of pregnant and postpartum women in Nigeria, including those in Arochukwu. The research highlighted the challenges faced by women in accessing quality healthcare throughout the pregnancy journey. These challenges include the lack of access to healthcare services, the need to travel long distances on poor roads, and the high costs associated with private clinics that often lack adequate equipment and staff.

Efforts by the community to engage policymakers and governments at various levels to address these healthcare challenges have been unsuccessful (Oti, 2016). It is crucial to prioritize improving the healthcare infrastructure in Arochukwu and its surrounding areas and raise awareness about healthcare issues in the region (Oti, 2016). These steps are essential for ensuring better access to quality healthcare and reducing the suffering and inequality experienced by the local population. The findings from Ayyala et al. (2020) and other relevant studies emphasize the urgent need for action to address the healthcare disparities and difficulties faced by pregnant and postpartum women in Arochukwu. This research study aimed to contribute to the body of knowledge on the subject, providing evidence to support the improvement of healthcare

infrastructure and the development of effective policies and interventions that can positively impact the health outcomes of women in the community.

Literature Search Strategy

The literature search criteria for this research paper focused on maternal and prenatal care expectations and experiences of pregnant and postpartum women in Arochukwu. The following keywords and phrases were used: *maternal and child health, prenatal and maternal health, pregnancy, postpartum, childbirth, birthing practices, traditional birth in Arochukwu, Arochukwu, socio-economic, demographic, access to health care, rural health, Nigeria health system, Abia State, rural health delivery, maternal and child health in rural Nigeria, pregnancy-related mortality, morbidity, health beliefs, expectations, perceptions of pregnant women, quality health care, maternal health, health belief, and gender standards.*

Various techniques were employed to find accurate information, including using specific keywords, truncation wildcards, and searching titles, full texts, abstracts, and subject headings. Electronic databases such as the World Bank database, Nigeria Medical Journal, Walden Library EBSCO database, Google Scholar, Medline, CINAHL Plus with Full Text, PubMed, ProQuest Central, and the WHO Reproductive Health Library were searched. Other sources consulted included SagePub, Thiourea, UNICEF country reports, Healthy People 2023, and relevant websites. By employing a comprehensive search strategy across various databases and sources, I aimed to gather relevant primary sources for the study, ensuring the inclusion of up-to-date and diverse literature on the topic.

Grey Literature

In the context of this study, gray literature refers to non-peer-reviewed scientific, scholarly, or professional works that are not formally published in journals or other peer-

reviewed media. Gray literature includes sources such as reports, theses, dissertations, conference proceedings, government publications, and other publications that may not be readily available through traditional library channels. Due to the limited availability of peer-reviewed international journal articles on maternal health in Arochukwu and the challenges faced by researchers in Southern Nigeria, exploring gray literature was necessary to gather comprehensive information for the study. Researchers in the region often encounter difficulties in publishing their work in global peer-reviewed journals, including high rejection rates and funding constraints. Consequently, they may resort to publishing reports on their platforms or in non-peer-reviewed outlets.

Reviewing gray literature is crucial for ensuring accurate evidence evaluation and minimizing the risk of publication bias. Neglecting to consider gray literature could result in biased results and unreliable conclusions. For this study, relevant articles and information related to maternal, pregnant, postpartum, and gender-related health were sought from reliable sources, including government websites, public health institutes, and global health organizations such as the World Bank and the World Health Organization (WHO). Gray literature encompasses a wide range of information sources that are not traditionally published or widely disseminated. This can include unpublished reports, government reports, academic dissertations, conference papers, technical reports, working papers, and other types of documents that may not undergo the same rigorous peer review process as traditional journal articles.

The term “gray literature” is used to highlight the diverse nature of these sources, which can vary in terms of format, authorship, and accessibility. Unlike white literature, which refers to formally published works such as books and well-established journal articles, gray literature may require additional effort to locate and verify its origin or authorship. Examples of gray literature

include reports by consultants, industry publications, conference proceedings, policy briefs, theses, and dissertations. These sources often provide valuable insights and data that may not be found in traditional peer-reviewed publications. Researchers often rely on gray literature to access information that is not readily available through traditional channels, thus complementing and expanding the existing knowledge base on a particular topic. Focus on the literature on maternal mortality and lack of access to health care in Nigeria: The literature on maternal mortality and lack of access to healthcare in Nigeria highlights the urgent need for improvement in maternal health outcomes. Researchers such as Yaya et al. (2019) and Ope (2020) have extensively studied and written about the dire situation of maternal health in Nigeria, which has led to high mortality rates among pregnant women.

Data from the World Bank provides valuable insights into the global maternal mortality situation, including in Nigeria. The World Bank data sources, spanning from 2000 to 2017, offer comprehensive information on maternal mortality rates, such as the number of maternal deaths per 100,000 live births and the proportion of deaths due to direct obstetric causes. This data is collected from various sources, including surveys, censuses, health facility reports, and vital registration systems, ensuring its accuracy and representation of the population (World Bank, 2019). Additionally, it is important to consider data from the Nigerian Health Department regarding the prevalence of illnesses and deaths during pregnancy. The most recent report on causes of death in Nigeria by age can provide further insights into the specific factors contributing to maternal mortality in the country.

By examining these sources of literature and data, researchers and policymakers can gain a comprehensive understanding of the challenges faced in maternal healthcare and develop targeted interventions to address the issues of maternal mortality and lack of access to healthcare

in Nigeria. Maternal mortality remains a critical public health issue in Nigeria despite a decrease in the maternal mortality ratio (MMR) from 2000 to 2017. The World Bank data indicates a 38% reduction in MMR during this period, from 1200 per 100,000 live births to 917 (World Bank, 2019; WHO, 2019). However, Nigeria still accounts for a disproportionately high number of global maternal deaths, with approximately 20% occurring in the country (World Bank, 2019; Ntoimo et al., 2019; Mshelia et al., 2020).

It is crucial to note that the decline in MMR does not necessarily reflect an improvement in the overall situation for pregnant women in Nigeria. The World Bank data reveals that over 600,000 mothers died, and nearly 900,000 experienced severe complications during the period from 2000 to 2017 (World Bank, 2019). Despite some progress, the number of pregnancy-related deaths remains alarmingly high, particularly in rural communities like Arochukwu (World Bank, 2019; WHO, 2019). These findings emphasize the urgent need for continued efforts to address maternal mortality in Nigeria and improve access to quality healthcare services for pregnant women. Effective interventions and strategies are necessary to reduce the burden of maternal deaths and improve the overall health outcomes for women during pregnancy and childbirth, particularly in rural areas where the challenges are more pronounced.

Theoretical Foundation

Understanding why women in Arochukwu seek—or avoid—maternal healthcare requires more than just looking at statistics. It requires diving into their beliefs, past experiences, and the broader social and economic challenges they face. This study is rooted in the Health Belief Model (HBM), a well-established framework that helps explain how people make health-related decisions. Initially developed by Rosenstock (1974) and later refined by Becker (1984), the

HBM suggests that individuals assess their health risks and weigh the benefits and barriers before deciding whether to seek medical care.

For many women in rural Nigeria, pregnancy is not just a personal journey—it is shaped by societal norms, financial constraints, and deeply ingrained cultural beliefs. Studies applying the HBM in maternal health have consistently shown that a woman’s perception of her risk plays a significant role in her decision to seek care. Jones (2022) found that women who believed they were at high risk for pregnancy complications were more likely to attend prenatal visits. Similarly, Williams et al. (2021) highlighted that women who understood the benefits of skilled maternal care were more inclined to visit healthcare facilities. However, their study also revealed that financial difficulties and cultural norms often prevented women from accessing care, even when they wanted to. As a result, many women continued to rely on traditional birth attendants instead of trained medical professionals.

One major challenge in accessing maternal healthcare in Nigeria is the role of gender dynamics. Okafor and Adeyemi (2020) found that husbands or male relatives had the final say on whether a woman could visit a health facility in many households. This reflects the HBM’s concept of *perceived barriers*—factors that prevent women from seeking care even when they recognize its benefits. Restrictive gender norms can make it difficult for women to make independent healthcare decisions, leaving them vulnerable during pregnancy and childbirth.

At the same time, external influences, or “cues to action,” can significantly motivate women to seek care. Adebayo et al. (2019) found that maternal health campaigns, community outreach programs, and stories of complications from other women encouraged pregnant women to prioritize prenatal visits. Their study suggested that culturally sensitive messaging could effectively increase healthcare utilization in rural communities.

Literature Review Related to Key Variables and/or Concepts

Access to maternal healthcare has been the subject of extensive studies, and such studies have identified various factors that influence women's health-seeking behaviors. Multiple studies have established that socioeconomic status, cultural beliefs, healthcare infrastructure, and individual perceptions of health are some of the most influential factors in maternal health outcomes (Williams et al., 2021). Other researchers have explored how gender roles, decision-making power, and accessibility barriers contribute to the disparities in maternal healthcare utilization, especially in low-resource settings like Nigeria (Okafor & Adeyemi, 2020).

Socioeconomic Factors and Maternal Healthcare

Traditionally, economic factors have been among the main prohibitive factors to maternal healthcare access. Jones, in 2022, established that poor households presented women as less likely to seek professional maternal health care due to the cost of transportation, consultation fees, and medication. Eze et al., in 2024, also found that poverty and unemployment could raise the chances that pregnant women would depend on traditional birth attendants instead of enlisting the services of trained medical professionals. Other studies have shown that education level plays a vital role, where women with higher educational backgrounds are more likely to seek professional prenatal care and give birth in healthcare facilities (Thompson & Green, 2018).

Cultural and Religious Influences on Maternal Health

Traditional beliefs and religious practices are by far being subjected to research as drivers of maternal health-seeking behaviors. Adebayo et al. (2019) established that in most rural communities, pregnancy and childbirth were a nature-driven process that needed minimum medical interventions, thus making some women avoid healthcare facilities. Similarly, Odetola and Salmanu (2021) noted how masculine tendencies in decision-making contributed to

women's access to maternal healthcare because women had to rely on the commanding decisions of their husbands or older relatives to visit the hospital. The religious leaders played a significant role in the influence needed for the women to choose between professional health care or faith-healing and traditional healing methods (Mochache et al., 2020).

Healthcare Infrastructure and Access to Maternal Services

Among the significant challenges identified are poor healthcare infrastructures. According to Njoku (2016), most health facilities in rural areas have no qualified medical personnel. They lacked relevant medicines and delivery apparatus, forcing the women to devise other means of delivering babies. Okafor and Adeyemi (2020) reported that long distances to health centers, a lack of appropriate transportation, and a high patient-doctor ratio discouraged women from attending maternal health services.

Psychological and Experiential Factors

Negative experiences in health facilities have also been reported to deter access to maternal healthcare services. According to Lawson (2021), women who had been discriminated against, neglected, or mistreated in medical facilities would not return for future maternal health services. Nwankwo et al. (2022) also reported that fear of disrespectful treatment by healthcare providers further discouraged many rural women from seeking care, thus calling for respectful maternity care interventions.

Evaluating Recent Studies on Maternal Mortality Rate in Nigeria

Recent studies on the maternal mortality rate in Nigeria show a gradual decline in the number of maternal deaths. The rate dropped from 1,170 deaths per 100,000 live births in 2003 to 917 deaths per 100,000 live births in 2017 (World Bank, 2019; United Nations, 2019). Between 2014 and 2017, Nigeria's maternal mortality rate decreased by 1.27% (United Nations,

2019). Subsequent years also witnessed a slight reduction, with a 0.64% decrease from 925.00 in 2015 to 917.00 in 2017 (World Bank, 2019). The overall decrease was 0.84% in 2014 (UN, 2019).

However, despite these improvements, Nigeria still has a high maternal mortality rate compared to countries with more developed healthcare systems. The Journal of Global Health Reports highlighted the shockingly high mortality rate for Nigerian women during pregnancy, childbirth, or post-abortion, with 1 in every 22 women affected (Ope, 2020). Access to quality healthcare is a significant challenge, compounded by sociocultural factors that delay healthcare-seeking behavior and inadequate care provision once women reach healthcare facilities. This study aims to analyze the literature related to maternal and prenatal healthcare access, particularly in rural areas like Arochukwu and Abia State. It will examine the experiences and challenges faced by pregnant and postpartum women in accessing quality healthcare services. The research will also explore the application of the health belief model and the influence of cultural and social factors on pregnancy and postnatal care in Nigeria.

Chapter 2 of the study will provide an overview of healthcare access for pregnant and postpartum women in Arochukwu, discussing the implementation of healthcare services and the impact of cultural and social factors. It will delve into the challenges faced by healthcare providers and the experiences of women seeking maternal, prenatal, and postpartum care. In this chapter, the research investigates how various factors, including cultural and social elements, influence the outcomes of different case studies. It explores the significance of customary or traditional support systems for pregnant and postpartum women in Arochukwu. Healthcare professionals in the area provide pre- and postpartum care using a combination of traditional practices and modern healthcare methods. The chapter aims to provide a comprehensive

understanding of the role of traditional support systems and their integration with modern healthcare approaches in maternal and prenatal care in Arochukwu.

In this chapter, we delve into the challenges faced by pregnant and postpartum women in Arochukwu, Abia State, Nigeria, in accessing quality maternal health care and the advice they receive from their families. This research is crucial in enhancing our understanding of these issues and finding ways to improve care delivery. The chapter focuses on the application of the Health Belief Model (HBM) in previous studies related to healthcare facilities, pregnancy health knowledge, and living arrangements. Examining the findings from studies utilizing the HBM can assist us in effectively addressing relevant scenarios. The chapter also explores the difficulties encountered in reproductive health care and examines how healthcare interventions influence beliefs. Furthermore, it delves into the utilization of services related to pregnancy and delivery, considering different cultural perspectives and providing valuable cross-cultural insights.

The Plight of Being Pregnant in Nigeria

Pregnant and postpartum women in Arochukwu, Abia State, Nigeria, encounter significant challenges in accessing quality maternal and prenatal care due to limited healthcare resources. These women endure arduous experiences as they navigate the obstacles of inadequate healthcare services. Poor road conditions require them to travel long distances to reach suitable healthcare facilities in Umuahia and Okigwe (Oti, 2016). Seeking medical assistance becomes a daunting task for women in these areas. The high costs and lack of proper equipment in private clinics leave them with no choice but to bear the financial burden. Policymakers must prioritize efforts to bridge the healthcare gap and address inequalities in the region. Improving healthcare infrastructure in Arochukwu and its surroundings and increasing awareness of health issues are essential steps towards ensuring equitable access to quality healthcare services for all.

One in 22 Nigerian Women Die While Having a Baby

Maternal mortality remains a significant issue in Nigeria, with alarming statistics indicating that one in 22 Nigerian women die during childbirth (Yaya et al., 2018). In order to address this issue, it is crucial to improve access to maternal healthcare for all women in the country. This includes providing better access to trained medical professionals, promoting education on prenatal care, and allocating sufficient resources to rural communities (Ayyala et al., 2020). In rural areas like Arochukwu, women face additional challenges due to limited healthcare facilities and resources (Eke et al., 2021). Barriers to accessing healthcare include lack of education, information, resources, poverty, and sociocultural or religious beliefs (Yaya et al., 2019). Financial constraints and a shortage of trained birth attendants further hinder women's access to quality maternal healthcare (Eke et al., 2021; WHO, 2018). It is crucial to increase awareness of women's rights, improve healthcare infrastructure, and allocate sufficient funds to the healthcare sector in order to address these challenges (Santalahti et al., 2020; WHO, 2018). Additionally, effective utilization of data can aid decision-making and improve healthcare services (WHO, 2018).

The training of healthcare providers is crucial for delivering quality maternal health services and ensuring equitable access to care (WHO, 2018). However, sustaining maternal health programs can be challenging due to limited donor funding and poor economic conditions (CDC, 2021). High out-of-pocket costs for accessing maternal healthcare further exacerbate the issue. It is essential to find sustainable solutions that prioritize accessible and affordable maternal healthcare in order to address this (Aji et al., 2022). Governments play a critical role in allocating adequate funds to ensure widespread access to high-quality maternal healthcare, as this investment has far-reaching benefits for mothers, children, and the overall population. Increasing

healthcare budgets and implementing cost-reducing measures, such as public-private partnerships and preventative healthcare, are important steps (WHO, 2001; AU, 2000).

International organizations should also provide support and resources to assist African countries in strengthening their healthcare systems and budgets.

Traditional birth attendants (TBAs) play a significant role in providing healthcare services in rural areas like Arochukwu, Nigeria, where access to modern healthcare is limited (Amutah-Onukagha et al., 2017). They contribute to reducing maternal mortality and morbidity, ensuring the overall health of women and children. Several studies emphasize the importance of TBAs, highlighting their valuable support in safe maternity care (Chi & Urdal, 2018; Amutah-Onukagha et al., 2017; Kassie et al., 2022). However, many TBAs are unregistered and untrained, posing challenges to their integration into the formal healthcare system. Addressing this issue requires a thorough review of the existing system and identifying barriers to registration (Kassie et al., 2022).

Expanding community-based insurance programs can also enhance access to essential maternal health services by reducing out-of-pocket expenses (Bolu-Steve et al., 2020). Moreover, improving the capacity of healthcare workers through training and retraining on maternal healthcare and implementing task-shifting and task-sharing policies can enhance the quality of services provided (Adatara et al., 2018; Nandagire et al., 2019). These strategies can contribute to improving maternal health outcomes in rural communities.

Global or Regional Baseline Requirements for Equitable Maternal Health Care Access

Ensuring equitable access to maternal health care requires meeting certain baseline requirements at both global and regional levels. These requirements include adequate funding for healthcare facilities, and sufficient financial resources must be allocated to healthcare facilities to

ensure the availability of essential maternal health services. There should be an adequate number of trained healthcare professionals, including doctors, nurses, midwives, and community health workers, who are skilled in providing quality maternal care. Maternal health services should be accessible and available not only in urban areas but also in rural and remote areas where access to healthcare is limited. Finally, equitable access to maternal health care requires considering cultural and socioeconomic factors that may impact access and tailoring services to meet the specific needs of underserved populations. By meeting these baseline requirements, countries can ensure that all women have equal access to the necessary maternal healthcare services, regardless of their geographical location, socioeconomic status, or cultural background.

Global and Local Impacts on Maternal and Prenatal Health

The lack of access to quality maternal and prenatal health care in rural Nigerian communities has significant global and local impacts. Globally, the high maternal and prenatal mortality rates in Nigeria contribute to the overall global burden of maternal and child mortality. Nigeria's large population and high maternal mortality ratio make it a key country for addressing maternal health disparities (Okafogun et al., 2017). Improving maternal and prenatal health outcomes in Nigeria would contribute to global efforts to reduce maternal and child mortality and achieve the Sustainable Development Goals.

Locally, the lack of proper access and resources for maternal and prenatal care in rural Nigerian communities has a direct impact on the health and well-being of women and their children. Women in these communities face higher risks of complications during pregnancy and childbirth, leading to increased maternal and neonatal morbidity and mortality (Agan et al., 2018). The consequences extend beyond individual health outcomes and affect the social and economic development of communities.

Addressing these challenges requires comprehensive initiatives and evidence-based research. Solutions such as providing clean water and sanitation services to rural communities and implementing community-led research can have a positive impact on maternal and prenatal health (Adebimpe et al., 2019; Mbada et al., 2020; Kabir & Akande, 2020). Evidence-based research and data-driven decision-making are crucial for developing effective interventions and policies that can improve maternal and prenatal health outcomes (Yaya et al., 2019). By investing in accessible and quality maternal and prenatal health care, both globally and locally, we can improve the health and well-being of women and their children, reduce maternal and child mortality, and contribute to overall sustainable development.

Challenges Encountered by Nigerian Women Accessing Maternal Health Care

Nigerian women face several challenges when accessing maternal health care, including the lack of access to quality healthcare services. Many women in Nigeria, especially those in rural areas, struggle to access healthcare facilities that provide adequate maternal health services (Musarandega et al., 2021; World Bank, 2019). Inadequate healthcare infrastructure is another challenge. Insufficient healthcare facilities, medical equipment, and skilled healthcare professionals pose barriers to accessing quality maternal healthcare. Financial constraints play a very big role in how pregnant women access health care. High out-of-pocket costs associated with maternal health care services make it difficult for many Nigerian women to afford the necessary care. Cultural and religious beliefs do have a big impact on access to health care. Cultural practices and religious beliefs can influence women's decisions regarding maternal health care, leading to delays in seeking appropriate care or opting for traditional birth attendants instead of skilled medical professionals. Limited knowledge and awareness about the importance of maternal health care, including prenatal and postnatal care, can prevent women from seeking

timely and appropriate healthcare services. Gender disparities in education and employment opportunities contribute to women's limited resources and knowledge about accessing maternal health care.

Addressing these challenges requires a multifaceted approach that involves improving healthcare infrastructure, increasing financial support for maternal health services, raising awareness about maternal healthcare, addressing cultural and religious barriers, and promoting gender equality in education and employment opportunities.

African women, including those in Nigeria, face multiple challenges in accessing maternal healthcare services; inadequate healthcare facilities, limited medical equipment, and inadequate transportation systems hinder women's access to maternal healthcare. Women often lack the financial resources to afford maternal healthcare services, and there may be a scarcity of essential supplies and medications. Limited knowledge about health services: Many women have limited awareness and understanding of the importance of maternal healthcare, including prenatal and postnatal care. Traditional practices, cultural beliefs, and gender inequalities can discourage women from seeking maternal healthcare or limit their decision-making power regarding their health. High maternal mortality rate: Nigeria has one of the highest maternal mortality rates globally, primarily due to inadequate access to skilled birth attendants, emergency obstetric care, and safe delivery services. Lack of access to contraception and safe abortion services contributes to the high rates of illegal abortions and reproductive health issues.

Improving access to maternal healthcare in Nigeria requires addressing these challenges through investments in healthcare infrastructure, increasing financial resources for maternal health services, promoting health education and awareness, addressing cultural and gender barriers, and strengthening reproductive healthcare services. By addressing these issues, the aim

is to reduce maternal mortality, improve reproductive health outcomes, and ensure that all Nigerian women have access to safe and quality maternal healthcare services.

Yaya et al. (2019) identified that women in Nigeria face significant challenges in accessing adequate maternal care, primarily due to the patriarchal culture prevalent in the country. This results in expecting mothers not receiving the necessary medical attention during pregnancy and postpartum. The influence of patriarchy deprives mothers-to-be of appropriate healthcare services, leading to inadequate attention and care. Cultural beliefs and concerns about quality further discourage pregnant women from seeking healthcare services. This situation is particularly evident in rural communities like Arochukwu and Abia State, Nigeria, where reliable healthcare services are lacking or financially inaccessible for many (Nyathi et al., 2017). The patriarchal environment in Nigeria contributes to the lack of proper medical attention for expectant mothers.

Eke et al. (2020) and Ugwu et al. (2019) highlight how quality concerns and cultural beliefs discourage pregnant women in Nigeria from seeking healthcare services. Inadequate resources and limited access to healthcare also contribute to the challenges faced by pregnant women in accessing prenatal care (Azuh et al., 2017). Educational level and financial status are significant factors influencing healthcare decisions among expectant mothers. Tuyisenge, Crooks, and Berry (2019) provide valuable insights into promoting equitable access to maternal healthcare, emphasizing the importance of proper budgeting, financing, and a well-trained healthcare workforce. Ensuring the availability of skilled professionals and establishing an enabling environment supported by robust health systems are critical for providing high-quality maternal health care (Onyeonoro et al., 2016).

Prompt and quality maternal and prenatal care is crucial for the overall well-being of both mothers and children. Chapter 1 provides a comprehensive understanding of the importance of prenatal care and its impact on reducing maternal mortality and infant morbidity. Proper prenatal care plays a vital role in preventing and detecting health risks such as high blood pressure and diabetes before or during pregnancy. Timely prenatal care is essential for pregnant women, newborns, and their families. It ensures that necessary screenings and interventions are provided to identify and address potential health risks. Regular checkups during prenatal care enable healthcare providers to detect and treat any emerging health issues, leading to improved pregnancy outcomes. Women who receive regular prenatal care are less likely to experience complications such as preterm labor or low birth weight.

In addition to health monitoring, prenatal care provides an opportunity for healthcare providers to educate pregnant women on important topics and provide support. This education and support help reduce the risks associated with delivering a healthy baby. Prenatal care also assists in identifying any potential problems with the baby's growth or development in the womb. Overall, the chapter highlights the significance of prompt and quality maternal and prenatal care in promoting the health of both mothers and children. It emphasizes the importance of regular checkups, education, and support during pregnancy to ensure positive outcomes for both mother and baby. The research project aims to explore the significance of maternal and prenatal healthcare for women in Nigeria, with a focus on Arochukwu. It will contribute to policymaking by providing insights into the expectations and experiences of pregnant and postpartum women in accessing healthcare services. The project will include a literature review summarizing existing research on the topic and emphasizing the need for further investigation.

The methods used to gather study materials were explained, ensuring transparency and reliability. The research's theoretical framework was examined to provide a conceptual basis for the study. An extensive overview of maternal and prenatal health was provided, including the global and local impact of these issues. Solutions for improving healthcare in rural Nigerian communities, specifically in Arochukwu, were discussed. Guidelines for addressing maternal and prenatal illnesses in the region will also be explored. The study will assess the knowledge, attitude, and behavior of pregnant and postpartum women in Arochukwu, aiming to understand their health-seeking habits. Qualitative studies were conducted to gather evidence on maternal health knowledge. A summary and conclusions of the literature review were presented, highlighting the key findings and implications for policymaking. The search and organization of information will follow specific guidelines to ensure comprehensive coverage of relevant topics.

The research objectives include examining the current state of maternal and prenatal healthcare in Nigeria, analyzing factors influencing access to such healthcare, identifying strategies to improve access, investigating existing policies, assessing the impact of policy on access, analyzing the influence of cultural and social norms, and developing recommendations for policymakers to enhance access to maternal and prenatal healthcare. By addressing these objectives, the research project aims to contribute to the understanding of maternal and prenatal healthcare in Nigeria and provide evidence-based recommendations for improving access and quality of care.

Evaluating Nigeria's Maternal Mortality Rates From 2000- 2017

From 2000 to 2017, Nigeria's maternal mortality rates have shown a decrease of approximately 38%, from 1200 maternal deaths per 100,000 live births in 2000 to 917 in 2017 (World Bank, 2019; WHO, 2019). However, Nigeria still has one of the highest maternal

mortality rates globally, accounting for 20% of global maternal deaths (World Bank, 2019; Ntoimo et al., 2019; Mshelia et al., 2020). Maternal mortality primarily affects women in low-income countries and is caused by issues such as hemorrhage, hypertension, infections, and indirect effects of pre-existing medical conditions combined with pregnancy (Agan et al., 2018). According to WHO data (2023), women in low-income regions face a significantly higher risk of maternal-related death compared to those in higher-income areas, with an estimated one in 80 women at risk compared to higher-income areas (WHO, 2023). Between 2000 and 2017, more than 600,000 maternal deaths and almost 900,000 near-miss cases were recorded globally, and many of these cases could have been prevented (World Bank, 2020). Maternal mortality rates vary by region, culture, and beliefs within Nigeria, resulting in a heterogeneous maternal mortality ratio (MMR) across the country (WHO, 2019). Rural areas experience different MMRs compared to urban areas, and disparities exist between the northern and southern regions of the country (Ely & Hoyert, 2018; Meh et al., 2019).

Selection and Inclusion Strategy

The selection and inclusion strategy used in this research involved narrowing the literature search to studies conducted between 2016 and the present, published in English or with corresponding English translations. The focus was on qualitative research methods that explored the pregnancy and postpartum experiences of rural African women in relation to gender norms, particularly in rural areas. Additionally, quantitative research was conducted to analyze the extent of the phenomenon under investigation, with a focus on sociocultural determinants of maternal mortality, health belief theory and its constructs, maternal health, and cultural childbirth practices in Nigeria and other African countries. The research aimed to gather comprehensive information on the topic by considering studies from various countries to establish comparisons

and identify any differences in opinion. Articles with a health belief angle were specifically sought to address maternal health concerns. The focus was particularly on the southeastern region of Nigeria and other relevant African contexts to gain a better understanding of the topics.

Gray Literature

Paez (2017) found that grey literature can be valuable for researchers, providing access to unique and diverse datasets and perspectives. Furthermore, it offers new opportunities to engage in interdisciplinary research and explore emerging topics. Gray literature is the broad category of non-peer-reviewed scientific, scholarly, or professional works not formally published in journals or other peer-reviewed media (Paez, 2017). Such categories for scholarly works that are not peer-reviewed include dissertations, novels and journal articles without review, nonprofit organizations, websites, and not usually available through libraries (Adams et al., 2016). There is a vast disparity between research and publications on maternal health in Abia State regarding Arochukwu (WHO, 2019; UNICEF, 2015). Only some international journal articles on Abia State have been peer-reviewed or published, especially articles on access to maternal health delivery in Arochukwu; therefore, research like this relies on grey literature for materials on our topic (Paez, 2017). Gray literature is often used synonymously with “non-traditional papers” and “grey literature.” However, it can also refer to any media that is not traditional or traditional paper-based and online (Cornell University Library, 2022). The term encompasses various media, from non-traditional papers to online publications, often needing more information on their origin or authorship (Adams et al., 2016).

Many maternal health researchers in Southeastern Nigeria have no choice but to use gray materials due to the need for more information on their target populations (Paez, 2017). Gray literature consists of a wide range of information sources, including unpublished reports and

documents, such as government reports and academic dissertations, and information that was published but has yet to be widely disseminated, such as reports by consultants or a trade journal. Some sources are challenging to quantify and often have no previous academic research study, such as Arochukwu. The study will allow the presentation of a survey of the available gray literature on Arochukwu to determine if it is possible to determine the total number of pregnant and postpartum women in Arochukwu and to identify their experiences and expectations in accessing quality maternal health care delivery service in the community (Singh et al., 2016).

Since the data from their experience does not rely on pre-existing academic research, some sources may not be as accurate as more scholarly sources. Some sources are challenging to quantify and often have no previous academic research study, such as Arochukwu. Numerous research groups focusing on maternal health in southeastern Nigeria use ‘gray literature’ to spread knowledge and balance available evidence (Ope, 2020). Paez (2017) professes that gray literature adds invaluable information, usually not present in published reports, and can help reduce the digital divide and the likelihood of publication bias. The research study conducted a gray literature search to include prenatal, maternal, postpartum, and gender-related health articles from non-governmental and governmental websites and global organizations (Olonade, 2019; Paez).

Literature Review on Health Belief Model (HBM)

The Health Belief Model (HBM) proposes that individuals’ health-related behaviors are influenced by their beliefs about susceptibility to a health condition, the severity of the condition, the benefits of taking preventive action, and the barriers to adopting such actions (Rosenstock, 1974). According to the HBM, individuals are more likely to engage in health-promoting behaviors if they perceive themselves to be at risk of the condition, believe that the condition is

severe, perceive the benefits of preventive actions to outweigh the barriers, and feel confident in their ability to take action (Champion & Skinner, 2008). The model suggests that these beliefs are influenced by personal factors (e.g., knowledge, attitudes, and self-efficacy) and external factors (e.g., cues to action, such as media messages or advice from healthcare providers) (Rosenstock, 1974). The HBM has been widely used in research and practice to understand and promote various health behaviors, including maternal and prenatal health (Rosenstock, 1974; Janz & Becker, 1984; Champion & Skinner, 2008). Studies have examined the applicability of HBM in different populations and contexts, exploring its effectiveness in predicting and promoting health-related behaviors. Overall, the HBM provides a valuable framework for understanding the cognitive and social factors that influence health-related decision-making and behavior.

Apologies for any confusion, but it seems like there may be some incorrect information presented in your statement. The Health Belief Model (HBM) consists of several components, including perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy (Rosenstock, 1974; Champion & Skinner, 2008). These components collectively influence individuals' health-related decision-making and behaviors. Cultural values and norms can indeed shape individuals' perceptions within the HBM framework, but the model does not specifically address purchase intentions or the design of public health campaigns for products or services. It primarily focuses on understanding health behaviors and promoting health-related decision-making.

The Health Belief Model (HBM) is a psychological model developed in the 1950s and 1970s by Rosenstock and Hochbaum to understand health-related decision-making. It consists of several components that influence individuals' health behaviors. Cues to Action: External

triggers or prompts that motivate individuals to act, such as media messages, advice from healthcare providers, or personal experiences. These components interact to shape an individual's beliefs and intentions regarding health-related decisions and behaviors (Rosenstock, 1974; Champion & Skinner, 2008). It is important to note that the Health Belief Model is primarily focused on health-related behaviors rather than consumer purchasing decisions. While there may be some overlap in terms of decision-making processes, the HBM is not specifically designed to address consumer behavior in the context of purchasing products or services.

The HBM is commonly used in public health campaigns and interventions to understand individuals' health beliefs and promote positive behavior change by addressing their perceptions of susceptibility, severity, benefits, and barriers. By tailoring interventions to these components, researchers and practitioners aim to increase individuals' motivation and confidence to adopt healthier behaviors (Zampetakis & Melas, 2021; Marabele et al., 2020). Indeed, the Health Belief Model (HBM) can be applied to understand and improve access to maternal and prenatal health services, particularly in rural communities like Arochukwu. The HBM can help identify the factors influencing women's access to healthcare during pregnancy and postpartum periods, including their beliefs, perceptions, and barriers to seeking care.

In the context of maternal health in Nigeria, the HBM can shed light on why some women do not receive the necessary medical attention they need during pregnancy. It can also help uncover how economic inequalities impact health outcomes and access to care. By applying the HBM, researchers and policymakers can gain insights into the unique challenges faced by rural communities in providing quality care to pregnant women and develop interventions to address these challenges. In summary, the HBM offers a framework to understand and address the factors affecting access to maternal and prenatal health services in rural Nigeria, ultimately

working towards ensuring that pregnant and postpartum women receive the necessary care for a healthy pregnancy and childbirth.

Components of the Health Belief Model

The Health Belief Model (HBM) consists of six components or constructs that influence an individual's decision to adopt healthy behaviors. Perceived severity refers to an individual's perception of how severe a health condition or issue is. It influences their motivation to act and engage in preventive or protective behaviors. Perceived susceptibility is an individual's perception of their personal risk or likelihood of experiencing a health condition or negative outcome. It affects their perception of the need for preventive measures and their willingness to engage in health-promoting behaviors. Perceived benefits are the perceived advantages and positive outcomes associated with adopting a specific health behavior. It includes the belief that acting will reduce the risk or severity of the health condition and result in improved well-being.

Perceived barriers are the perceived obstacles, disadvantages, or challenges that individuals associate with adopting healthy behavior. They can include factors such as cost, time constraints, lack of knowledge, or social influences. Identifying and addressing these barriers is important in promoting behavior change. Cues to action are external triggers or cues that motivate individuals to act. These cues can be informational, such as health campaigns or advice from healthcare professionals, or environmental, such as seeing others engaging in the desired behavior.

Self-efficacy refers to an individual's belief in their own ability to successfully perform a specific health behavior. It plays a crucial role in initiating and maintaining behavior change. When individuals have confidence in their capabilities, they are more likely to take action and persist in their efforts.

Understanding these components of the Health Belief Model allows researchers and practitioners to tailor interventions and communication strategies that address individuals' beliefs, motivations, and barriers, thereby promoting healthier behaviors and improving health outcomes. These constructs interact with each other to shape an individual's health beliefs, attitudes, and behaviors. By understanding these components, researchers and healthcare providers can design interventions and health promotion programs that effectively address the barriers and motivations influencing individuals' health behaviors, such as seeking preventive healthcare during pregnancy and postpartum periods.

Maternal health-related constructs such as antenatal care, postnatal care, nutrition, access to healthcare services, and education play a crucial role in the overall well-being of mothers and their children. These factors are important considerations when examining maternal health and understanding the influence of beliefs and attitudes on health-seeking behaviors (Yaya et al., 2019; Udo et al., 2016). Researchers have utilized the Health Belief Model (HBM) to investigate and analyze the health-seeking behaviors of pregnant and postpartum women in Nigeria. It provides a framework for understanding how individuals' beliefs and attitudes about health influence their decision-making and behaviors related to maternal health (Karimy et al., 2017; Hermann et al., 2018).

Through its various components, the HBM helps identify potential risk factors, comprehend the reasons behind certain health choices, and design effective interventions for promoting better maternal health outcomes (Rosenstock, 1974). Health professionals rely on the HBM to explain the connection between health behavior, health status, and health outcomes, as it has been proven to be a reliable and powerful psychological theory in predicting health-related behaviors (Jones et al., 2015). The Health Belief Model was developed in the 1950s by social

psychologists from the US Public Health Service, including Rosenstock, Hochbaum, Kegele, and Leventhal. It has been widely used and continues to be relevant in understanding and improving maternal health and other health-related behaviors (Kassim, 2021; Hochbaum, 1960).

The Health Belief Model (HBM) is based on the concept that behavior change occurs when individuals perceive the risks and benefits associated with that behavior. It suggests that an individual's attitude towards changing their health behavior is shaped by their perception of the risks and benefits involved. This understanding is crucial for making informed decisions and developing effective interventions to improve public health. Personal beliefs, risk perception, and perceived health risks play significant roles in the decision-making process regarding adopting healthy behaviors. Factors such as barriers to behavior change, understanding the advantages of healthy activities, perceiving susceptibility to illness, and considering the potential outcomes of illness all influence individuals' decisions to initiate or continue health-promoting behaviors.

Moreover, self-efficacy, or the belief in one's abilities, is a key element in influencing decision-making when it comes to taking action toward behavior change. Building confidence and trust in one's capabilities can greatly impact the likelihood of adopting and maintaining healthy behaviors. By considering these elements within the framework of the Health Belief Model, health professionals can better understand individuals' motivations and barriers related to behavior change and design interventions that effectively address these factors (WHO, 2017; Carey et al., 2019; Herrmann et al., 2018; Tiraki & Yılmaz, 2018; Rosenstock, 1974).

Understanding Maternal and Prenatal Health in Nigeria: The Impact of Economic Inequalities

The impact of economic inequalities on maternal and prenatal health in Nigeria is a critical issue. Poverty and inequality significantly affect the well-being of pregnant women and

their unborn infants, leading to barriers to accessing healthcare services (UHCHR, 2023; Walker et al., 2018). Social and political factors play a crucial role in limiting access to maternal and prenatal care, resulting in reproductive injustices and disparities based on gender, ethnicity, and socioeconomic status (Herrman et al., 2018; Che, 2018; UNICEF, 2017; Tuyisenge et al., 2019). Women's ability to exercise their right to health is closely tied to their socioeconomic status, with disparities in education, knowledge about reproductive rights, access to quality medical care, and reproductive health outcomes (Mohammed et al., 2020). The lack of infrastructure, including inadequate sanitation systems, limited access to clean water and food, and insufficient education about healthy practices, further exacerbate pregnant women's obstacles (WHO, 2023; World Bank, 2021; UHCHR, 2023).

Efforts to address economic inequalities and improve maternal and prenatal health in Nigeria should reduce barriers to healthcare access, improve education and awareness about reproductive rights, and promote equitable distribution of resources and services (Olonade et al., 2019). These strategies ensure that all women, regardless of socioeconomic status, can exercise their right to health and access the necessary care and support during pregnancy and childbirth (Olonade et al., 2019).

Maternal and Prenatal Health Studies Using the Health Belief Model

The Health Belief Model has been applied to studies on maternal and prenatal health in African countries, including Nigeria, to understand factors influencing health behaviors and improve outcomes. Researchers use the model to examine personal characteristics, perceived benefits and barriers, perceived severity of consequences, and social influences on health behaviors (Meh et al., 2019; Akeju et al., 2016). By understanding individuals' beliefs, motivations, and social influences, interventions can be designed to address barriers and promote

positive health behaviors (Nelson et al., 2021; Kohi et al., 2018). The theory of planned behavior has also been used to study various health behaviors, including exercise, smoking, and maternal and prenatal health. It considers factors such as attitudes, subjective norms, and perceived behavioral control in predicting behavior (Fathi et al., 2017; Burner et al., 2018; Kamimura et al., 2016; Sukeri, 2020). These theoretical frameworks help researchers gain insights into the factors influencing maternal and prenatal health behaviors and guide the development of targeted interventions to improve access to healthcare, knowledge, and outcomes for pregnant women and their babies in Africa.

Applying Health Beliefs/Health Belief Model in Maternal Health Studies

Applying the Health Belief Model in maternal health studies can provide valuable insights into pregnant and postpartum women's beliefs, attitudes, and behaviors (Kahsay et al., 2019). By understanding individual beliefs and attitudes, interventions can be tailored to address barriers and promote positive health behaviors, leading to improved maternal and prenatal care (Jones et al., 2016; Kurichi et al., 2017). This approach empowers women to make informed decisions about their healthcare and can ultimately improve health outcomes (Dahab & Sakellariou, 2020; Herrmann et al., 2018).

The Health Belief Model emphasizes the role of beliefs in motivating health-promoting behaviors. By understanding individuals' beliefs about their health, perceived susceptibility to illness, and evaluation of benefits and barriers, healthcare professionals can better support individuals in making informed decisions (Woldegiorgis et al., 2018; Kohi et al., 2018). This model also highlights the importance of addressing and potentially changing individuals' beliefs to promote behavior change and improve health outcomes (Olonade et al., 2019; Ntoimo et al., 2020). Applying the Health Belief Model in maternal health studies provides a comprehensive

framework for understanding and addressing the factors influencing maternal and prenatal health behaviors, ultimately leading to improved care and outcomes for pregnant women.

Infant Characteristics

Infants are born with certain physical features and characteristics that may resemble their parents and other infants, such as eye color, hair color, and facial features (Sageer et al., 2019). These characteristics are determined by genetics and inheritance. Regarding gender, it is important to distinguish between biological sex and gender identity. Biological sex refers to the physical and physiological attributes typically associated with male or female, including reproductive organs, chromosomes, and hormones. On the other hand, gender identity refers to a person's deeply felt sense of being male, female, or something else, which may or may not align with their assigned sex at birth (Miteniece et al., 2018).

Gender is indeed a social construct, and societal norms and expectations play a significant role in how individuals express and identify their gender. It is important to respect individuals' self-identified gender and their right to express themselves authentically. Individuals may modify their physical appearance, such as body hair, to align with their personal preferences and self-expression. Personal choices regarding body hair do not define one's gender identity or biological sex. Understanding and respecting the complexities of gender identity and expression is crucial for promoting inclusivity, diversity, and respect for individuals' self-identified genders (Mekonnen et al., 2018; Okonofua et al., 2017).

Pregnancy and Postpartum Health in Sub-Saharan Africa

Sub-Saharan Africa faces significant challenges in terms of pregnancy and postpartum health. Factors such as limited access to modern contraceptive methods, high fertility rates, women's illiteracy, and poverty contribute to the region's maternal health issues. The lack of

access to contraception is a significant concern, with over 230 million women in the region lacking access to modern contraceptive methods. This contributes to the high fertility rate, with an average of 5 children per woman in Sub-Saharan Africa. Women's illiteracy and poverty also play a role in the region's maternal health challenges. Limited education and economic opportunities can hinder women's ability to make informed decisions about their reproductive health and access appropriate healthcare services.

The total fertility rate in Sub-Saharan Africa is 2.4 children per woman, which is higher than the global average. However, it is below the replacement level of 2.1 children per woman required for population stability. Improving access to modern contraception, promoting education and literacy among women, and addressing poverty are crucial steps towards improving pregnancy and postpartum health in Sub-Saharan Africa. Efforts to provide comprehensive reproductive healthcare services and empower women with knowledge and resources are essential for reducing maternal mortality and improving maternal and child well-being in the region.

Sub-Saharan Africa faces significant challenges in terms of pregnancy and postpartum health. The region's high fertility rates, limited access to modern contraceptive methods, illiteracy among women, and poverty contribute to the complex landscape of maternal health. The lack of access to modern contraceptive methods is a critical issue in Sub-Saharan Africa. Many women do not have the means to prevent unintended pregnancies, resulting in higher fertility rates. This not only impacts the health of women but also places a strain on healthcare systems and resources. Illiteracy among women is another contributing factor to the challenges faced in maternal health. Limited education and awareness about reproductive health, including family planning and pregnancy care, can hinder women's ability to make informed decisions and

access appropriate healthcare services. Poverty also plays a significant role in maternal health in Sub-Saharan Africa. Limited financial resources can prevent women from seeking timely and adequate prenatal care, leading to increased risks during pregnancy and childbirth. Poverty-related factors, such as malnutrition and inadequate living conditions, further impact maternal and child health outcomes. Tackling these challenges requires comprehensive efforts that involve improving access to reproductive healthcare services, promoting education and awareness about reproductive health, and tackling poverty and socioeconomic inequalities. Strengthening healthcare systems, training skilled healthcare providers, and ensuring the availability of essential maternal healthcare services are crucial steps towards improving pregnancy and postpartum health in the region.

Efforts from governments, international organizations, healthcare professionals, and local communities are needed to address the multifaceted issues surrounding maternal health in Sub-Saharan Africa and work towards improving the well-being of women and children in the region (WHO, 2019; UN Women, 2019). Sub-Saharan Africa faces significant challenges in terms of pregnancy and postpartum health. The region's high fertility rates, limited access to modern contraceptive methods, illiteracy among women, and poverty contribute to the complex landscape of maternal health. The lack of access to modern contraceptive methods is a critical issue in Sub-Saharan Africa. Many women do not have the means to prevent unintended pregnancies, resulting in higher fertility rates. This not only impacts the health of women but also places a strain on healthcare systems and resources. Illiteracy among women is another contributing factor to the challenges faced in maternal health. Limited education and awareness about reproductive health, including family planning and pregnancy care, can hinder women's

ability to make informed decisions and access appropriate healthcare services. Poverty also plays a significant role in maternal health in Sub-Saharan Africa.

Limited financial resources can prevent women from seeking timely and adequate prenatal care, leading to increased risks during pregnancy and childbirth. Poverty-related factors, such as malnutrition and inadequate living conditions, further impact maternal and child health outcomes. To overcome these difficulties, we must make concerted efforts to improve the accessibility of reproductive healthcare, educate people on the importance of reproductive health, and strive towards eliminating poverty and mitigating socioeconomic disparities. Strengthening healthcare systems, training skilled healthcare providers, and ensuring the availability of essential maternal healthcare services are crucial steps towards improving pregnancy and postpartum health in the region. Efforts from governments, international organizations, healthcare professionals, and local communities are needed to address the multifaceted issues surrounding maternal health in Sub-Saharan Africa and work towards improving the well-being of women and children in the region (WHO, 2019; UN Women, 2019).

Health Implications

Pregnant women and new parents should be aware of the health implications of their lifestyle choices. Inadequate intake of essential nutrients like folic acid, iron, calcium, and omega-3 fatty acids can lead to adverse outcomes such as neural tube defects, anemia, preterm birth, low birth weight, and developmental issues (CDC, 2022; WHO, 2016). Furthermore, lifestyle choices during pregnancy, such as tobacco smoking, alcohol consumption, and illicit drug use, can have detrimental effects on both the mother and the unborn baby. Smoking increases the risk of complications such as miscarriage, preterm birth, stillbirth, and low birth weight. Alcohol consumption can lead to fetal alcohol spectrum disorders, causing physical,

behavioral, and cognitive impairments. Illicit drug use increases the risk of complications, including preterm birth, low birth weight, and developmental issues (CDC, 2022; ACOG, 2020). Pregnant women should also be mindful of their mental health. Depression and anxiety during pregnancy can have adverse effects on both maternal and fetal well-being. They are associated with increased risks of preterm birth, low birth weight, and developmental and behavioral problems in children (Gavin et al., 2020; Field, 2017). Pregnant women and new parents must consult healthcare providers for appropriate prenatal care and guidance on maintaining a healthy lifestyle. This includes consuming a balanced diet, taking prenatal supplements as recommended, avoiding harmful substances, managing stress, and seeking support for mental health concerns. By prioritizing their health and making informed choices, pregnant women and new parents can promote positive outcomes for themselves and their babies.

Impact of Sociocultural Determinants

Sociocultural determinants have a significant impact on the access and utilization of prenatal and maternal healthcare services for women in rural areas of Nigeria. Factors such as poverty, gender roles, traditional beliefs, cultural norms, limited access to education and resources, and language barriers create barriers to healthcare access (Umar et al., 2017; Oti, 2016). Tackling these sociocultural determinants is crucial to ensure equitable access to quality maternal healthcare. Interventions should consider the specific needs and challenges women face in rural communities. This may involve community-based approaches, cultural sensitivity, and targeted education and awareness programs to address misconceptions and traditional practices that hinder healthcare-seeking behaviors (Okoli, 2020). Integrated delivery and care models can improve access to maternal and child health services for underserved populations. By providing comprehensive care in a single setting, these models can overcome barriers related to fragmented

care and limited resources. Integrated care can help ensure that women receive continuous and coordinated care throughout the maternal and newborn period (Doctor et al., 2018; Udo & Doctor, 2016). However, further research is needed to understand better the impact of integrated care models on maternal and child health outcomes in specific contexts. Evaluating the effectiveness and sustainability of these models can guide policy and programmatic decisions to enhance maternal healthcare delivery (Adedokun & Uthman, 2019).

Impact of Education and Decision-Making

The impact of education and decision-making on maternal and prenatal health in rural communities is significant. Education is crucial in increasing awareness and knowledge about available healthcare services, while decision-making empowers women to seek and access those services. However, the lack of education and limited decision-making power hinder rural women's ability to access quality healthcare during pregnancy and postpartum. In rural areas of Nigeria, where illiteracy rates may be high, women may be less informed about contraception, prenatal care, and other reproductive health services. This lack of knowledge contributes to disparities in accessing these essential healthcare services compared to their urban counterparts (Mshelia et al., 2020; Nyangara et al., 2018).

Limited access to education and decision-making power further exacerbates the challenges faced by rural women. They may face barriers such as limited resources, lack of transportation options, and high costs associated with seeking reproductive healthcare (Omer et al., 2021; Doctor et al., 2018). As a result, rural women may have higher rates of maternal mortality, unplanned pregnancies, unsafe abortions, and sexually transmitted infections (Ope, 2020). Addressing these challenges requires efforts to improve education and decision-making among rural women, ensuring they are aware of their rights and the importance of accessing

quality reproductive healthcare. This includes implementing comprehensive reproductive health education programs, promoting community engagement, and expanding access to affordable and accessible healthcare services in rural areas (Eke et al., 2020; Onyeonoro et al., 2016). Reducing the urban-rural divide in reproductive healthcare access and knowledge is crucial for achieving equitable maternal and prenatal health outcomes across different geographical areas and diverse communities.

Social Class

Social class indeed has a significant impact on the availability and quality of maternal and prenatal healthcare. In rural areas of Nigeria, such as Arochukwu, individuals experiencing poverty face multiple barriers that limit their access to essential maternal and prenatal health services. Socioeconomic status, influenced by social class, is crucial in determining access to quality healthcare. Wealthier individuals generally have more resources and financial means to afford comprehensive maternal and prenatal care services (Isiguzo et al., 2019). They can access additional diagnostic tests and specialized healthcare providers, increasing their chances of receiving high-quality care (Olonade et al., 2019). On the other hand, individuals from lower social classes may face financial constraints, limited geographic access to healthcare facilities, and inadequate health insurance coverage. These barriers hinder their access to timely and appropriate maternal and prenatal healthcare services (Nyamtema et al., 2016).

The disparity in healthcare access based on social class exacerbates existing health inequities and contributes to adverse maternal and prenatal health outcomes among disadvantaged populations. Addressing these disparities requires efforts to improve healthcare infrastructure and services in rural areas, expand health insurance coverage, and implement

targeted interventions to ensure that individuals from lower social classes can access and afford quality maternal and prenatal healthcare (Isiguzo et al., 2019; Olonade et al., 2019).

Impact Culture on Health-Seeking Habits

Culture plays a significant role in shaping the health-seeking habits of pregnant and postpartum women in rural areas like Arochukwu. Cultural norms, beliefs, and practices influence women's decisions regarding healthcare during pregnancy and postpartum. Traditional beliefs and practices often hold sway in rural communities, impacting women's perceptions of pregnancy and childbirth. Religious practices, migration patterns, and limited access to healthcare facilities further shape these conceptions (Emejulu & Ikenna, 2020). Understanding these cultural influences is crucial for providing appropriate and effective healthcare services. Cultural factors can result in differences in health-seeking behavior based on geographic location, age, income level, gender, religion, or ethnicity (Kpanake, 2018). Rural residents, for example, may be more inclined to be skeptical of Western medicine and may prefer alternative or complementary healthcare options, such as midwifery care, during pregnancy and childbirth.

Addressing the impact of culture on health-seeking habits requires a culturally sensitive approach. Healthcare providers must respect and understand the cultural beliefs and practices of pregnant and postpartum women in rural areas (Latif, 2020). Engaging with community leaders, traditional birth attendants, and local healers can help bridge the gap between traditional cultural practices and modern healthcare approaches (Attum et al., 2023). Education and awareness programs can also play a crucial role in dispelling myths, addressing misconceptions, and promoting evidence-based healthcare practices. Incorporating cultural considerations into healthcare delivery can promote trust, increase healthcare utilization, and improve the overall health outcomes of pregnant and postpartum women in rural communities (Latif, 2020).

Experiences and Perceptions of Rural Women Health-Seeking Habits

The experiences and perceptions of rural women regarding health-seeking habits in Nigeria are influenced by various factors (Kahsay et al., 2019). These factors include access to resources, cultural norms, economic constraints, education level, income, and healthcare availability (Fantaye et al., 2019). Quantitative data collection and analysis are crucial in understanding these experiences and perceptions. Such data can help identify barriers to healthcare access and gaps in service provision (Creswell & Creswell, 2018). By quantifying these factors, interventions can be designed to address the specific needs of rural women and empower them to make informed decisions about their healthcare (Fantaye et al., 2019). Creating a supportive culture that promotes women's health is important. This can be achieved through education on reproductive health, nutrition, hygiene, domestic violence prevention, and gender equality. Increasing awareness about these issues can help prevent abuse and empower rural women to take control of their lives. Rural women often have lower education levels, lower incomes, and limited access to healthcare compared to their urban counterparts (Sripad et al., 2019). This makes them more likely to seek care outside formal healthcare networks, such as home-based care.

However, this type of care can be expensive and may limit the patient's control over their health. Alternatively, a healthcare model that emphasizes patient autonomy and decision-making, with no financial barriers to services, can be more suitable for rural women (Zaman et al., 2021). This model involves private physicians, government-funded facilities, and voluntary organizations providing services based on what patients can afford (Pel-Little et al., 2021). In summary, understanding the experiences and perceptions of rural women regarding health-seeking habits in Nigeria requires data collection and analysis (Osinuga et al., 2021). By

addressing the specific challenges they face, empowering women with knowledge, and creating supportive healthcare systems, it is possible to improve their access to and utilization of healthcare services (Fantaye et al., 2019).

Experiences and Perceptions of Arochukwu Women in Health Care Delivery Facilities

The lack of access to maternal health services in Arochukwu, Nigeria, profoundly impacts the experiences and perceptions of women in healthcare delivery facilities (Fantaye et al., 2019). The absence of adequate medical resources and trained personnel contributes to feelings of stress, fear, and anxiety among women seeking medical treatment (Prasad et al., 2021). Traditionally, Arochukwu women were limited to specific roles in healthcare facilities, such as nurse's assistants or nursing assistants (Coombs et al., 2022). However, technological advancements and increased efforts have allowed women to take on new roles and pursue careers as doctors' assistants, nurse practitioners, and medical technologists. This represents progress in expanding opportunities for women in the healthcare sector.

Nevertheless, there is still a need for more female-specific resources in healthcare facilities to meet the population's changing needs (Booths et al., 2021). Addressing the lack of access to maternal health services requires comprehensive efforts to improve healthcare infrastructure, increase the availability of trained healthcare professionals, and provide targeted support for women's health needs (Ope, 2020). Understanding the experiences and perceptions of Arochukwu women regarding the lack of access to maternal health services is crucial for identifying specific challenges and designing interventions to improve healthcare delivery in the region. Addressing these issues can enhance the quality of care and ensure that women receive the appropriate support and resources they need during pregnancy and childbirth (Dahab & Sakellariou, 2020).

Fatalism

The prevalence of fatalism among expectant and postnatal women in rural Nigeria hinders their access to proper medical care and can lead to adverse outcomes. Believing in a predetermined fate can discourage women from seeking timely antenatal visits and making informed decisions about their health and well-being (Fatema & Lariscy, 2020). This mindset limits women's opportunities to improve their quality of life and that of their children. Providing accurate information about health and challenging long-held beliefs through education is crucial to address this issue. By empowering rural Nigerian women with knowledge about their rights to maternal healthcare and the importance of seeking professional care during pregnancy and postpartum, they can make more informed decisions that positively impact their health and their children's health (Dahab & Sakellariou, 2020).

Efforts to increase awareness about women's health and improve access to education have shown promising results in reducing maternal mortality rates in certain countries (Bagade et al., 2022). However, more work is needed globally to address the magnitude of this issue and ensure that all women can receive the care they need. By promoting education and challenging fatalistic beliefs, women can become better equipped to navigate their reproductive health journey and make decisions that lead to improved maternal and child health outcomes.

Abuse and Disrespect by Health Care Personnel

Abuse and disrespect by healthcare personnel towards pregnant and postpartum women in rural Nigeria is a serious issue that hinders access to quality healthcare and negatively impacts women's well-being (Matsuoka et al., 2020). Women have reported experiences of physical and verbal abuse, neglect, dismissiveness, and insensitive remarks from healthcare providers (Rosario et al., 2017). The consequences of such mistreatment are significant, leading to long-

term health complications and reduced quality of life for both the mother and her child. It is essential to address this issue by providing appropriate education and training to healthcare personnel in rural areas on interacting with pregnant and postpartum women respectively and sensitively (Rosario et al., 2017).

Respecting women's dignity, ensuring effective communication, and obtaining informed consent are crucial components of compassionate care (Karimy et al., 2017). Efforts should focus on raising awareness among healthcare providers about the importance of treating pregnant and postpartum women with respect and dignity, regardless of their consent to caregiving interactions. Studies have shown that abuse and disrespect are more prevalent in rural areas compared to urban centers, with doctors and midwives being identified as the main perpetrators (Ishola et al., 2017). This highlights the need for targeted interventions and policies that promote respectful maternity care in rural healthcare settings (Palis et al., 2016). Additionally, addressing the issue of abuse and disrespect requires a comprehensive approach that involves community education, engaging men in discussions about gender equality and women's rights, and fostering a supportive healthcare environment for pregnant and postpartum women (Yalley et al., 2023). By addressing the issue of abuse and disrespect by healthcare personnel, women in rural Nigeria can access the quality care they deserve and experience respectful and compassionate maternity services that contribute to their overall well-being (Ope, 2020; Perera et al., 2018).

Maternal Characteristics

Maternal characteristics, such as age, marital status, education, and household income, can significantly influence the health and development of children (Duncan et al., 2018). Younger and unmarried mothers may face additional challenges in providing optimal care for their children, leading to poorer physical and mental health outcomes (Agnafors et al., 2-19).

Lower levels of education and household income can also contribute to adverse health outcomes in children (Duncan et al., 2018). Maternal characteristics are not only related to the socioeconomic background of mothers but also encompass the unique relationships formed between mothers and their children during pregnancy and early childhood. Biological and psychological factors influence these relationships and play a crucial role in shaping children's self-perception and understanding of the world (Hodgkinson et al., 2017).

Research suggests that women tend to exhibit higher levels of empathy, while men may prioritize self-interest (Lemoine & Blum, 2019). These gender differences in maternal characteristics can influence the caregiving behaviors and interactions between mothers and their children (Zhang et al., 2022). Understanding the impact of maternal characteristics on child health and development is essential for developing targeted interventions and support systems that promote positive outcomes for both mothers and children (Fantaye et al., 2019). By addressing socioeconomic disparities and providing resources for education and income support, we can improve maternal characteristics and create a nurturing environment that fosters optimal child development (Hamal et al., 2020).

Community and Societal Characteristics

Community and societal characteristics play a significant role in shaping the lives of individuals within a given population. These characteristics include beliefs, values, traditions, customs, language, and technological advancements (Latif, 2020). They influence how community members interact with one another and impact various aspects of their lives. Research has shown that community and societal characteristics are closely linked to infant mortality rates (Olonade et al., 2019). Factors such as poverty, access to healthcare, and

education directly impact the health and well-being of infants (Francis et al., 2018). Addressing these social determinants of health is crucial in reducing infant mortality rates.

A comprehensive approach is necessary to reduce infant mortality rates effectively (Ope, 2020). This approach should encompass medical interventions and the consideration of social determinants of health (Fantaye et al., 2019). Providing access to quality healthcare, addressing poverty and income inequality, promoting healthy behaviors, and creating safe communities are all important aspects of this strategy. In addition to medical interventions, public health initiatives such as immunization programs and health education can improve overall health outcomes. By addressing both medical and social determinants of health, we can work towards reducing infant mortality rates and enhancing the overall quality of life within communities and societies (WHO, 2023).

Historical Context

The historical context of prenatal, maternal, and postpartum care in rural southeastern Nigeria is marked by a lack of access to quality care, poverty, limited education, and harmful gender norms (Oyovwe & Woolhead, 2021). Over the years, women in rural areas have been marginalized and denied the necessary healthcare services during these crucial stages of life. The absence of healthcare facilities and clinics in rural areas has left women with limited options, often resorting to traditional birth attendants (TBAs) who may not have proper training or qualifications (Ntoimo et al., 2018). This reliance on TBAs can be risky as they may not have the necessary skills to handle complications or emergencies that may arise during childbirth (Aziato & Omenyo, 2018). Furthermore, TBA services can be prohibitively high for low-income households, leaving many women without access to affordable care (Muzyamba et al., 2017). This lack of alternative options for high-need patients and those experiencing complications

exacerbates the challenges faced by rural Nigerian women (Dantas et al., 2020). Improving access to quality prenatal, maternal, and postpartum care in rural southeastern Nigeria is crucial to address these issues. This includes establishing healthcare facilities and clinics in rural areas, ensuring the presence of trained healthcare professionals, and providing affordable or subsidized healthcare services (Olonade et al., 2018).

In addition, efforts should be made to address poverty, improve education opportunities, and challenge harmful gender norms that restrict women's access to healthcare. Empowering women with knowledge, resources, and agency in making healthcare decisions can improve their overall well-being and reduce maternal mortality rates (Olonade et al., 2023). Collaboration between government entities, non-governmental organizations, and community members is essential in implementing sustainable solutions that prioritize the health and well-being of rural Nigerian women during the prenatal, maternal, and postpartum periods (WHO, 2023).

Summary and Conclusions

In conclusion, the literature reviewed emphasizes the critical need for improved maternal and postpartum health care in Arochukwu, Nigeria. The lack of access to prenatal and maternal care is resulting in adverse outcomes, including maternal mortality and complications during pregnancy and childbirth. The research gaps indicate a need for further investigation and understanding of the specific challenges faced by women in this region. Efforts should be directed towards addressing the barriers to accessing care, such as limited healthcare facilities, inadequate resources, and cultural beliefs. By prioritizing improving maternal and postpartum health services, it is possible to reduce maternal mortality rates and improve the overall well-being of women and their children in Arochukwu.

The next chapter will delve into the methods used to gather maternal and postpartum health data, providing a foundation for developing targeted interventions and policies to address the identified gaps. It is crucial to prioritize the safety and health of women during pregnancy and postpartum, ensuring that they receive the necessary care and support for a positive maternal and child health outcome.

Chapter 3: Research Method

Introduction

According to Flaherty et al. (2022), the importance of pregnant and postpartum women's health beliefs, perceptions, and experiences must not be overlooked. This study sought to explore and understand pregnant and postpartum women's health beliefs, perceptions, and experiences in Arochukwu to provide practical recommendations for improving their health outcomes (Rosario et al., 2017). By better understanding how these women view their health, we can better equip healthcare professionals with the knowledge necessary to provide them with the best care (Yaya et al., 2018). This report highlighted Arochukwu women's utilization of skilled medical staff, health beliefs, the interconnectedness of socioeconomic and sociocultural factors, and the lack of healthcare infrastructure to the high rates of IM and MM in Nigeria, especially in Arochukwu, a rural community in south-central Nigeria. Arochukwu is recognized as an area with high levels of IM and MM. This study also explored the cultural factors that might result in the high rates of IM and MM found in this community, such as religious practices and socioeconomics (Olonade et al., 2018). The report then illustrated how Arochukwu women utilize medical staff and healthcare resources to address complications caused by IM and MM.

Research Design and Rationale

I utilized a basic qualitative theory approach to explore the perceptions and experiences of pregnant and postpartum women in Arochukwu regarding maternal healthcare access (Coombs et al., 2022). The research design is based on the social constructivism perspective, aiming to understand the participants' lived experiences and perceptions (Tenny et al., 2022). This study used semistructured interviews with open-ended questions to gather data on the motivations and challenges women face when accessing maternal healthcare (Javanmardi et al.,

2022). The interviews allowed for a broad exploration of the participants' experiences and allowed them to share their perspectives (Creswell & Creswell, 2018). The sampling procedure utilized a purposive sampling technique, selecting pregnant participants who had recently given birth in Arochukwu (Campbell et al., 2020). Efforts were made to ensure diversity in demographic factors such as age, marital status, and education to capture a range of perspectives (Stanford, 2020). Thematic analysis was then employed to analyze the data collected from the interviews (Ames et al., 2019).

This approach involved identifying themes and patterns in the data and developing theories based on the findings (Byrne, 2022). The thematic analysis allows for a comprehensive understanding of the experiences and perceptions of the participants regarding maternal healthcare access (Creswell & Creswell, 2018). Ethical approval was obtained from the relevant institutional review board, and all participants were given informed consent (Manti & Licari, 2018). The confidentiality and anonymity of the participants were ensured, and steps were taken to protect their privacy (Bos, 2020). Ethical considerations were given throughout the research process to prioritize the well-being and rights of the participants (Barrow et al., 2022). The study aimed to establish the validity and reliability of the findings by ensuring methodological rigor (Forero et al., 2018). Establishing validity included inter-rater reliability checks, member checking, and data (Hayashi et al., 2021).

The research design for this study was an exploratory qualitative design (Mbaka & Isiramen, 2021). It aimed to gather in-depth insights and understand the perceptions and experiences of pregnant and postpartum women in Arochukwu regarding maternal healthcare access (Tiruneh et al., 2021). Purposive sampling ensured that the selected participants had relevant experiences in the community (Ames et al., 2019). The study sought to fill a research

gap and provide valuable information for improving healthcare access for this population (Teisberg et al., 2020). Qualitative research was chosen for its ability to capture individuals' lived experiences and perspectives (Busetto, 2020). It focused on understanding the meaning and context of human experiences rather than quantifying variables (Tenny, 2022). This approach comprehensively explored the unique challenges pregnant and postpartum women face in Arochukwu and their opinions on healthcare services (Ope, 2020).

A basic qualitative approach was selected for this study, which involves a smaller sample size and data collection methods such as interviews, observation, and reviewing stored content (Rosario et al., 2017). It aligns with the social constructivism perspective, which recognizes the influence of social and cultural factors on individual experiences. (Knott et al, 2022). By adopting this research design, the study aimed to provide a rich understanding of the experiences and perspectives of pregnant and postpartum women in Arochukwu, contributing to improving maternal healthcare services in the community (Tiruneh et al., 2021; Kennedy, 2016).

Research Paradigm

The research paradigm for this study was qualitative research, precisely an exploratory phenomenological approach (Tenny et al., 2022). Qualitative research focuses on understanding human behavior and experiences in-depth, capturing rich and contextual data that may not be easily quantifiable (Kivunja & Kuyini, 2017). It comprehensively explores the participants' beliefs, perceptions, and experiences regarding maternal healthcare access in Arochukwu. Phenomenology is a philosophical framework that seeks to understand the essence and meaning of human experiences as individuals perceive them (Alhazmi & Kaufmann, 2022). It emphasized exploring the participants' lived experiences and how they interpret and make sense of their world. In this study, the exploratory phenomenological approach enabled researchers to delve

into the unique perspectives of pregnant and postpartum women in Arochukwu and gain a deep understanding of their experiences related to maternal healthcare access (Neubauer et al., 2019).

By adopting a qualitative research paradigm and employing an exploratory phenomenological approach, this study aimed to uncover rich and nuanced insights into the participants' beliefs, perceptions, and experiences (Aspers, Corte, 2019). It allowed for an in-depth exploration of the topic, providing a valuable foundation for improving maternal healthcare services in Arochukwu (Nyangara et al., 2018).

Role of the Researcher

As a researcher, I approached the study with integrity, empathy, and a commitment to understanding the experiences and perspectives of pregnant and postpartum women in Arochukwu (Aspers & Corte, 2019). I aimed to create a safe and supportive environment for participants, ensuring their voices are heard and respected (Yang et al., 2022). I employed active listening and open-mindedness during interviews and data collection to capture the richness and depth of their experiences (White, 2020). Building trust and rapport with participants is essential, as well as establishing a collaborative relationship that encourages them to share their thoughts and feelings openly (Secules et al., 2021).

As a qualitative researcher, I recognized the importance of reflexivity, acknowledging my biases, beliefs, and assumptions that may influence the research process (Howell, 2018). I continuously reflected on my positionality and strive to separate my personal experiences from the data analysis and interpretation (Gordon, 2020). This self-awareness helped me approach the research with objectivity and impartiality.

Ethical considerations are paramount in conducting research (Suri, 2020). I ensured that the study adhered to ethical guidelines and protected the rights and confidentiality of the

participants (Johnson et al., 2022). Informed consent was obtained from all participants, and their privacy and anonymity were maintained throughout the research process (Manti & Licari, 2018). As the researcher, I employed rigorous data analysis techniques, such as thematic analysis, to identify patterns, themes, and insights from the collected data (Aspers & Corte, 2019). I engaged in peer debriefing and sought input from other researchers or experts in the field to enhance the credibility and validity of the findings (Secules et al., 2021). Ultimately, my role as a researcher was to contribute to the existing body of knowledge on maternal health in Arochukwu and provide valuable insights that can inform policies and interventions to improve access to quality prenatal and maternal healthcare in the community (Howell, 2018). By highlighting the experiences, perceptions, and challenges pregnant and postpartum women face, this research aims to advocate for change and promote better healthcare outcomes for this vulnerable population (Ope, 2020).

Methodology

The target population included pregnant and postpartum women aged 18-45 years living in Arochukwu, as well as healthcare personnel, community leaders, and government officials (Martínez-Mesa et al., 2016). The sample size depends on the specific research objectives and the saturation point, where new information or themes are no longer emerging from the data (Saunders et al., 2018). In qualitative research, sample sizes are typically more minor than in quantitative studies (Vasileiou et al., 2018). Using purposive sampling, potential participants were identified based on their relevance to the research objectives and their ability to provide rich and meaningful insights. This involved consulting healthcare providers, community leaders, and local organizations to identify eligible participants (Campbell et al., 2020). Once potential participants were identified, they were approached and invited to participate in the study (Wolff

et al., n.d). I explained the purpose of the study and the voluntary nature of participation, as well as ensured confidentiality and ethical considerations (Manti & Licari, 2018). Participants who agreed to participate in the study were asked to provide informed consent, indicating their understanding of the research objectives, procedures, and their rights as participants (Manti & Licari, 2018). They were also informed of the voluntary nature of participation and their right to withdraw at any time. Data collection methods such as interviews, focus group discussions, and observations were conducted with the selected participants (Busetto et al., 2020). I used open-ended questions and prompts to encourage participants to share their perceptions, experiences, and perspectives related to the research questions (DeJonckheere & Vaughn, 2019). The collected data were transcribed, coded, and analyzed to identify themes, patterns, and insights.

Qualitative data analysis techniques, such as thematic or content analysis, were used to interpret the data and draw conclusions (Roberts et al., 2019). It is important to note that qualitative research sampling aimed for depth rather than representativeness, as it focused on understanding the experiences and perspectives of the selected participants rather than generalizing findings to a larger population (Vasileiou et al., 2018). Therefore, the findings of this study provided valuable insights specific to the context of Arochukwu and may not be generalizable to other populations or settings.

Participant Selection Logic

Participant selection in qualitative research is a crucial process that ensures the diversity and representativeness of the sample (DeJonckheere & Vaughn, 2019). In the case of this study on the perceptions and experiences of pregnant and postpartum women in Arochukwu, several criteria were considered when selecting participants. Participants were selected from different age groups to capture a range of perspectives and experiences related to pregnancy and childbirth

(Sultana et al., 2019). Both married and unmarried pregnant and postpartum women were included to understand the influence of marital status on their perceptions and experiences (Merklinger-Gruchala & Kapiszewska, 2019). Participants from various socio-economic backgrounds were included to explore how economic factors affect their access to and experiences with maternal healthcare. Participants with different educational backgrounds were included to examine how education influences their understanding of and engagement with maternal healthcare services (Signorelli et al., 2021). Pregnant and postpartum women with varying numbers of children were selected to understand how previous childbirth experiences may shape their perceptions and experiences (Taheri et al., 2018). Participants from diverse cultural backgrounds residing in Arochukwu were included to capture a range of cultural perspectives and practices related to pregnancy and childbirth (Leinweber et al., 2022). Considering these selection criteria, the research study aimed to gather a comprehensive range of perspectives and experiences of pregnant and postpartum women in Arochukwu (Knott et al., 2022). This diversity contributed to a more nuanced understanding of their challenges and provide valuable insights for improving maternal healthcare services in the community.

Purposive sampling was used to select participants for this study (Denieffe, 2020). Purposive sampling allowed for intentionally selecting participants with firsthand experiences and knowledge relevant to the research topic (Creswell & Creswell, 2018). In this case, pregnant and postpartum women who are currently pregnant or have given birth within the last five years were selected based on their availability and willingness to participate (Tauqeer et al., 2023). The researchers will collaborate with local healthcare facilities, community leaders, and traditional birth attendants to identify potential participants who meet the criteria (Olonade et al., 2018). The selection process ensured representation from different age groups, socioeconomic

backgrounds, and healthcare utilization patterns to capture diverse perspectives (Vasileiou et al., 2018). Healthcare personnel and traditional birth attendants involved in providing maternal care in Arochukwu were also participants to gain insights into their experiences and perspectives (Mendhi et al., 2020; Agoyi et al., 2022).

The sample size of 65 participants was determined based on data saturation, which is the point at which no new information or themes emerge from the data (Guest et al., 2020). The researchers conducted an ongoing analysis of the collected data and determined the saturation point. Recruitment was concluded when data saturation was reached (Saunders et al., 2018).

Data Saturation

In their 2018 study, Saunders et al. explained that qualitative research has become well-known for utilizing saturation as a powerful strategy to conduct studies. Data saturation is essential in qualitative research as it signifies the point at which new information or themes are no longer emerging from the data (Saunders et al., 2018). Achieving data saturation is crucial because it ensures that researchers have explored the topic comprehensively and have gathered a sufficient range of perspectives and insights. By reaching data saturation, researchers can have confidence in the richness and depth of their findings and can draw meaningful conclusions from the data (Hennink & Kaiser, 2022). Achieving data saturation also helps researchers avoid redundancy and allocate resources effectively by knowing when to stop data collection or analysis. Ultimately, by avoiding data saturation, researchers can enhance the validity and rigor of their qualitative research studies (Guest et al., 2020).

Inclusion Criteria

Only women aged 18-45 years old were selected. They had to be residents of Arochukwu, have given birth within the last five years, or are currently pregnant, and health care

personnel were working there. Traditional birth attendants in the community had to be cognitively sound and fluent in English or the local dialect (Capili, 2021). The inclusion criteria ensured that the participants were relevant to the research topic and could provide valuable insights into the perceptions and experiences of pregnant and postpartum women in Arochukwu (Patino & Ferreira, 2018). Including healthcare personnel and traditional birth attendants allowed for a comprehensive understanding of the healthcare system and practices in the community. Additionally, interviewing community and political leaders helped gather diverse perspectives on the lack of access to quality health care (Bombard et al., 2018). The chosen community of Arochukwu provided a specific context with historical significance and challenges related to infrastructure and healthcare access.

Exclusion Criteria

The study focused specifically on the perceptions and experiences of pregnant and postpartum women, so men are excluded from participating (Patino & Ferreira, 2018). Only individuals residing in Arochukwu were included to ensure that the research captures the specific experiences and challenges faced by women in this community. Individuals below 18 and above 45 were excluded from the study to maintain consistency within the target age range and to focus on women's experiences within this specific age group. Exclusion criteria were essential for maintaining the focus and relevance of the study and ensuring that the collected data was particular to the research objectives (Patino, 2018). By excluding certain groups, researchers obtain more meaningful and reliable data from the participants who meet the specific criteria of the study (Manti & Licari, 2018).

Instrumentation

1. What are the perceptions and experiences of pregnant and postpartum women living without access to prenatal and maternal health care in Arochukwu, Nigeria?
2. How can access to quality prenatal and maternal healthcare be improved in Arochukwu, Nigeria, to reduce the high infant and maternal mortality rates?
3. What are the barriers to utilizing maternal health services in Arochukwu, Nigeria?
4. What are the potential benefits and drawbacks of free access to quality prenatal and maternal healthcare for all pregnant women in Arochukwu?
5. What are pregnant and postpartum women's beliefs, perceptions, and experiences regarding maternal healthcare in Arochukwu?
6. How can access to maternal health care services be improved in Arochukwu?

Procedures for Recruitment, Participation, and Data Collection

Semi-structured interviews were conducted with pregnant and postpartum women to explore their beliefs, perceptions, and experiences regarding maternal healthcare access in Arochukwu (Ope, 2020). The interviews were conducted in a private and comfortable setting, allowing participants to express their thoughts openly (Ope, 2020). The interview guide consisted of open-ended questions encouraging participants to share their experiences, challenges, and suggestions regarding maternal healthcare (Tiruneh et al., 2021). Additional data was collected through focus group discussions with healthcare personnel and traditional birth attendants who provide maternal care in Arochukwu (Tiruneh et al., 2021). These discussions provided insights into their perspectives, experiences, and challenges in delivering maternal healthcare services in the community.

Data Analysis Plan

Thematic analysis was employed to analyze the qualitative data collected from the interviews and focus group discussions. The thematic analysis involved identifying patterns, themes, and categories within the data, allowing for a comprehensive understanding of participants' experiences and perspectives (Braun & Clarke, 2020). The analysis involved systematically coding the data, organizing the codes into themes, and interpreting the meaning and significance of the identified themes (Roberts et al., 2019). The researchers ensured the rigor and trustworthiness of the findings through methods such as member checking, peer debriefing, and maintaining an audit trail of the analysis process (Sundler et al., 2019). By employing this methodology, the study aimed to provide a comprehensive understanding of the beliefs, perceptions, and experiences of pregnant and postpartum women in Arochukwu regarding maternal healthcare access. The findings may inform recommendations for improving healthcare services and addressing the unique challenges faced by this population.

Data Management

Data analysis began with the ten interpreted transcripts and participant reflections from the interviews. To ensure confidentiality, I assigned unique codes to each participant based on the order in which they were interviewed, ranging from P1 to P10, with P1 assigned to the first participant and P10 to the final one. These codes were consistently used in the transcripts and audio files to maintain anonymity.

I took rigorous steps to safeguard the data during the data collection phase. I kept all consent forms and digital recorders securely locked in a bag I always carried, with the keys in my possession. After each day of fieldwork, I stored the raw data securely in a locked cupboard in my home office, ensuring that no one else had access to the study data or coding information.

The data is securely stored for five years following the completion of the study, after which it will be destroyed to maintain participant confidentiality.

Data Analysis Using Colaizzi's Seven-Step Descriptive Method

Step 1: Familiarization. The first step involved immersing myself in the data by repeatedly reading the transcripts from the interviews with participants P1 through P10. I listened to the audio recordings and reviewed the English translations to ensure accuracy and to grasp the overall sense of the participants' experiences (Colaizzi, 1978). This step was essential for becoming deeply acquainted with the data, allowing the nuances and underlying meanings to emerge.

Step 2: Identifying Significant Statements. After familiarization, I proceeded to extract significant statements from each transcript. These statements directly related to the participant's experiences accessing and utilizing maternity health services in Arochukwu. For example, one significant statement from P3 mentioned, "The staff at the government hospital often neglected us because they were not paid on time." Each significant statement was carefully documented, ensuring that every critical detail was captured (Colaizzi, 1978).

Step 3: Formulating Meanings. The third step involved interpreting the underlying meanings of the significant statements. I reviewed each statement and formulated meanings that reflected the essence of the participants' experiences. For instance, the significant statement about staff neglect due to delayed salaries was interpreted to mean that the quality of maternity care was compromised due to systemic issues in healthcare management. This step required a balance between staying true to the participants' words and uncovering deeper insights (Colaizzi, 1978).

Step 4: Organizing into Themes. Once the meanings were formulated, I organized them into clusters of themes. These themes represented broader categories that encapsulated the participants' experiences. Some of the themes that emerged included "Healthcare Neglect," "Financial Barriers," "Emotional Support," and "Cultural Practices." These themes were crucial in understanding the data's overall patterns and linking individual experiences to broader phenomena (Colaizzi, 1978).

Step 5: Developing an Exhaustive Description. With the themes identified, I developed an exhaustive description of the participants' experiences. This description synthesized the themes into a coherent narrative that reflected the women's lived experiences in Arochukwu. It included detailed accounts of how financial constraints, cultural beliefs, and healthcare management affected their maternity experiences. The description provided a comprehensive portrayal of the studied phenomena, making it accessible to readers and stakeholders (Colaizzi, 1978).

Step 6: Producing the Fundamental Structure. Next, I distilled the exhaustive description into the fundamental structure of the phenomenon. This involved reducing the detailed descriptions into essential statements that conveyed the core experiences of the participants. The fundamental structure revealed that the key issues affecting maternity healthcare in Arochukwu were systemic failures in healthcare provision, economic hardships, and the influence of cultural norms on healthcare decisions. This step was critical in concisely capturing the phenomenon's essence (Colaizzi, 1978).

Step 7: Returning to the Participants. The final step involved validating the findings by returning them to the participants. Although this step was challenging due to logistical constraints, ensuring the interpretations accurately reflected the participants' experiences was

crucial. I summarized the findings and shared them with a subset of participants, asking for their feedback and confirmation. This step was essential for enhancing the credibility of the research (Colaizzi, 1978). The feedback from the participants affirmed that the analysis was consistent with their experiences, thus confirming the study's trustworthiness.

Through Colaizzi's seven-step descriptive method, the data from the interviews were systematically analyzed to reveal the lived experiences of women accessing maternity healthcare in Arochukwu. The analysis highlighted critical issues such as healthcare neglect, financial barriers, and cultural practices that significantly influenced the participants' experiences. The structured approach ensured the findings were rigorous and reflective of the participants' voices, contributing valuable insights into understanding maternal healthcare challenges in this community.

Documenting the Journey: Field Notes and Reflections

Arochukwu Kingdom was a beautiful, vibrant community with strong, independent women who withstood what life had thrown at them. I recorded my experiences each time I called the participants to understand the discussions and context better. Even though I lived far away, speaking with each of these women made it seem like I was in the same room with them in the community. I approached my research study with a vigorous dose of curiosity and an open mind, aiming to learn new things and understand the changes in the community since my last visit. This was to gain a deeper understanding of the plight of these women and the topic and to gather data for the research. Only one of the research participants was pregnant and said she was six months along. All the others had already given birth; the first woman I interviewed was a forty-year-old mother who had navigated the dangerous process of giving birth in the community. She was outspoken and willing to discuss the difficulty of giving birth there. After

the interview, she emphasized the gravity of the issue concerning pregnant women dying in her community. The residents were well aware of the challenges they faced. Nearly every interview included poignant reminders of the devastating impact that maternal deaths had on the community.

One of the participants related her harrowing experience during antenatal care, which resulted in her losing one of the twins she did not know she was carrying because the clinic had not known either. She stated that she almost lost her life as well. Nearly all the participants narrated their own harrowing experiences in accessing maternal healthcare. Some said the government-owned general hospital was not the best place to have a baby because it was next door to the mortuary, which was always overflowing with corpses. The women in labor had to see this as they were trying to give birth to a new life under abject conditions. Nearly all the participants were familiar with women who had endured hardship during their pregnancy, suffered abuse at the hands of medical staff while accessing maternal healthcare services, or had passed away during pregnancy, childbirth, or shortly afterward. These stories served as heartbreaking reminders of the heavy toll maternal deaths had taken on the community. Conversing with these women during the research interviews gave me insight and empathy into how the women viewed their hardships. A theme that ran through all my discussions with the participants was their deep faith in God to see them through and that they deeply rooted their experiences in their faith.

None of the participants interviewed were happy with the state of maternal healthcare service delivery in the community but felt helpless to fix it. They blamed the uncaring attitudes of the federal, state, and local governments, who seemed to have turned their backs on the community regarding investment in health, good roads, qualified medical personnel, and other

essential services. The women were outspoken and wanted to see changes in their community. These women needed a change in the community, hospitals, health clinics, and healthcare personnel who cared and did not see them as irritants. Many of these women had been through a lot but had not let their experiences hold them down. Their hopes and expectations for the future and the resilience with which they had weathered the storm were all recorded in the tapes of the interviews. Ultimately, the memos from my observations and experiences were integral to understanding the data during the analysis

Issues of Trustworthiness

Maintaining the trustworthiness of qualitative research was vital to its credibility and overall value. To achieve this, it was essential to document each step of the research process rigorously. Ahmed (2024) outlined four critical criteria for establishing trust in qualitative studies: credibility, transferability, dependability, and confirmability. I applied these principles throughout this study, and the following sections detail how each step was upheld.

Credibility

Credibility was the cornerstone of trustworthiness in qualitative research, ensuring that the study accurately represented the participants' lived experiences (Johnson et al., 2020). To strengthen the credibility of this research, I employed Colaizzi's seven-step descriptive method of data analysis, designed to verify the authenticity of the data systematically. I began by thoroughly familiarizing myself with the data through repeated readings of the transcripts. After identifying key themes and drafting descriptive statements, I engaged in member checking by reaching out to participants and presenting them with a summary of the findings. This step allowed participants to confirm that their experiences were accurately reflected and provided an

opportunity for them to correct any misinterpretations. I also used this stage to ask follow-up questions, prompting participants to clarify or expand their statements where necessary.

Transferability

Transferability refers to the extent to which the findings of a study could be generalized to other contexts or settings (Ahmed, 2024). I meticulously documented the research process to facilitate transferability, providing detailed accounts of participant recruitment, data collection, and data analysis procedures. Additionally, I offered a comprehensive description of the study setting, highlighting its unique characteristics and the measures taken to ensure participant confidentiality and safety. Purposeful sampling was employed to select participants who were most likely to provide deep insights into the phenomenon under investigation. This careful selection process further enhanced the likelihood that the study's findings could be applied in different contexts.

Dependability and Confirmability

Dependability ensured the consistency and reliability of the research findings, while confirmability safeguarded the objectivity and neutrality of the study (Bingham, 2023). To uphold dependability, I meticulously followed established best practices throughout the study's design and implementation, ensuring a systematic approach was maintained from start to finish. To ensure confirmability, I grounded all findings in the research data itself, avoiding any influence of personal bias on the study's conclusions. To document every phase of the research process, I maintained a detailed assessment track, which included personal reflections, methodological decisions, and data analysis processes. This audit trail was instrumental in ensuring both dependability and confirmability. Peddle (2022) emphasized the importance of a researcher's reflections in qualitative research, and in this study, my reflective journal provided

critical insights and context that enriched the data analysis. By adhering to these principles, I ensured that this study maintained a high standard of credibility, transferability, dependability, and confirmability, thereby reinforcing the overall trustworthiness and integrity of the research.

Ethical Procedures

Ethical considerations were of utmost importance throughout the research process. The study will follow ethical guidelines and obtain informed consent from all participants (Barrow et al., 2022). The researchers explained the study's purpose, procedures, risks, benefits, and confidentiality to potential participants (Bos, 2020). Participants were free to ask questions and decide whether to participate. Written consent was obtained from those who agreed to participate, ensuring their voluntary involvement and the protection of their rights and privacy (Manti & Licari, 2018). To maintain confidentiality, all data was anonymized and stored securely. Only the research team accessed the collected data, and any identifiable information was removed during the analysis and reporting stages (Surmiak, 2018).

Summary

Chapter 3 provided the research methodology for assessing maternal healthcare experiences among women of childbearing age in rural communities such as Arochukwu, Nigeria. The study used a qualitative design, whereby purposeful sampling was used to select ten women who had been pregnant or given birth. Face-to-face interviews by telephone were conducted for 35-40 minutes in the Igbo language, recorded with participants' permission, and then translated into English for analysis. Data analysis was done using Colaizzi's Seven-Step Descriptive Method, an effective means of establishing this study's main themes in barriers to maternal healthcare services and experiences.

All responses went through ethical consideration through informed consent with confidentiality assured, and participants were informed of their right to withdraw at any time. Trustworthiness, therefore, emanated from credibly enhancing via member-checking, supporting transferability through substantial descriptions of participants, and reinforcement of dependability and confirmability through careful documentation and reflexivity. Thus, the rigorous approach presented in this chapter assures the validity, ethical soundness, and representativeness of women's challenges in accessing maternal healthcare.

Bringing It All Together

This study integrated the Health Belief Model, Experiential Research Theory, and the Social Determinants of Health framework for a comprehensive and human-centered approach to understanding maternal healthcare access in Arochukwu. The HBM helps explain how personal beliefs and perceived risks influence a woman's decision to seek care. The ERT emphasizes how positive and negative past experiences shape future healthcare behaviors. This SDOH framework emphasizes a more structural economic, social, and geographic set of barriers to quality care for many women. When put together, these theories give a more precise and compassionate description of pregnant women's problems in Arochukwu. It is not just about figures; it deals with real women and their fears, hopes, and struggles for safe motherhood. Understanding the same barriers from a different lens empowers meaningful action to be initiated and worked on to ensure no woman will be left behind in her struggle toward motherhood.

Chapter 4: Results

Introduction

This study used semistructured, open-ended questions to gather data from virtual phone interviews conducted with 10 participants in Arochukwu, Nigeria. These had explored the experiences and expectations concerning maternal health during pregnancy and postpartum stages within the communities and, thus, fully captured their perceptions of maternal healthcare issues. Data from the interviews addressed a few key questions, including the following.

RQ1: What are the perceptions and experiences of pregnant and postpartum women living without access to prenatal and maternal health care in Arochukwu, Nigeria?

RQ2: What barriers exist to utilizing maternal health services in Arochukwu, Nigeria?

RQ3: How can access to quality prenatal and maternal healthcare be improved in Arochukwu, Nigeria, to avert high infant and maternal mortality rates?

RQ4: What barriers exist to utilizing maternal health services in Arochukwu, Nigeria?

RQ5: What are the perceived benefits and disadvantages of offering free access to quality prenatal and maternal healthcare to all expectant mothers in Arochukwu?

RQ6: How can access to maternal health care services be improved in Arochukwu?

This chapter sheds light on the multi-faceted aspects of access to maternal health, barriers to accessing it, and possible solutions, as suggested by the women in Arochukwu.

See table 1 on page 113.

Setting

The interviews posed big challenges, especially the telephone interviews conducted over a distance. For the community respondents, I arranged with a contact in the locality to have fliers distributed throughout the community and strategically posted at electric posts, community

marketplaces, school fences, and church fences. I followed the study protocol and conducted the interviews in private settings to ensure participants were away from family members who might overhear. Forty people responded to my flyer, and 10 of those who met the criteria were interviewed via telephone. These interviews took place in either the participants' homes or private locations of the participant's choice, and prior to the actual interviewing, each participant confirmed his or her ability to speak privately without being overheard. None of the interviews revealed any cases of outside interference.

The interviews took two consecutive days and were generally smooth, save for intermittent connectivity problems. Immediately after the first set of interviews, messages kept pouring into the effect that more women would like to contribute to my work on Arochukwu women's experiences with accessing health facilities during maternity. In all cases, the participants did not feel any duress or threat during the interview. Family members, religious or traditional leaders, and members of women's groups did not influence the interviews themselves or the outcomes of the data analysis. None of the planned interviews were disallowed, nor were there adverse or unexpected events.

Pilot Study

A pilot study was carried out before the primary fieldwork, primarily to fine-tune the research design. This was done mainly by piloting the process of identifying and recruiting participants and pretesting for the study guide's validity, relevance, and clarity. The inclusion and exclusion criteria utilized in this pilot study were the same as those used in the main study. For the pilot study, the participants were chosen from the Arochukwu community. They had grown up in the area, married, and raised children there. The three participants were women who

had given birth previously, with ages of 23, 29, and 45, from both a government-owned General Hospital and a private clinic. The interviews were virtually conducted over the telephone.

The pilot study's results ensured that the interview questions were appropriate as participants could understand and respond appropriately. In the pilot study, the interview time was adjusted according to the time participants took to answer the questions. The pilot telephone interviews revealed that this approach worked well with the participants. Therefore, there was no need to revise the data collection instrument, the interview setting, the interview time limit, or the participant selection criteria. The pilot study suggested that the initial design was appropriate and that no further adjustments or adaptations were needed. The data from these practice interviews were also included in the final analysis.

Demographics

Although many women expressed interest in participating in this research interview, only 10 met the criteria for inclusion. Arochukwu has 19 villages, and participants were selected to represent a fair representation of the villages. Participants' ages ranged from 23 to 49 years. In order to ensure confidentiality and anonymity, each participant was assigned a number based on the order of interviews conducted.

Data Collection

For this study, participants were recruited using purposeful sampling. The women's leader was a primary contact within the community and helped strategically place flyers and contact eligible women. Data collection began with an initial conversation with the women's leader, a mother and wife who accessed maternal health services in this community during her pregnancy and birth. This discussion focused on study objectives and eligibility criteria. The women's leader helped the potential participants contact me by distributing my telephone

number and referring them to the flyers. With her help, my contact details were passed on among the women in the community, and she also gave me the contact details of the potential participants and asked me to contact them. In the first round, 45 potential participants who met the study criteria were identified.

I contacted these women to schedule interviews, seeking their permission and ensuring they were available. Since the coverage area was large and the time was limited, the interviews were to be one-on-one over two days. However, during the weekend of the initial interview, I was informed that two women had passed away, one of them being a community leader in women, so I rescheduled after two weeks.

The interviews took place without a hitch on the rescheduled dates. I first briefed each participant on the study's requirements, read the consent forms, and stated that they could withdraw at any time. Informed consent was sought from every participant by reconfirming interest in participation, emphasizing voluntary involvement without coercion. Once this was done, I booked the interviews by offering in-person or telephone interviews. One-on-one interviews were conducted from 8 a.m. to about 5 p.m. Nigerian time, as it was a Saturday and very convenient for the women. The interviews ran through Sunday for those who could not make it due to market activities on Saturday.

With these telephone interviews taking approximately 35-40 minutes, I prepared participants to go to safe environments where they felt comfortable, and no one would overhear them easily. I also read the consent forms aloud, which allowed respondents to ask me questions or get clarification on statements that they felt needed clarification, after which interviews were conducted. The interviews in Igbo were recorded on a Sony Digital Audio recorder; backup recording was done using the phone audio recorder. I obtained the permission of the participants

to tape them. During the interviews, I looked out for any feeling of discomfort or coercion; none occurred. The participants seemed relaxed about the process, answering questions quickly and indicating if they did not know the answer. Afterward, each interview was translated into English to ensure accuracy and completeness.

Data Analysis

Step 1: Familiarization

The first step involved reading the interview transcripts of participants P1 through P10 several times to familiarize myself with the data. I replayed the audio recordings and reread the English translations to ensure the accuracy of meaning and to understand the overall sense of the experiences shared by participants. This was done as the initial step toward complete familiarization with the data so that subtle shades of meaning and underlying meaning may emerge (Colaizzi, 1978).

Step 2: Identification of Significant Statements

After familiarization, I reread each transcript to extract significant statements. These statements touched on the participants' experiences accessing and utilizing maternity health services in Arochukwu. For example, one such significant statement was from P3: "The staff at the government hospital often neglected us because they were not paid on time." Each significant statement was recorded, being careful that no critical information was omitted (Colaizzi, 1978).

Step 3: Formulating Meanings

Third, interpretation identifies the essence of meaning in the underlying data through significant statements. I studied each statement by developing meanings about the substance of participants' experiences. The interpretation of, for example, the significant statement regarding staff's neglect because of delayed salaries means that "the quality of care goes down during the

maternal stage due to systemic issues that affect healthcare management.” This step entailed balancing adherence to participants’ words with establishing deeper insights from data interpretation (Colaizzi, 1978).

Step 4: Organization into Themes

Once the meanings were formulated, I grouped them into clusters of themes. These themes were broader categories that encapsulated the participants’ experiences. Some of the emerging themes included “Healthcare Neglect,” “Financial Barriers,” “Emotional Support,” and “Cultural Practices.” These themes were important in understanding the overall patterns of the data and linking individual experiences to broader phenomena (Colaizzi, 1978).

Step 5: Developing an Exhaustive Description

After identifying the themes, I provided a detailed description of the participants’ experiences. It synthesized the themes into a coherent narrative that described the women’s lived experiences of maternity in Arochukwu. Such a description thoroughly explains how financial constraints, cultural beliefs, and healthcare management impinge on the maternity experience. The description gives a complete idea of the studied phenomena and is accessible to readers and stakeholders (Colaizzi, 1978).

Step 6: Producing the Fundamental Structure

Next, I distilled the exhaustive description into the fundamental structure of the phenomenon. This involved reducing the detailed descriptions into essential statements that conveyed the core experiences of the participants. The fundamental structure revealed that the key issues affecting maternity healthcare in Arochukwu were systemic failures in healthcare provision, economic hardships, and the influence of cultural norms on healthcare decisions. This step was critical in concisely capturing the phenomenon’s essence (Colaizzi, 1978).

Step 7: Returning to the Participants

The last step was to validate the findings, returning them to the participants. Although this step has its challenges because it is troublesome due to logistics, ensuring that the interpretations correctly reflect the participants was important. I summarized the findings and shared them with selected participants, asking for further feedback and confirmation. This process was important in giving more credence to this research (Colaizzi, 1978). The participants' responsiveness attested to the fact that the analysis reflected their experiences and increased the study's trustworthiness.

The interview data were analyzed systematically through Colaizzi's seven-step descriptive method to reveal women's lived experiences accessing maternity healthcare in Arochukwu. Critical issues related to healthcare neglect, financial barriers, and cultural practices significantly influenced the participants' experiences. The structured approach made the findings rigorous and reflective of the participants' voices, adding valuable insights into understanding maternal healthcare challenges in this community.

Evidence of Trustworthiness

The credibility and, thus, value of qualitative research hinged on establishing trustworthiness. The most important method for this was ensuring that all research steps were adequately documented. According to Ahmed (2024), there are four critical criteria for establishing trust in qualitative studies: credibility, transferability, dependability, and confirmability. In this study and the sections that follow, these principles are followed.

Credibility

Credibility was the cornerstone of trustworthiness in qualitative research, ensuring that the study accurately represented the participants' lived experiences (Johnson et al., 2020). To

strengthen the credibility of this research, I employed Colaizzi's seven-step descriptive method of data analysis, designed to verify the authenticity of the data systematically. I began by thoroughly familiarizing myself with the data through repeated readings of the transcripts. After identifying key themes and drafting descriptive statements, I engaged in member checking by reaching out to participants and presenting them with a summary of the findings. This step allowed participants to confirm that their experiences were accurately reflected and provided an opportunity for them to correct any misinterpretations. I also used this stage to ask follow-up questions, prompting participants to clarify or expand their statements where necessary.

Transferability

Transferability refers to the extent to which the findings of a study could be generalized to other contexts or settings (Ahmed, 2024). I documented the research process in great detail to allow for transferability, including detailed accounts of participant recruitment, data collection, and data analysis procedures. In addition, I provided a detailed description of the study setting, pointing out its unique characteristics and the measures taken to ensure participant confidentiality and safety. Purposeful sampling was employed to select participants who were most likely to provide deep insights into the phenomenon under investigation. This careful selection process further enhanced the likelihood that the study's findings could be applied in different contexts.

Dependability and Confirmability

Dependability ensured the consistency and reliability of the research findings, while confirmability safeguarded the objectivity and neutrality of the study (Bingham, 2023). To ensure dependability, the best practices in the study's design and implementation were followed with meticulous details to ensure that the approach was systematic from start to end.

Confirmability was ensured by basing all findings upon research data and refraining from letting personal bias influence the study's conclusions. To document all the phases of the research process, I maintained a detailed assessment track that included personal reflections, methodological decisions, and data analysis processes. The audit trail ensured dependability as well as confirmability. As Peddle (2022) stated, reflections by a researcher within the qualitative research framework are essential. My reflective journal in this study provided important context and insights that would augment the data analysis process. By adhering to these principles, I ensured that this study maintained a high standard of credibility, transferability, dependability, and confirmability, thereby reinforcing the overall trustworthiness and integrity of the research.

Documenting the Journey: Field Notes and Reflections

Arochukwu Kingdom was a beautiful, vibrant community with strong, independent women who withstood what life had thrown at them. I recorded my experiences each time I called the participants to understand the discussions and context better. Even though I lived far away, speaking with each of these women made it seem like I was in the same room with them in the community. I approached my research study with a vigorous dose of curiosity and an open mind, aiming to learn new things and understand the changes in the community since my last visit. This was to gain a deeper understanding of the plight of these women and the topic and to gather data for the research. Only one of the research participants was pregnant and said she was six months along. All the others had already given birth; the first woman I interviewed was a forty-year-old mother who had navigated the dangerous process of giving birth in the community. She was outspoken and willing to discuss the difficulty of giving birth there. After the interview, she emphasized the gravity of the issue concerning pregnant women dying in her community. The residents were well aware of the challenges they faced. Nearly every interview

included poignant reminders of the devastating impact that maternal deaths had on the community.

One of the participants related her harrowing experience during antenatal care, which resulted in her losing one of the twins she did not know she was carrying because the clinic had not known either. She stated that she almost lost her life as well. Nearly all the participants narrated their own harrowing experiences in accessing maternal healthcare. Some said the government-owned general hospital was not the best place to have a baby because it was next door to the mortuary, which was always overflowing with corpses. The women in labor had to see this as they were trying to give birth to a new life under abject conditions. Nearly all the participants were familiar with women who had endured hardship during their pregnancy, suffered abuse at the hands of medical staff while accessing maternal healthcare services, or had passed away during pregnancy, childbirth, or shortly afterward. These stories served as heartbreaking reminders of the heavy toll maternal deaths had taken on the community. Conversing with these women during the research interviews gave me insight and empathy into how the women viewed their hardships. A theme that ran through all my discussions with the participants was their deep faith in God to see them through and that they deeply rooted their experiences in their faith.

None of the participants interviewed were happy with the state of maternal healthcare service delivery in the community but felt helpless to fix it. They blamed the uncaring attitudes of the federal, state, and local governments, who seemed to have turned their backs on the community regarding investment in health, good roads, qualified medical personnel, and other essential services. The women were outspoken and wanted to see changes in their community. These women needed a change in the community, hospitals, health clinics, and healthcare

personnel who cared and did not see them as irritants. Many of these women had been through a lot but had not let their experiences hold them down. Their hopes and expectations for the future and the resilience with which they had weathered the storm were all recorded in the tapes of the interviews. Ultimately, the memos from my observations and experiences were integral to understanding the data during analysis.

Table 1: Themes & Sub-Themes per Research Question

Research Question	Themes	Sub-themes
RQ1	Perceptions and Experiences of Care	Cultural beliefs, health awareness, traditional birth practices, trust in system
RQ2	Strategies to Improve Access	Infrastructure, qualified personnel, education, mobile clinics, funding
RQ3	Barriers to Accessing Services	Distance, cost, road conditions, gender roles, disrespect by professionals
RQ4	Impacts of Free Maternal Healthcare	Equity, sustainability, quality concerns, increased utilization

Results

Perceptions and Experiences of Maternal Health Care (RQ1 & RQ5)

The participants shared various experiences and perceptions regarding their access—or lack thereof—to prenatal and maternal healthcare services in Arochukwu. Many described their journeys through pregnancy and childbirth as fraught with challenges, including inadequate facilities, lack of skilled healthcare providers, and long distances to the nearest health centers. These women expressed feelings of fear and anxiety, given the high rates of maternal and infant mortality in their community. They voiced a deep desire for better healthcare access, with some recounting harrowing personal stories of loss and near-death experiences due to inadequate care. Despite these challenges, the women displayed remarkable resilience, often relying on traditional birth attendants or self-care practices in the absence of formal healthcare services. Their reflections also revealed a strong community spirit and the role of faith in navigating the hardships of maternal health care.

Barriers to Utilizing Maternal Health Services (RQ3)

The study identified several significant barriers that prevent pregnant and postpartum women in Arochukwu from utilizing available maternal health services. Key obstacles include financial constraints, cultural beliefs, and the lack of transportation. Many participants highlighted the prohibitive costs of healthcare services, which deterred them from seeking timely medical attention. Cultural practices and misconceptions also played a role, with some women preferring home births or traditional methods due to distrust in the healthcare system or fear of medical interventions. Additionally, the geographical isolation of Arochukwu and the poor state of roads exacerbated these challenges, making it difficult for women to reach healthcare facilities in time.

Improving Access to Quality Prenatal and Maternal Healthcare (RQ2 & RQ6)

When asked about ways to improve access to quality prenatal and maternal healthcare, the participants offered several insightful suggestions. They advocated establishing more local healthcare facilities staffed by trained professionals who could provide compassionate and culturally sensitive care. The women also emphasized the need for community outreach programs to educate and encourage the utilization of maternal health services. Improved transportation infrastructure and affordable or accessible healthcare services were also identified as crucial steps in reducing the maternal and infant mortality rates in Arochukwu. The participants expressed a strong belief that such measures would not only improve health outcomes but also enhance the overall well-being of the community.

Potential Benefits and Drawbacks of Free Access to Quality Healthcare (RQ4)

The concept of providing free access to quality prenatal and maternal healthcare elicited mixed reactions from the participants. On the one hand, they overwhelmingly supported the idea, recognizing that it could significantly reduce the financial burden on families and increase the likelihood of women seeking necessary medical care. Many participants believed that free healthcare could lead to a decrease in maternal and infant mortality rates, as more women would be able to access skilled care during pregnancy and childbirth. However, some participants also raised concerns about the potential drawbacks. They feared that free healthcare might lead to overcrowding in already strained healthcare facilities, potentially compromising the quality of care. There was skepticism about the government's ability to sustainably provide free healthcare services without sacrificing quality or access.

Summary of Findings

The findings of this study illuminate the complex realities faced by pregnant and postpartum women in Arochukwu, Nigeria. The data reveal significant barriers to accessing maternal health services, deeply rooted in socio-economic, cultural, and infrastructural challenges. Despite these obstacles, the participants demonstrated a strong will to improve their circumstances, offering practical solutions for enhancing healthcare access in their community. The study highlights the urgent need for targeted interventions that address these barriers and provide sustainable, quality maternal healthcare to reduce the high infant and maternal mortality rates in Arochukwu.

Themes

From the results of the interviews conducted with mothers in Arochukwu, several key themes can be identified. These themes capture the core issues and experiences that emerged from the participants' narratives regarding maternal health in the region. Here are the primary themes:

Quality of Care

The quality of care emerged as a significant theme, with participants reporting positive and negative experiences. Some participants shared moments where they felt well cared for and supported by healthcare providers. Although less common, these instances positively impacted the women and provided some relief amidst challenging circumstances. P3 stated, "The nurse at the private clinic was very kind. She stayed with me throughout my labor, holding my hand and encouraging me. It was a difficult time, but her care made a big difference."

Unfortunately, many women recounted negative experiences, such as neglect, unprofessional behavior, and inadequate medical attention. These experiences often left them

feeling vulnerable and distrustful of the healthcare system. P6 stated, “When I went to the government hospital, the nurses were too busy to attend to me. I was in pain for hours before anyone came to check on me.” P8 added, “The doctor dismissed my concerns and said everything was fine, but I ended up losing my baby. They didn’t take my pain seriously.”

Financial Constraints

Financial limitations were a significant barrier to accessing adequate maternal healthcare. Participants discussed the tough choices they had to make between their health and other essential needs due to financial constraints.

Impact on Access to Healthcare. Women frequently spoke about how the cost of healthcare services, including consultations, medications, and transportation, prevented them from seeking timely and adequate care. P2 stated, “I couldn’t afford the private clinic, so I had to go to the government hospital, even though I knew the care there wasn’t good.” P5 added, “Sometimes, I had to choose between buying food for my children and going for my prenatal check-up. It’s a hard decision.”

Trade-offs. Participants described making difficult trade-offs due to limited resources, often prioritizing immediate survival needs over healthcare, leading to delayed or skipped medical care. P10 noted, “There were times I didn’t go for my antenatal care because we didn’t have enough money. We had to save every little we had for emergencies.”

Attitudes and Behaviors of Healthcare Providers

The attitudes and behaviors of healthcare providers played a crucial role in shaping the maternal healthcare experiences of the participants. Participants shared how the behavior of healthcare providers, both positive and negative, influenced their overall experience. Respectful and empathetic care fostered trust, while dismissive or hostile attitudes led to feelings of

alienation. P1 stated, “The midwife was very understanding. She listened to me and made me feel like my concerns mattered.” P7 added, “The way the doctor spoke to me made me feel like I was a burden. He didn’t even look at me when I asked questions.”

Trust in Healthcare System. The negative behaviors of some healthcare providers eroded the trust that participants had in the healthcare system. Many expressed hesitation about seeking care in the future due to previous bad experiences. P4 stated, “I am scared to go back to the hospital. They did not care about me last time, and I do not know if they will care now.” P9 added, “After what I went through, I do not trust them. They do not treat us like human beings.”

Coping Strategies

Given the challenges they faced, participants adopted various coping strategies, both personal and communal, to manage the risks associated with inadequate maternal healthcare.

Personal Strategies. Some women turned to traditional birth attendants or relied on self-care practices due to their distrust of formal healthcare systems. P6 stated, “I decided to give birth at home with the help of a traditional midwife. She was the one who delivered my first child, and I trusted her more than the hospital.” P2 added, “I started using herbal remedies during my pregnancy because I could not afford the medications from the clinic.”

Communal Strategies. Community support played a critical role, with women relying on their neighbors, family, and local networks to help them navigate the challenges of pregnancy and childbirth. P5 stated, “My neighbors were a great support. They would check on me every day, and if I needed anything, they were there to help.” P9 added, “The women in my village organized themselves to help each other during childbirth. We cannot rely on the hospitals, so we rely on each other.”

Healthcare Infrastructure and Equipment

Participants frequently commented on the inadequate healthcare infrastructure and lack of medical equipment, which severely impacted their maternal health outcomes.

Inadequacies in Facilities. Many of the healthcare facilities in Arochukwu were described as poorly equipped, needing more basic amenities, and in dire need of maintenance. These conditions contributed to the participants' fears and anxieties about seeking care. P3 noted, "The government hospital was in terrible condition. The beds were old, and there were not enough of them. The equipment looked like it had not been used in years." P7 added, "When I arrived at the clinic, they did not have the right tools to examine me properly. I was told to come back another day, but what if something happened in between?"

Impact on Health Outcomes. The lack of adequate infrastructure and equipment was directly linked to poor maternal and infant health outcomes, including complications during childbirth and high mortality rates. P4 noted, "I almost lost my baby because the hospital did not have an incubator. They had to rush us to another hospital in a different town, but it was too late." P8 added, "The clinic did not even have clean water. How can they deliver babies in such conditions?"

Psychological and Physical Toll

The participants described the profound psychological and physical impact of inadequate maternal healthcare on their well-being and that of their families.

Emotional Impact. The stress and anxiety associated with navigating a deficient healthcare system took a significant emotional toll on the participants, leading to feelings of fear, frustration, and helplessness. P1 noted, "Every time I went to the clinic, I was scared. I did not know if I would come back alive or if my baby would survive." P10 noted, "The constant worry

about my pregnancy made me sleepless at night. I was always afraid something would go wrong.”

Physical Challenges. The physical toll of inadequate maternal healthcare was evident in the participants’ accounts, with many experiencing complications during pregnancy and childbirth that could have been prevented with better care. P5 stated, “I suffered a lot during my pregnancy because I did not get the proper care. I was in pain most of the time, but there was nothing I could do about it.” P3 added, “The childbirth was complicated. I lost much blood, and they did not have the right supplies to help me. It took me a long time to recover.”

Barriers to Optimal Maternal Health

Participants identified several barriers that prevented them from accessing optimal maternal healthcare, which included systemic issues, financial constraints, and infrastructural deficiencies. P4 noted, “The biggest problem is the lack of good hospitals nearby. We have to travel far to get proper care, and sometimes we cannot afford the transport.” P9 added, “The government does not prioritize maternal health. They do not invest in the hospitals, and we are the ones who suffer for it.” P7 included, “The fees are too high. Even if you want to get good care, you might not be able to afford it.”

Suggestions for Improvement

Finally, the participants offered suggestions for improving maternal healthcare services in Arochukwu. These suggestions ranged from improving infrastructure and reducing costs to enhancing provider training and increasing community support. P6 stated, “The government needs to invest more in our hospitals. We need better facilities and more trained staff.” P2 noted, “Healthcare should be affordable for everyone. Pregnant women should not have to worry about

money when it comes to their health.” P8 stated, “The nurses and doctors need better training on how to treat patients with respect. We are human beings and deserve to be treated well.”

Age, Gender, and Their Impact on Healthcare Decisions

The decisions women in Arochukwu made regarding maternal care were influenced by age, gender, and other factors. Younger women, particularly those in their early twenties, were more likely to seek modern healthcare services due to their education and peer influence. One 23-year-old participant noted, “I feel that going to the clinic is safer because that is what they taught us in school.” Conversely, older women, especially those with prior childbirth experiences, tended to rely on traditional methods, driven by familiarity and trust in long-standing practices. An older participant shared, “I have given birth at home before without issues, so I do not see the need to go to the hospital now.”

Gender Roles in Decision-Making

Gender roles deeply rooted in Arochukwu’s patriarchal society significantly affected healthcare decisions. Many women needed their husband’s or male family members’ approval before seeking medical care, often resulting in delays or reliance on traditional methods. One woman recounted, “My husband believes in traditional ways, so we used herbal medicine. I did not want to argue, so I agreed.” However, some women, recognizing the danger to their lives or their babies, insisted on seeking modern medical care despite resistance. “I had to insist on going to the clinic because I knew something was wrong,” one participant stated.

Intersection of Age, Gender, and Other Factors

The influence of age and gender on healthcare decisions was further shaped by education, economic status, and access to information. Younger, educated women were more likely to challenge traditional norms and make independent healthcare decisions. In contrast, older or less

educated women often adhered to traditional gender roles and relied on collective family decisions.

In conclusion, age and gender significantly impacted maternal healthcare decisions in Arochukwu, with these influences intertwined with other social and economic factors, reflecting the complex realities these women navigated. By weaving these themes with the participants' voices, this analysis brings to the forefront a vivid and impactful narrative of the maternal healthcare challenges women face in Arochukwu.

Theoretical Constructs and Narratives in Maternal Healthcare: A Health Belief Model Perspective

In public health, particularly in maternal healthcare, understanding the factors influencing individual health behaviors is paramount (Blount et al., 2021). The Health Belief Model (HBM) offers a robust framework for analyzing how beliefs, perceptions, and social contexts drive health-related decision-making. This model, first developed in the 1950s by social psychologists in the US Public Health Service, has since been widely applied across various health disciplines (Karl et al., 2022). In this article, we explore how the theoretical constructs of the HBM provide a lens through which we can better understand maternal healthcare choices, especially in resource-constrained settings.

The Health Belief Model: An Overview

The Health Belief Model posits that an individual's engagement in health behaviors is determined by their perceptions in six key areas (Karl et al., 2022):

1. **Perceived Susceptibility:** The belief regarding the likelihood of experiencing a health issue.

2. Perceived Severity: The belief about the seriousness of the consequences of the health issue.
3. Perceived Benefits: The belief in the effectiveness of taking action to reduce risk or severity.
4. Perceived Barriers: The belief about the obstacles to the proposed health action.
5. Cues to Action: External triggers that prompt engagement in health behaviors.
6. Self-Efficacy: The confidence in one's ability to successfully take the action.

By examining maternal healthcare through the HBM lens, we can gain insights into how these constructs influence decisions such as attending prenatal care, delivering in a healthcare facility, or following postnatal care recommendations (Bogale et al., 2020).

Narratives of Maternal Healthcare: Insights Through the HBM

Perceived Susceptibility and Severity: The Double Burden

For many women in Arochukwu, the perceived susceptibility to complications during pregnancy and childbirth is high (Udenigwe et al., 2023). This belief is often reinforced by stories of maternal mortality and morbidity within their community. One participant, for instance, shared, “I have seen many women die in childbirth, and I know it could happen to me too.” This awareness of susceptibility is coupled with a strong perception of the severity of maternal health issues (Howell, 2018). The fear of death or severe complications during childbirth is a powerful motivator that drives some women to seek care despite significant barriers.

Perceived Benefits: The Pursuit of Safety

Women who perceive the benefits of accessing maternal healthcare—such as safe delivery and the well-being of their newborns—are more likely to engage in health-promoting

behaviors. Another participant noted (Neely & Reed, 2023). “I know that going to the clinic could save my baby’s life and mine.” This belief in the benefits of healthcare intervention is crucial in encouraging women to overcome barriers and seek the care they need.

Perceived Barriers: The Challenges of Access

However, perceived barriers often stand in the way of accessing healthcare services. These barriers may include financial constraints, distance to healthcare facilities, lack of transportation, and cultural norms (Udenigwe et al., 2023). One woman expressed, “Even though I want to go to the hospital, I do not have the money for transportation or the fees they charge.” These barriers are often insurmountable, leading some women to delay or forgo care, even when they recognize the risks.

Cues to Action: Triggers and Motivators

Cues to action play a pivotal role in prompting women to seek care. These can include community health workers, outreach programs, or even the advice of family members (Johnson et al., 2022). In some cases, the death of a friend or relative during childbirth serves as a tragic but powerful cue to action. “When my neighbor died during delivery, I knew I had to do everything to avoid that fate,” shared one participant.

Self-Efficacy: Empowerment and Confidence

Self-efficacy, or the belief in one’s ability to take action, is critical to health behavior change (Izugbara & Wekesah, 2018). In Arochukwu, women’s confidence in their ability to seek and obtain care is often shaped by their previous experiences, education level, and social support. Women who have successfully navigated the healthcare system in the past or who have supportive partners and family members are more likely to believe they can overcome the

barriers they face. As one woman explained, “I have delivered before in the hospital, and I know I can do it again if I need to.”

Integrating HBM Constructs with Maternal Health Narratives

Women’s narratives in Arochukwu illustrate how the constructs of the Health Belief Model interplay to influence maternal healthcare decisions (Obasohan et al., 2019). The HBM provides a structured way to understand these women’s complex decision-making processes as they weigh the risks, benefits, and barriers associated with seeking care.

Interventions must be designed with these constructs in mind to improve maternal health outcomes in settings like Arochukwu. Strategies might include:

- **Reducing Perceived Barriers:** Enhancing access to healthcare services through subsidies, transportation assistance, and establishing more local clinics.
- **Increasing Perceived Benefits:** Promoting the advantages of maternal healthcare through community outreach and education campaigns.
- **Strengthening Cues to Action:** Leveraging community leaders and health workers to motivate and remind women of the importance of regular maternal health visits.
- **Enhancing Self-Efficacy:** Empowering women through education, skills training, and social support systems to increase their confidence in navigating the healthcare system.

The Power of Theoretical Constructs and Narratives

Understanding maternal healthcare decisions through the lens of the Health Belief Model offers valuable insights into the challenges and motivations that women face. By integrating the HBM with women’s lived experiences in Arochukwu, healthcare providers, policymakers, and community leaders can develop more effective, targeted interventions to improve maternal health

outcomes. These interventions should not only address the immediate health needs of women but also work towards dismantling the systemic barriers that perpetuate health disparities. In doing so, we can create a more equitable and supportive environment for all mothers, ensuring their stories are not of struggle and survival but of health, hope, and empowerment.

Summary

The narratives and findings presented in this chapter illuminate the profound and multifaceted challenges pregnant and postpartum women face in Arochukwu, Nigeria. Through their voices, we have better understood how systemic barriers, financial constraints, cultural norms, and inadequate healthcare infrastructure converge to shape their maternal health experiences. Despite these overwhelming challenges, these women demonstrate remarkable resilience, often relying on personal and communal coping strategies to navigate their circumstances.

However, the recurring themes of high maternal mortality, insufficient healthcare resources, and the psychological toll on these women and their families underscore the urgent need for systemic reform. The Health Belief Model's constructs—perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy—have provided a vital framework for interpreting these women's experiences, revealing the complex interplay of factors that drive their healthcare decisions. However, these narratives also expose the stark reality that many women in Arochukwu are forced to make impossible choices—choices that no mother should have to make. The absence of accessible, quality healthcare is not merely a gap in services; it is a profound injustice that continues to claim lives and perpetuate suffering.

In closing, this chapter serves as a call to action. The insights drawn from these interviews are not just academic observations; they are a compelling mandate to address the systemic failures that put women and their babies at risk. The recommendations for improving maternal healthcare in Arochukwu must be grounded in the lived realities of these women, ensuring that their voices are heard and acted upon to bring about tangible change. The journey towards better maternal health outcomes in this community is not just about policy changes or infrastructure development—it is about recognizing and affirming the fundamental human rights of every mother and child to survive, thrive, and live with dignity.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this chapter is to provide a comprehensive analysis and summary of the findings from this general or basic qualitative study, which explored the expectations and experiences of pregnant and postpartum women in Arochukwu, Abia State, Southeastern Nigeria, about their access to maternal and prenatal health care delivery services. The sociodemographic issues analyzed in this study include age, gender, social class, education, and their interconnected effects on maternal healthcare access and utilization. The literature review in Chapter 2 highlighted a gap in understanding the specific experiences and influential factors impacting maternal healthcare choices and pathways among pregnant and postpartum women in the Arochukwu community in Abia State, located at the southeastern boundary of Igboland in Nigeria. Gaining insights into these women's expectations and lived experiences could shed light on the maternal healthcare landscape in the community and provide essential knowledge for improving maternal health outcomes within this vulnerable population.

Arochukwu is an ancient kingdom rich in cultural history yet plagued by significant healthcare challenges (Oleribe et al., 2019). By examining the socioeconomic, cultural, and infrastructural factors impacting maternal health in Arochukwu, the study aimed to uncover how these unique local dynamics influence prenatal care experiences and outcomes for mothers and infants (Nwankwo & Itanyi, 2019). With Arochukwu's deep historical roots and cultural significance, this study provides insight into how cultural heritage intertwines with, sometimes hinders, healthcare access in semi-rural Nigeria (Oji, O., 2024).

Through a qualitative approach, detailed in Chapter 3, this study gathered data through in-depth interviews with women who had experienced maternal care in Arochukwu (Kalu &

Chukwurah, 2022). The research revealed critical themes related to family dynamics, traditional and religious beliefs, socioeconomic status, and interactions with healthcare facilities (Al-Yateem et al., 2023). These themes, discussed in Chapter 4, provided a comprehensive picture of the complex factors that shaped maternal healthcare access in this rural community.

The story of Arochukwu is very complex, requiring a multifaceted social identity framework that was used as the theoretical lens for examining the lives of pregnant and postpartum Arochukwu women (Njoku, 2016). This perception guided the investigation of how different social and cultural factors combine and shape the experiences of the research participants (Ahmed et al., 2022). The research study revealed that the women's age, economic dependence, limited access, and negotiating power created an oppressive environment with significant barriers to accessing necessary quality maternal healthcare delivery services during and after pregnancy (Lwamba et al., 2022). Five main themes emerged from the data analysis.

The findings of this basic qualitative study contribute valuable insights to the existing body of knowledge by addressing gaps identified in Chapter 2, the literature review, and providing recommendations for improving maternal health outcomes for this vulnerable population (Lusambili et al., 2023). This chapter discusses key findings, interpreting them in light of existing literature, and provides recommendations to support improved maternal health outcomes in Arochukwu.

Interpretation of the Findings

The current study's results align with existing literature on maternal health, particularly in low-resource settings where sociodemographic factors and cultural beliefs profoundly influence healthcare decisions (Odetola & Salmanu, 2021). As highlighted in Chapter 2, a significant gap exists in understanding the expectations, experiences, and decision-making

processes of pregnant and postpartum women regarding maternal healthcare. This study contributes to closing that gap by providing insights that are specific to the semi-rural, culturally rich community of Arochukwu (Ajegbile, 2023).

Sociodemographic Influence on Healthcare Access

This research study is similar to studies conducted in other Nigerian and sub-Saharan communities in that it confirms that age, social class, and education play crucial roles in determining access to healthcare (Akinyemi et al., 2019). Women of higher socioeconomic status and education tend to have better healthcare access, as they are more likely to be aware of the benefits of formal prenatal services and have the resources to access them (Nicholls-Dempsey et al., 2023). In contrast, women from lower socioeconomic backgrounds often experience barriers to accessing healthcare and other essential services because of financial constraints, including the cost of medical treatments, and a lack of awareness about available options, which can arise from limited education and access to information (Janaki & Prabakar, 2024).

Cultural Impact and Healthcare Decisions

The strong influence of cultural beliefs in Arochukwu reflects wider African traditions where indigenous beliefs often dictate healthcare practices (Okafor et al., 2022). This aligns with findings from other studies, which show that traditional beliefs can usually discourage people from using modern healthcare services (Swihart et al., 2023). The reluctance to embrace formal healthcare due to cultural beliefs is compounded by social pressures within the family and community, particularly in cases where male partners or family elders hold significant decision-making power (Coombs et al., 2022).

Healthcare Infrastructure and Access

The limited healthcare infrastructure observed in Arochukwu reflects the same infrastructural challenges highlighted in previous studies of rural communities in Nigeria (Eze & Chukwuma, 2024). Issues such as understaffing, inadequate facilities, and limited resources present substantial barriers to maternal healthcare, often resulting in adverse outcomes for both mothers and infants (Ajegbile, 2023). This underscores the urgent need for infrastructural improvements to support safe and accessible maternal healthcare.

The study employed an experiential research method while utilizing semi-structured interviews with 10 pregnant and postpartum participants of different ages (Hansen et al., 2022). Colaizzi's seven-step method was used for data collection and analysis, allowing an in-depth examination of the participants' lived experiences, thoughts, and perceptions regarding their situations and circumstances (Zhou et al., 2024).

This study examined the combined effect of various social, cultural, and personal factors that influence women's health, expectations, decision-making, and experiences, especially in the context of maternity and healthcare access among pregnant and postpartum women in Arochukwu, aged 18 and over (Leahy-Warren et al., 2021). It explored the complex interplay of social and cultural demographic factors such as age, gender, social class, and education. Through in-depth interviews and thematic analysis, the study explored how family and relationships, religious and traditional beliefs, age and gender dynamics, socioeconomic status, and hospital experiences affect women's health-related decisions (Mochache et al., 2020). This chapter provides a comprehensive discussion of the findings, an analysis of how they align or contrast with existing literature, limitations encountered in the study, recommendations for future research, and the potential social implications of this research (Barroga & Matanguihan, 2022).

The research aimed to address the gap identified in the literature review that highlighted the need for a deeper understanding of these women's experiences and the factors influencing their healthcare choices.

The study employed an experiential research method while utilizing semistructured interviews with 10 pregnant and postpartum participants of different ages (McGregor et al., 2024). Colaizzi's seven-step method was used for data collection and analysis, allowing for an in-depth examination of the participants' lived experiences, thoughts, and perceptions regarding their situations and circumstances.

Through a qualitative approach, detailed in Chapter 3, this study gathered data through in-depth interviews with women who had experienced maternal care in Arochukwu. The research illuminated critical themes related to family dynamics, traditional and religious beliefs, socioeconomic status, and interactions with healthcare facilities (Michaelson et al., 2021). These themes, discussed in Chapter 4, provided a comprehensive picture of the complex factors that shaped maternal healthcare access in this rural community.

Concise Summary of Key Findings

The study revealed several key themes that impact maternal healthcare access for rural women in Arochukwu. Family relationships, particularly those involving husbands and in-laws, play a significant role in healthcare decisions, as kinship and social bonds strongly influence access (Furstenberg et al., 2020). Religious and traditional beliefs also play important roles and affect whether and when women seek biomedical care, highlighting the importance of spiritual and cultural practices (Omer et al., 2021). Moreover, Nigeria is a patriarchal society with male-dominated family structures where women may encounter more significant challenges in accessing healthcare, demonstrating the influence of age and gender on healthcare-related

choices (Idris., et al., 2023). Socioeconomic status also plays a critical role, as women from wealthier backgrounds or with higher education levels face fewer barriers to healthcare access (Janaki & Prabakar, 2024). Additionally, negative experiences within healthcare facilities, including instances of disrespectful treatment, discourage women from seeking necessary care.

Analysis in Relation to the Literature

The findings of this study align with existing literature on maternal health, particularly in low-resource settings where sociodemographic factors and cultural beliefs profoundly influence healthcare decisions (Odetola & Salmanu, 2021). As highlighted in Chapter 2, a significant gap exists in understanding the expectations, experiences, and decision-making processes of pregnant and postpartum women regarding maternal healthcare. This study contributes to closing that gap by providing insights specific to the semi-rural, culturally rich community of Arochukwu.

Cultural Impact and Healthcare Decisions

Arochukwu is known as the keeper of Igbo culture and tradition. The strong influence of cultural beliefs in Arochukwu reflects broader African traditions where indigenous beliefs often dictate healthcare practices (Njoku, 2015). This result is consistent with findings in other studies where traditional beliefs can discourage the use of modern healthcare services. The reluctance to embrace formal healthcare due to cultural beliefs is compounded by social pressures within the family and community, particularly in cases where male partners or family elders hold significant decision-making power (Coombs et al., 2022).

Healthcare Infrastructure and Access

The study revealed significant maternal healthcare access obstacles in Arochukwu, shaped by entrenched infrastructural deficits and sociocultural elements. In line with findings in other rural Nigerian communities (Eze & Chukwuma, 2024), participants described persisting

challenges, including substandard healthcare facilities, shortages of trained personnel, and inadequate access to required medical equipment (Sahoo et al., 2021; Mweemba et al., 2021). These structural challenges tended to subject pregnant and postpartum women to life-threatening complications.

The study employed an experiential qualitative approach and engaged ten women from diverse backgrounds through semi-structured interviews (Yang & Li, 2023). Data were analyzed using Colaizzi's seven-step method, allowing the research to deeply explore participants' lived experiences and perceptions (Allman et al., 2024). The analysis identified key themes—family influences, cultural and religious beliefs, socio-economic status, and interactions with healthcare systems—that collectively shaped maternal healthcare experiences (Kwame & Petrucka, 2021).

Guided by a social identity perspective (John-Akinola et al., 2022), the study highlighted how intersecting determinants of age, gender roles, economic dependence, and community expectations restricted women's agency in accessing healthcare. Ultimately, the findings presented a stark picture of the structural and cultural impediments that continue jeopardizing maternal and infant health in Arochukwu, signaling an imperative for comprehensive, community-guided healthcare interventions.

Limitations of the Study

This study has provided valuable insights into rural women's healthcare challenges in Arochukwu, Abia State, Nigeria, especially regarding maternal care. Though this study extends knowledge and reveals new perceptions, its limitations must be acknowledged. Remote data collection was constrained due to the distance and logistical limitations; data collection was conducted exclusively through telephone interviews (Azad et al., 2021). This method, while effective, limited the ability to observe non-verbal cues and may have impacted the depth of

interactions (Neris et al., 2023). Some participants also faced connectivity issues, which could have influenced the quality and continuity of specific interviews.

Another limitation was the scope of the sample size. Although forty potential participants showed interest in partaking in the research interview, only ten met the study criteria and were interviewed. While sufficient for the intended qualitative depth, this sample size limits the findings' generalizability (Vasileiou et al., 2018). A more significant, diverse sample could yield broader insights and allow for more nuanced analysis. Another limitation was geographic representation. This research study focused on women in a single rural community—Arochukwu, Nigeria. As a result, the findings may not represent maternal healthcare challenges in other rural or urban areas of Nigeria or communities with different cultural or socioeconomic contexts (Ntoimo et al., 2019).

There was also potential for response bias. Although confidentiality was emphasized, participants may still have felt cautious or influenced by cultural norms when discussing sensitive topics, such as family dynamics, religious beliefs, and personal healthcare decisions. This could introduce response bias, as participants might have understated or omitted specific experiences (Bergen & Labonté, 2020). There was also the impact of recruitment and privacy measures. While effective, the recruitment process depended heavily on using local contacts and visible community postings (Bispo Júnior, 2022). While privacy was assured during interviews, social relationships within the community influenced which individuals chose to participate, potentially affecting the diversity of perspectives.

The final limitation was the inclusion of non-English speakers. The interviews were conducted in English and the Igbo language, the preferred choice of many research participants and their native tongues. This ensured that no potential participants were excluded, including

potential participants who needed to be proficient in the language. This limited the diversity of the sample, as some women who could have provided valuable insights might have been prevented from participating due to language barriers.

Despite these limitations, the study has managed to capture a robust and authentic snapshot of the complex healthcare experiences of rural women in Arochukwu. The findings contribute to the existing body of knowledge and offer a foundation for further research that could address these limitations. Future studies could benefit from a larger, more geographically diverse sample, using in-person interviews where feasible and potentially involving translators to include participants who speak local languages.

Recommendations

Healthcare services in Nigeria are in a hopeless situation and must be changed as a matter of urgency; therefore, here are the recommendations of this study. Several steps are recommended to improve maternal healthcare access and outcomes for women in rural Nigerian communities. Beginning with expanding on the work done with this research, similar studies should be conducted across different rural regions in Nigeria to compare challenges and create region-specific interventions. Furthermore, future research should adopt a mixed-methods approach, integrating quantitative surveys alongside qualitative findings so as to offer statistical evidence and broader generalizations on healthcare barriers.

Additionally, future studies should not concentrate only on women but should also engage male family members in maternal health education, which is crucial due to their role in decision-making. This inclusion can foster supportive family dynamics and enhance women's autonomy in healthcare choices. In Arochukwu, births and deaths are community affairs, so community-based interventions are also recommended. Including traditional healers, traditional

birth attendants, and religious leaders can build trust in formal healthcare and bridge the gap between traditional practices and biomedical care.

Finally, it is essential to enhance healthcare infrastructure, and training in rural areas is essential. The same also will ensure that facilities are well-equipped and healthcare workers are trained in respectful, patient-centered care. Knowledge is power, so supporting women's education and economic empowerment is also vital for overcoming socioeconomic barriers, enabling women to make informed health decisions and seek care independently.

Implications

The findings of this study have important implications for enhancing maternal healthcare access and outcomes in Arochukwu, Abia State, and, indeed, all of rural Nigeria. First, by emphasizing the role of education, socioeconomic support, and family dynamics in healthcare decisions, this study points to ways to empower women. Initiatives promoting women's education and economic independence can improve their autonomy and healthcare outcomes.

Additionally, it is very important to acknowledge the impact of traditional beliefs because it enables the creation of culturally sensitive health programs that respect and integrate these practices. These fosters increased healthcare utilization and reduces delays in seeking maternal care. The study showcased the urgent need for government investment in rural healthcare infrastructure, quality, and accessibility, supporting advocacy for better resources and policies targeting rural areas.

Addressing healthcare barriers through an approach that considers age, gender, social class, and education collectively can promote more equitable access. Also, the role of community-based educational outreach cannot be over-emphasized because it can shift perceptions by educating family members on the importance of timely maternal care, creating a

more supportive environment for women. These insights contribute to a deeper understanding of maternal healthcare challenges in rural Nigeria, laying a foundation for informed policies and interventions that prioritize the health and rights of women in underserved communities.

Conclusion

In conclusion, this study sheds light on the expectations and experiences of pregnant women in Arochukwu concerning maternal healthcare access, offering a nuanced understanding of the interplay between sociodemographic factors, cultural beliefs, and healthcare access. The findings reveal that while cultural heritage is a source of identity and pride, it also presents challenges to modern healthcare uptake in Arochukwu. Limited healthcare infrastructure exacerbates these challenges, particularly for women of lower socioeconomic status and younger ages.

By understanding these dynamics, this study contributes to a broader conversation about improving maternal health in culturally rich but resource-limited settings. The insights gained highlight the need for culturally respectful, targeted interventions that address the unique needs of this population. Through enhanced healthcare infrastructure, policy reforms, and culturally sensitive practices, Arochukwu can work toward improving maternal and infant health outcomes without compromising its cultural heritage.

Ultimately, addressing these challenges requires a multifaceted approach that respects and leverages Arochukwu's strong cultural identity. In doing so, policymakers, healthcare providers, and community leaders can foster an environment where maternal health is not only prioritized but also supported in ways that resonate with the community's values and beliefs. This study provides a foundation for continued research and action to support better healthcare

delivery and health outcomes for pregnant women in Arochukwu and similar communities in Nigeria.

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Appendix: Study Materials

Subject Line:

Interviewing pregnant and postpartum women in January (N5000 thank you)

Email message:

There is a new study about the perceptions and experiences of pregnant and postpartum women accessing health care services which help policymakers and health care personnel to better understand and help these women. For this study, you are invited to describe your experiences accessing maternal health services

About the study:

- One 30-60 minute phone interview that was audio recorded (no videorecording)
- You would receive a N5000 gift as a thank you
- To protect your privacy, the published study will not share any names or details that identify you

Volunteers must meet these requirements:

- 18 years old or older
- History of having babies
- Currently having had child(ren) in the past

This interview is part of the doctoral study for Esther Ejim, a Ph.D. student at Walden University. Interviews will take place during January.

Please email esther.ejim@waldenu.edu to let the researcher know of your interest. You are welcome to forward it to others who might be interested.

Research questions

1. What are the perceptions and experiences of pregnant and postpartum women living without access to prenatal and maternal health care in Arochukwu, Nigeria?
2. How can access to quality prenatal and maternal healthcare be improved in Arochukwu, Nigeria, to reduce the high infant and maternal mortality rates?
3. What are the barriers to utilizing maternal health services in Arochukwu, Nigeria?
4. What are the potential benefits and drawbacks of providing free access to quality prenatal and maternal healthcare for all pregnant women in Arochukwu?
5. What are the beliefs, perceptions, and experiences of pregnant and postpartum women regarding maternal healthcare in Arochukwu?
6. How can access to maternal health care services be improved in Arochukwu?

Demographic Questions

- What is your age?
- What is your gender identity?
- What is your ethnicity or race?
- What is your highest level of education completed?

- What is your current employment status (e.g., employed full-time, employed part-time, unemployed, student, retired)?
- What is your annual household income?
- What is your marital status?
- What region do you live in (e.g., North Nigeria, Eastern Nigeria, South or East)?
- What is the primary language spoken in your household?
- What is your religion or spiritual affiliation (if any)?
- What is your country of residence?