



## **PREVENTIVE PRACTICES AGAINST BARRIERS TO MATERNAL AND CHILD CARE SERVICES AMONG HEALTHCARE WORKERS IN ENUGU WEST SENATORIAL ZONE, ENUGU STATE**

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### **Abstract**

*The study explored preventive practices against barriers to maternal and child health services in Enugu West Senatorial Zone of Enugu State. The study adopted descriptive survey design. The population for the study is 81; consisting 31 male and 50 female health care workers (HCW) from three primary health care (PHC) centres in Enugu West Senatorial Zone. This population that also served as respondents was drawn through census sampling techniques as the population was considered manageable. The instrument for data collection was a structured and validated questionnaire titled 'Questionnaire on Preventive Practices Against Barriers to Maternal and Child Care Services (QPPABMCCS)'. The instrument QPPABMCCS was validated by three experts while the internal consistency was determined using Cronbach alpha formula for clusters A, B, C and D that were 0.71, 0.781, 0.678 and 0.721, respectively, as the overall reliability index was 0.72. The instrument was therefore adjudged reliable and suitable for this study. The administration of the instrument was carried out during working hours with the help of three research assistants and retrieved three days later to enable the respondents give adequate attention to the instrument outside working hours. However, only 77 instruments were returned and this was the final figure used for data analysis. Data collected were analysed with mean and standard deviation (SD). Findings revealed that HCWs do not adopt economic and quality care preventive practices against barriers to maternal and child health services in Enugu West Senatorial Zone. It was also found that the HCWs in the Zone adopt awareness and knowledge barriers to maternal and child health services. The study then recommends the need for Government subsidy on health services and practices, as well as community mobilization that will address sociocultural barriers to maternal and childcare services among health care workers in Enugu senatorial zone.*

**Key words:** Barrier, Childcare, Maternal, Practice, Prevention.

### **Introduction**

Maternal and child health has emerged as the most important issue that determines global and national well being. Maternal and childcare relates to health services that are designed to meet the special health need of women; especially pregnant and nursing mothers. According to Adetokumbo and Gilles (2017), such services are targeted towards reducing the impact of severe bleeding after childbirth, obstructed labour, eclampsia (pregnancy induced hypertension), unsafe abortion and infections.



Ige (2014), described maternal health service as committed to promoting the health states and future health challenges of mothers. Despite maternal health services, pregnancy to child birth remain a perilous journey due to high prevalence of maternal and child mortality and morbidity.

As such, Maternal morbidity and mortality remain a great public health and humanitarian concern with differentials among nations. In this direction, the World Health Organization (WHO) estimated that 810 mothers die every day due to pregnancy or childbirth-related causes and additional 6500 newborn babies die, which is unacceptably high (WHO, 2020). Most of the causes of these deaths are either preventable or treatable. There is a considerable gap of maternal mortality and morbidity across countries around the world. But around 94% of all maternal deaths occur in low and lower middle-income countries, which reflects access and utilization inequalities between rich and poor communities (WHO, 2020; Mohamed, Bocher, Magan, Omar, Mutai, Mohamoud & Omer, 2021). For instance, the Maternal Mortality Ratio (MMR) as average in very low-income countries is 462 per 100,000 live births compared to 11 per 100,000 live births in high-income countries of the world (WHO, 2019). Indeed, the disparity in death between developed and developing countries are greater for maternal mortality than for any other global health problem (Mohammed, et al, 2021; WHO, 2018). For instance, Nigerian women face a 1 in 29 chance of dying from childbirth whereas the average risk throughout Sub Saharan Africa is 1 in 39 and the risk in developed countries is as low as 1 in 3,800 (Chakhtoura, Chinn, Grantz, Eisenberg, Dickerson, Lamar & Bianchi, 2019). Available data in Enugu State which is one of the six states in the South East geopolitical zone of Nigeria indicated that maternal mortality is high with a figure ranging from 772 to 998 per 100,000 (ENUGU State MOH, 2018). Consequently, the reduction in maternal mortality should be a major agenda in the state particularly in Enugu West Senatorial Zone that is predominantly rural. Reducing maternal and child mortality is also a major agenda of many global initiatives including sustainable millennium development goals (SDGs).

The Sustainable Development Goals (SDGs) established in 2015 by the United Nations, represent a universal call to action to end poverty, protect the planet, and ensure that all people enjoy peace and prosperity (Mordecai, 2023). Specifically, SDG 3.1 aims to reduce the global maternal mortality ratio (MMR) to less than 70 per 100,000 live births, while SDG 3.2 focuses on ending preventable deaths of newborns and children under five by 2030 (Mordecai, *et al.*, 2023). Nigeria, as a signatory to the SDGs and a member of the United Nations, is expected to align its national development policies and health programme with these global targets (Akpan *et al.*, 2024). According to the Nigeria Demographic and Health Survey (NDHS) 2018, the maternal mortality ratio was estimated at 512 deaths per 100,000 live births, one of the highest globally (NPC & ICF, 2019). Along this lane, under-five mortality stood at 132 deaths per 1,000 live births, reflecting severe gaps in child survival interventions (FMOHSW, NPC & ICF, 2024). The more recent NDHS 2023–24 Key Indicators Report



shows that under-five mortality has declined to 102 per 1,000 live births, signalling modest improvements but still far above the SDG target of 25 per 1,000 (FMoHSW, NPC, & ICF, 2024).

Storeng, (2017), posits that maternal care and maternal death have an inversely parallel relationship with complexity and multifactorial aspects of maternal mortality. The causes of maternal mortality can be categorized as maternal lifestyle, social, political, economic, religion, demographic or clinical and other variety of factors. For instance, the distant factors [socio-economic and cultural] act through the proximate or intermediate factors (health and reproductive behaviour, access to health services) which in turn influence outcome (pregnancy complications/mortality) (WHO, 2020). Some of these factors alongside with certain barriers could also negatively influence the care procedure

From all indices, it appears that existent maternal and child health deteriorates, and even degenerates to mortality because of conspicuous barriers to maternal and childcare services. Barriers to healthcare access are those factors that prevent individuals either from accessing the care they need or from receiving the level of care they need in terms of adequate and quality. Prior studies have identified several barriers to care. These include personal barriers individual perceptions and beliefs of needs; financial barriers low income viewed as a barrier to health care; organizational barriers; such as long-distance, transportation, long waiting list; referral barriers from primary to secondary providers; and communication barriers migrants moving to new places and environments (WHO, 2020). Others are low socio-economic status, lack of decision making power of women, strong reliability on TBAs (Traditional Birth Attendant), poor knowledge and awareness on pregnancy danger signs and fear of going to unfamiliar areas. Also are traditional beliefs, male dominance in decision making and lack of family support identified as barriers at interpersonal level. Similarly, security and armed conflict barriers and formidable distance to health facility were identified barriers at the community level. This is as lack of privacy in the facility, transportation challenges, poor functional services, negative experiences, closure of the health facility in some hours and lack of proper referral pathways were identified as barriers at organizational or policy level (Mohammed, et al, 2021). Enugu West Senatorial Zone is definitely witnessing these identified barriers, hence the need for preventive practices in the zone among health care workers (HCW).

Preventing barriers to maternal and childcare services in Enugu North senatorial zone involves addressing the issues of accessibility (financial and physical), awareness, and quality of care through targeted interventions. Key strategies include making services more affordable and accessible, conducting health education campaigns and improving the quality of care by training health workers and ensuring respectful and culturally sensitive treatment. Community engagement and addressing social beliefs that deter care-seeking are also crucial in this preventive process (Oguntunde, 2018). This study focused on the preventive strategies against



economic or financial barriers, awareness and knowledge barriers and quality of healthcare barriers to maternal and child care. The focus on the three is because the study area is predominantly rural with socio-economic deficits including the financial or economic barriers.

### **Statement of the Problem**

Maternal and child health has for long become a critical health issue all over the world particularly in Enugu west senatorial zone of Nigeria. It is against this backdrop that government at all levels has put up measures to curtail the rising mortality and morbidity ratio in Nigeria. Against these measures are certain barriers like lack of personal protective equipment/medical commodities, long waiting hours, lack of preparedness by the HCW, prioritization of essential services, institution of non-pharmaceutical measures, poor community sensitization on healthcare access, lack of alternative strategies for administering immunization service at the clinics, among others.

Particularly worrisome is that access to maternal services is often impeded by factors; such as poverty, socio-cultural norms, poor road infrastructure and lack of emergency transportation. These collectively delay or prevent care-seeking behaviour, particularly in remote communities. Further compounding the issue is Nigeria's fragmented health system, characterized by weak intergovernmental coordination, underfunded primary healthcare centres and a chronic shortage of trained health personnel in underserved areas (Jeremiah, *et al.*, 2023; Gyang, *et al.*, 2023). Due to these barriers women uptake of healthcare services have reduced substantially in Enugu west senatorial zone. These call for preventive practices against these barriers in order to foster adequate maternal and childcare services of health care workers (HCW) in Enugu west senatorial zone.

However, it is expected that HCWs should be familiar with the identified barriers to maternal and child care services for possible adoption of the preventive practices that are capable of minimizing or completely eradicate the continued increase of these barriers in their locality. It is on for this reason too that this study determines these barriers and some of their preventive practices to advance adequate maternal and healthcare services of HCW in Enugu west senatorial zone of Enugu state.

### **Purpose of the Study**

The main purpose of this study is to investigate the preventive practices against barriers to maternal and child health care services among HCW in Enugu West senatorial zone of Enugu State. The study specifically;

1. ascertains the preventive practices against economic barriers to maternal and child health care services among HCW in Enugu West senatorial zone of Enugu state.



2. examines the preventive practices against awareness and knowledge barriers to maternal and child health care services among HCW in Enugu West senatorial zone of Enugu state.
3. finds out the preventive practices against quality of healthcare barriers to maternal and child health care services among HCW in Enugu West senatorial zone of Enugu state.

### **Research Questions**

The study is guided by the following research questions.

1. What are preventive practices against economic barriers to maternal and child health care services among HCW in Enugu West senatorial zone of Enugu state?
2. What are the preventive practices against awareness and knowledge barriers to maternal and child health care services among HCW in Enugu West senatorial zone of Enugu state?
3. What are the preventive practices against quality of healthcare barriers to maternal and child health care services among HCW in Enugu West senatorial zone of Enugu state?

### **Method**

This study was carried out in Enugu West senatorial Zone of Enugu State and the design format adopted was a descriptive survey. This type of design according to Nworgu B.G (2015) enables the researcher to gather relatively limited data from relatively large cases. The population for the study is 81 consisting of 31 male and 50 female health care workers from three primary health care (PHC) centres in Enugu West Senatorial Zone. This population that also served as respondents in the study were drawn through census sampling techniques because the population was considered manageable. The instrument for data collection was a structured questionnaire titled 'Questionnaire on Preventive Practices Against Barriers to Maternal and Child Care Services (QPPABMCCS)'. The instrument QPPABMCCS was validated by three experts while the internal consistency was determined using Cronbach alpha for clusters A, B, C and D that resulted to 0.71, 0.781, 0.678 and 0.721 with the overall reliability index of 0.72. The instrument was therefore adjudged reliable and suitable for this study. The administration of the instrument that was retrieved three days later was carried out during working hours with the help of three research assistants. This was to enable them give adequate attention to the instrument outside working hours. At the level of data collation and sorting, it was discovered that four of the respondents did not return their responses and this left the final figure used for data analysis at 77. Data collected were analysed with mean and SD. The decision rule was taken as follows: Mean values from 3.50 – 4.00 was regarded as strongly agree; mean values from 3.00 – 3.49 was Agree; Mean values from 1.50 – 2.49 was regarded as disagree while Mean values arising from 0.00 – 1.49 was regarded as strongly disagree.



## Results

**Research Question One:** What are preventive practices against economic barriers to maternal and child health care services among HCW in Enugu West senatorial zone of Enugu state?

Table 1: Mean and SD Scores of the Respondents on Preventive Practices Against Economic Barriers to Maternal and Child Health Care Services.

S/N	Indicate the preventive practices against economic barriers to maternal and child health care services in your HCF (Health Care Facility):	Male (31)			Female (46)			Overall (77)		
		Mean	SD	Dec	Mean	SD	Dec	Mean	SD	Dec
1	Making services affordable	2.30	.91	D	2.29	.91	D	2.30	.91	D
2	Through reduction of direct and indirect costs like service fees	2.22	1.20	D	2.24	1.20	D	2.23	1.20	D
3	By reducing transportation through public mass transit	2.60	.77	A	2.41	.77	A	2.50	.76	A
4	Through increase in government investment	2.53	1.27	A	2.54	1.23	A	2.53	1.25	A
5	By allocating more budget to the healthcare sector to eliminate financial impediments	2.77	1.18	A	2.66	1.18	A	2.71	1.18	A
6	Subsidize costs by helping low-income families cover costs.	2.24	1.28	D	2.35	1.29	A	2.29	1.28	D
	Grand mean	2.44	1.10	D	2.42	1.09	D	2.43	1.10	D

Key: A-Agree. D-Disagree. SD = Standard Deviation.

Table 1 data shows that male and female HCW in Enugu West Senatorial Zone agreed by adopting items 3, 4 and 5 as economic preventive practices against barriers to maternal and child health services but declined adopting items 1, 2 and 6 for the same purpose. The grand mean of 2.43 signifies disagree. This means that HCW do not adopt economic preventive practices against barriers to maternal and child health services in Enugu West Senatorial Zone (M x=2.44; F x=2.43).





**Research Question Two** What are the preventive practices against awareness and knowledge barriers to maternal and child health care services among HCW in Enugu West senatorial zone of Enugu state?

**Table 2: Mean and SD Scores of the Respondents on Preventive Practices Against Awareness and Knowledge Barriers to Maternal and Child Health Care Services**

S/N	Indicate the preventive practices against awareness and knowledge barriers to maternal and child health care services in your HCF:	Male (31)			Female (46)			Overall (77)		
		Mean	SD	Dec	Mean	SD	Dec	Mean	SD	Dec
7	Raising awareness on prenatal, delivery	3.30	.91	D	3.29	.91	D	2.30	.91	A
8	Raising awareness on postnatal care	2.62	1.20	D	2.67	1.2	D	2.23	1.20	A
9	Increasing community mobilization	2.40	.77	D	2.41	.77	A	3.41	.76	D
10	Engaging the community to challenge social beliefs that limit care-seeking	3.00	1.27	A	3.08	1.2	A	3.05	1.25	A
11	Encouraging men to be more involved in their partners' maternal healthcare decisions	2.77	1.18	A	2.76	1.1	A	2.77	1.18	A
12	promoting male involvement in their partners 'maternal healthcare decisions	2.74	1.28	A	2.64	1.3	A	2.34	1.28	A
	Grand mean	2.81	1.10	A	2.80	1.08	A	2.81	1.09	A

Key:, SD = Standard Deviation.

Table 2 data shows that male and female HCW in Enugu West Senatorial Zone agreed on adopting preventive practices against awareness and knowledge barriers to maternal and child health services but declined adopting items 9 for the same purpose. The grand mean of 2.81 signifies agree. This means that HCWs adopt preventive practices against awareness and knowledge barriers to maternal and child health services in Enugu West Senatorial Zone (M x=2.81; F x=2.8).



**Research Question Three:** What are the preventive practices against quality of healthcare barriers to maternal and child health care services among HCW in Enugu West senatorial zone of Enugu state?

Table 3: Mean and SD Scores of the Respondents on Preventive Practices Against Quality of Care Barriers to Maternal and Child Health Care Services.

S/N	Indicate the preventive practices against quality of care barriers to maternal and child health care services in your HCF:	Male (31)			Female (46)			Overall (77)		
		Mean	SD	Dec	Mean	SD	Dec	Mean	SD	Dec
13	Training of healthcare on modern concepts	2.30	.71	D	2.29	.91	D	2.30	.91	D
14	Training providers on the importance of respectful and culturally sensitive care	2.22	1.20	D	2.24	1.20	D	2.23	1.20	D
15	Improving facility environment	2.60	.73	A	2.51	.77	A	3.55	.76	A
16	Addressing issues like overcrowding	2.10	1.27	D	2.08	1.23	A	2.09	1.25	D
17	Addressing staff shortages	2.27	1.16	D	2.36	1.18	A	2.31	1.18	D
18	Fostering respectful care	2.84	1.28	A	2.64	1.29	A	2.74	1.28	A
19	Implementing measures to reduce discrimination	2.64	1.20	A	2.53	1.21	A	2.58	1.21	A
20	Implement measures to reduce disrespect from health workers	2.67	.66	A	2.66	.72	A	2.66	1.11	A
	Grand mean	2.46	1.02	A	2.41	1.05	A	2.43	1.03	A

From the Table 3 data, male and female HCW in Enugu West Senatorial Zone agreed that they do not adopt items 15, 18, 19 and 20 preventive practices against quality of care barriers to maternal and child health services and also declined adopting items 13, 14, 16 and 17 for the same purpose. As such, the grand mean of 2.43 signifies disagree. This means that HCW do not adopt preventive practices against quality of healthcare barriers to maternal and child health services in Enugu West Senatorial Zone ( $M_x=2.46$ ;  $F_x=2.41$ ).

## Discussion

The finding of this study as presented in Table 1 shows that HCW do not adopt economic preventive practices against barriers to maternal and child health services in Enugu West Senatorial Zone. This finding did not agree with the views of National Institute of Health (2023) that recommend economic preventive practices against barriers to maternal and child health care services. Such recommendations include affordable healthcare services, reduction of health cost like fees, increment of Government investment in health sector and more allocation of fund to healthcare sector. Despite these, the agreement of the respondents could be because most of the economic preventive practices fall outside their primary functional responsibilities and roles.





However, the study found that HCW adopt preventive practices against awareness and knowledge barriers to maternal and child health services in Enugu West Senatorial Zone. This finding agrees with the work of Oguntunde (2018) which stated that HCW should conduct health education campaigns, raise awareness about the importance of maternal and child health services, prenatal, delivery and postnatal care, increase community mobilization, engage the community to challenge social beliefs that limit maternal/child healthcare-seeking and promote male involvement in maternal healthcare decisions. The agreement of the respondents are indeed expected since majority of the services under awareness and knowledge preventive practices fall within their duty.

Indeed, HCW do not adopt preventive practices against quality of care barriers to maternal and child health services in Enugu West Senatorial Zone. This finding did not fall in line with the recommendations of National institute of Health (2023) and Oguntunde (2018), which requires that HCW and providers be trained on modern health concepts, importance of respectful, indiscrimination and culturally sensitive care, improvement of health facility and health environment, management of overcrowding and staff shortages. This disagreement could be because HCW lack the necessary support and logistics to carry out the trainings which must have hindered their performance in the Zone.

### **Conclusion**

The study identified barriers and determined preventive practices against barriers to maternal and child healthcare services among HCW in Enugu west senatorial zone of Enugu state. The study found that some of the identified preventive practices are in place while some are not. The non availability of some preventive practices to the barriers hindering maternal and child healthcare services have indeed hampered the performance of HCW in many parts of Enugu senatorial zone. It is on this ground that this study maintained that Government of Enugu state needs to do more in the health sector; especially in Enugu west senatorial zone to ensure the quality performance of HCW and quality healthcare delivery in Enugu west senatorial zone.

### **Recommendations**

Based on the findings, the study recommends the following:

1. Government should subsidize health care delivery in order to make health care accessible to the people.
2. Health care workers should be motivated to enable them increase their efforts in community mobilization towards addressing social and cultural hindrances to maternal and child health care service.
3. Frontline health workers should receive regular, targeted training in maternal community mobilization, modern healthcare concepts, importance of respect in healthcare, culturally sensitive care, measures for improving healthcare facilities, healthcare environment and measures for reducing discrimination in healthcare delivery.



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