



Exploring community perceptions and cultural beliefs influencing maternal health service utilization in Rural Nigeria

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Abstract

Purpose: The study explored community perceptions and cultural beliefs that influence maternal health service utilization in rural Nigeria. It also examined women's experiences and the perspectives of key community members regarding interactions with formal healthcare providers during pregnancy and childbirth. The research aimed to understand how socio-cultural factors shape health-seeking behaviors and service utilization patterns.

Methodology/Design: A qualitative research design was employed, guided by the Health Belief Model and the Socio-Cultural Theory. Data were collected from 60 participants, including women of reproductive age, community leaders, and traditional birth attendants, using semi-structured interviews and focus group discussions. Purposive sampling was used to select participants with relevant experiences, and thematic analysis was conducted to identify key patterns, perceptions, and experiences. Trustworthiness, reliability, and validity were ensured through triangulation and careful documentation of data.

Findings: Three main themes emerged for community perceptions: perceived susceptibility and risk, cultural norms and practices, and religious beliefs and spirituality. For experiences with healthcare providers, key themes included respect and communication, facility accessibility and service quality, and community influence and support. Findings highlighted that maternal health service use is strongly influenced by deeply rooted beliefs, interpersonal experiences, and social expectations.

Implications: The study emphasizes the importance of culturally sensitive interventions, community engagement, and respectful maternity care to improve maternal health service utilization in rural settings.

Originality/Value: The research contributes region-specific qualitative insights into maternal health behaviors in Nigeria, linking cultural beliefs and healthcare interactions with service utilization patterns.

Keywords: Maternal health, community perceptions, cultural beliefs, rural Nigeria, healthcare experiences, qualitative study

Introduction

Maternal health continues to be a serious public health issue in many developing countries, especially in sub-Saharan Africa. Nigeria remains one of the countries with the highest maternal mortality rates in the world, contributing a large share of global maternal deaths (World Health Organization, 2022) [35, 36]. Although maternal health services such as antenatal care, skilled delivery, and postnatal care are known to reduce pregnancy-related complications and deaths, their utilization in rural areas of Nigeria remains low (NPC & ICF, 2019) [20].

In rural Nigerian communities, maternal health service utilization is shaped not only by physical access or cost but also by social and cultural factors. Studies indicate that many women perceive pregnancy and childbirth as normal life events that do not necessarily require medical supervision unless complications occur (Adedokun & Uthman, 2019) [2]. This belief often encourages reliance on traditional birth attendants, family members, and spiritual support rather than formal healthcare facilities.

Cultural beliefs surrounding childbirth, trust in traditional practices, and community norms strongly influence women's decisions on where to seek maternal care. In some rural settings, elders and spouses play a key role in decision-making, which can delay or prevent women from accessing health services (Okedo-Alex *et al.*, 2019) [22]. Religious values and expectations related to modesty and gender roles may also limit women's willingness to attend health facilities, particularly when male health workers are present.

Community perceptions of healthcare providers further affect maternal health service use. Previous negative experiences, fear of medical procedures, perceived disrespectful treatment, and communication challenges discourage many rural women from returning to health facilities (Afulani & Moyer, 2020) [3, 5]. Even when services are available, mistrust and misunderstanding reduce their acceptance.

While government and donor-supported programs have focused on improving infrastructure and staffing, less attention has been given to understanding maternal health utilization from the viewpoint of communities themselves. Exploring how women and community members perceive maternal health services is critical for developing culturally responsive interventions that align with local values and experiences (World Health Organization, 2022) [35, 36].

Problem Statement

Notwithstanding the increased investment in maternal healthcare and policy reforms in Nigeria, maternal mortality remains high, particularly in rural areas (NPC & ICF, 2019) [20]. Many women continue to give birth at home or depend on unskilled attendants, even when health facilities are available. This situation suggests that factors beyond access and affordability influence maternal health service utilization.

Most existing studies emphasize structural barriers such as distance, cost, and availability of services, while social and cultural influences receive limited attention (Okedo-Alex *et al.*, 2019) [22]. As a result, maternal health interventions may

fail to address deeply rooted beliefs, perceptions, and social norms that shape women's health-seeking behavior. Without understanding these cultural and community-level influences, policies may not effectively reach rural populations.

There is limited qualitative evidence that captures the lived experiences, beliefs, and perceptions of rural women and community stakeholders regarding maternal health services in Nigeria. This lack of context-specific insight restricts the development of interventions that are culturally acceptable and sustainable. Addressing maternal mortality without engaging with community perceptions limits the long-term success of maternal health programs. This study therefore seeks to explore community perceptions and cultural beliefs influencing maternal health service utilization in rural Nigeria.

Research Objective

The study explores how community perceptions and cultural beliefs influencing maternal health service utilization in rural Nigeria. Specifically, the study seeks to

1. Explore community perceptions and cultural beliefs that influence women's decisions to use or not use maternal health services in rural Nigerian communities and;
2. Examine the experiences and views of women and key community members regarding their interactions with formal healthcare providers during pregnancy and childbirth.

Significance of The Study

The study is important because it provides in-depth insight into how cultural beliefs and community perceptions influence maternal health behavior in rural Nigeria. By using a qualitative approach, the study captures personal experiences and social meanings that are often missed in survey-based research (Creswell & Creswell, 2018) [11].

The findings will support policymakers and health planners by revealing community-level barriers and facilitators to maternal health service utilization. Understanding these factors can help shape maternal health programs that are culturally sensitive and better aligned with rural realities (World Health Organization, 2022) [35, 36].

Healthcare providers may also benefit from the study by gaining insight into how women perceive maternal health services and provider attitudes. Such knowledge can improve communication, trust, and respectful maternity care practices in rural health facilities (Afulani & Moyer, 2020) [3, 5]. In addition, non-governmental organizations and development partners working in maternal and child health can use the findings to design effective community engagement and health education programs.

Literature Review

Theoretical Framework

The Health Belief Model and the Socio-Cultural Theory underpin the study to provide a strong foundation for understanding maternal health service use in rural Nigeria. They help explain how beliefs, social norms, and personal judgments shape health behavior.

The Health Belief Model (HBM)

The Health Belief Model explains health behavior based on how people perceive risk, benefits, and barriers related to a health action. In rural Nigerian communities, women's

decisions to attend antenatal care or deliver in health facilities are often influenced by beliefs about pregnancy risks, cultural views on childbirth, and perceived benefits of traditional versus modern care. Fear of medical interventions, cost, distance, and social disapproval may act as barriers that reduce service use. This theory is useful because it helps explain how personal beliefs and perceived threats influence maternal health decisions within specific cultural settings (Rosenstock *et al.*, 1988; Glanz *et al.*, 2019) [13, 29].

Socio-Cultural Theory

Socio-Cultural Theory emphasizes that individual behavior is shaped by social relationships, cultural norms, and shared community meanings. In rural Nigeria, maternal health practices are deeply influenced by family elders, traditional birth attendants, religious beliefs, and community expectations. Women often rely on collective advice rather than individual choice when making health decisions. This theory supports the study by highlighting how culture, tradition, and social influence affect maternal health service utilization beyond medical knowledge alone (Vygotsky, 1978; Airhihenbuwa, 2017) [6, 34].

Community Perceptions

Community perceptions refer to the shared views, opinions, and judgments held by members of a community about specific issues, services, or practices. In maternal health, these perceptions strongly shape how women and families understand pregnancy, childbirth, and the use of health facilities. In many rural Nigerian communities, perceptions about the quality of care, attitudes of health workers, distance to facilities, and past experiences influence whether maternal health services are trusted or avoided. When communities perceive health facilities as unsafe, disrespectful, or culturally insensitive, women are more likely to rely on traditional birth attendants or home deliveries. On the other hand, positive perceptions built through respectful care and community engagement can encourage greater use of skilled maternal health services (Babalola & Fatusi, 2009; Bohren *et al.*, 2019) [7, 8].

Cultural Beliefs

Cultural beliefs are deeply rooted values, traditions, and norms that guide behavior within a society. In the context of maternal health, cultural beliefs influence how pregnancy and childbirth are viewed and managed. In rural Nigeria, beliefs related to spiritual protection, food taboos, gender roles, and traditional remedies often shape decisions about seeking formal healthcare. Some communities believe childbirth is a natural process that does not require medical intervention unless complications arise. Others may associate hospital delivery with bad outcomes or loss of cultural identity. These beliefs can limit timely use of maternal health services, even when facilities are available. Understanding these cultural meanings is important for designing maternal health programs that respect local values while promoting safe practices (Airhihenbuwa, 2017; Adataro *et al.*, 2021) [1, 6].

Maternal Health Services

Maternal health services include antenatal care, skilled delivery, postnatal care, and related support provided to women during pregnancy and after childbirth. These

services are critical for preventing maternal and newborn deaths. In Nigeria, access to maternal health services remains uneven, especially between urban and rural areas. While policies support free or subsidized maternal care, many rural women still face challenges such as poor infrastructure, shortage of skilled health workers, and weak referral systems. Beyond physical access, social acceptance and cultural compatibility of services also affect utilization. When maternal health services are perceived as respectful, affordable, and responsive to women's needs, utilization tends to improve (World Health Organization, 2022; National Population Commission, 2023) [19, 35, 36].

Rural Nigeria

Rural Nigeria is characterized by dispersed settlements, limited health infrastructure, high poverty levels, and strong attachment to traditional ways of life. These conditions create unique challenges for maternal health service use. Many rural communities experience long travel distances to health facilities, inadequate transportation, and limited health information. Social structures in rural areas often place decision-making power in the hands of husbands, elders, or community leaders, which can affect women's ability to seek care independently. At the same time, rural communities have strong social networks that can either support or discourage maternal health service use. Exploring maternal health within rural Nigeria therefore requires close attention to local contexts, beliefs, and lived experiences (NPC & ICF, 2019; Afulani *et al.*, 2020) [3, 5, 20].

Community Perceptions and Cultural Beliefs Influencing the Use of Maternal Health Services

From the perspective of the Health Belief Model, maternal health service utilization is influenced by women's perceptions of susceptibility, severity, benefits, and barriers to care. Understanding how community perceptions and cultural beliefs shape maternal health service use is therefore vital in rural Nigeria. Cultural and religious structures form the foundation of how pregnancy, childbirth, and formal healthcare are viewed and acted upon within local communities. A focused ethnographic study in Kogi State found that women's dependency on God, adherence to cultural norms, and use of traditional remedies significantly influenced decisions around facility care (Opara *et al.*, 2024) [24, 25]. Some practices, such as attending prayer houses for childbirth support or using herbal medicine, act as culturally meaningful alternatives to formal medical care, yet they may limit access to skilled services and increase health risks.

Language and culturally appropriate communication were also critical. Maternal health education delivered in local languages improved engagement and encouraged women to use services, showing that health beliefs interact with social context to shape behavior (Opara *et al.*, 2024) [24, 25]. Gender norms and community roles further influence perceptions of who decides where care is sought. Patriarchal structures often require male or elder consent before facility care, constraining women's autonomy and affecting perceived benefits of formal services.

Research also shows a strong preference for traditional birth attendants in many rural communities because they are perceived as culturally respectful and personally supportive, reflecting the importance of trust, familiarity, and alignment with local norms over clinical competence alone (Okure,

2024) [23]. Using the Health Belief Model helps explain why these perceptions and cultural beliefs significantly shape decisions around maternal health care, highlighting the need for interventions that consider women's risk perceptions, cultural context, and social support systems (Opara *et al.*, 2024; Okure, 2024) [23, 24, 25].

Experiences and Views of Women and Community Members on Interactions with Formal Healthcare Providers

The Socio-Cultural Theory underpins the examination of women's interactions with healthcare providers by emphasizing the role of social context, cultural norms, and community relationships in shaping behavior. Women's experiences with formal health workers strongly influence maternal health service use in rural Nigeria. Positive interactions such as respectful communication, emotional support, and culturally sensitive care build trust and encourage continued use of services. Conversely, negative experiences with staff who lack empathy, disregard cultural norms, or provide disrespectful treatment can discourage women from returning to facilities, pushing them toward traditional care networks (Opara *et al.*, 2024) [24, 25].

Community actors, including husbands, elders, and traditional birth attendants, further shape these experiences. Male partners often control household resources and make decisions about maternal care. If they perceive health workers as unfriendly, expensive, or culturally insensitive, they may prevent women from attending health facilities. Traditional birth attendants, who act as trusted advisors, can reinforce or mitigate these perceptions depending on their own experiences with formal providers (Okure, 2024) [23].

Despite challenges, programs that train health workers in respectful maternity care and culturally sensitive communication have shown improvements. Women who experience supportive and empathetic care are more likely to complete antenatal visits and choose facility-based deliveries. Community outreach and engagement with local leaders create environments where formal services are more socially acceptable and trusted (Opara *et al.*, 2024; WHO, 2022) [24, 25, 35, 36]. The Socio-Cultural Theory highlights how social learning, community norms, and interpersonal interactions mediate maternal health behaviors, showing that improving provider-client relationships is as crucial as improving service availability.

Methodology

Philosophical Consideration

The study adopted a pragmatist philosophical stance, which emphasized that knowledge is derived from both practical consequences and experiential understanding. The pragmatist paradigm allowed the research to combine insights from multiple stakeholders, including women, community leaders, and healthcare providers, to generate actionable knowledge about maternal health service utilization in rural Nigerian communities (Creswell & Creswell, 2018; Saunders *et al.*, 2022) [11, 31].

Research Design

The study adopted a qualitative case study design, focusing on selected rural communities in Nigeria. This design enabled an in-depth exploration of maternal health service utilization, capturing the experiences of women, community leaders, and healthcare providers within their real-life context (Yin, 2018).

Target Population

The target population comprised women of reproductive age (18–49 years), community leaders, traditional birth attendants, and formal healthcare providers involved in maternal care in rural Nigerian communities (Creswell & Creswell, 2018) [11].

Sampling Technique and Sample Size

Purposive sampling was employed to select participants with relevant experience and knowledge of maternal health services. This approach ensured that data captured multiple perspectives on cultural beliefs, perceptions, and healthcare interactions (Creswell & Creswell, 2018; Saunders *et al.*, 2022) [11, 31]. A total of 60 participants were targeted, comprising 30 women, 15 community leaders, and 15 healthcare providers. Sample size determination was guided by data saturation, which was reached when additional interviews yielded no new insights (Sila & Ndhlovu, 2022) [32].

Trustworthiness

Trustworthiness was ensured through credibility, transferability, dependability, and confirmability. Member checks, triangulation of interviews and focus groups, and detailed field notes enhanced the study’s credibility and reliability (Lincoln & Guba, 1985; Creswell & Creswell, 2018) [11, 16].

Reliability and Validity

Reliability was achieved by using a consistent interview guide, pre-testing questions, and ensuring systematic data collection. Validity was enhanced by triangulating data across participant groups and reviewing findings with local experts (Saunders *et al.*, 2022) [31].

Data Collection Procedure

Data were collected through semi-structured interviews, focus group discussions, and document review of community health records. Interviews were conducted in local languages when necessary, and sessions were audio-recorded with participants’ consent (Morgan, 2020) [17].

Data Analytic Technique

Data were analyzed using thematic analysis, following a process of coding, categorization, and theme development. *NVivo* software was used to manage and organize qualitative data. Triangulation across data sources helped validate emerging themes (Sánchez-Torres & Lima, 2021) [30]. Participants provided informed consent, and

confidentiality was maintained through pseudonyms and secure storage of data. The study also ensured transparency and integrity by accurately reporting participant perspectives (Saunders *et al.*, 2022) [31].

Results

Demographic Characteristics of Respondents

Understanding the demographic characteristics of participants provides important context for interpreting the study findings.

A total of 60 respondents participated, including women of reproductive age, community leaders, and healthcare providers from rural Nigerian communities. Age distribution indicated that most participants were between 26 and 35 years (33.3%), followed by those aged 36–45 years (30%). Younger participants aged 18–25 years constituted 20% of the sample, while respondents aged 46 years and above represented 16.7%. This age pattern reflects the focus on reproductive-age women while also incorporating older community members who often influence healthcare decisions. Similar demographic patterns have been observed in Uganda, where women aged 25–35 were most likely to provide insights on maternal health practices in rural settings (Kisekka & Ngoma, 2020) [15].

Regarding gender, females formed the majority (75%), with males comprising 25%. This distribution aligns with the study’s emphasis on women’s experiences, while also capturing perspectives from male community members who often play decision-making roles regarding maternal health. Studies in the Democratic Republic of Congo also highlight the importance of including male participants when exploring community health behavior, as men frequently influence women’s access to healthcare services (Mukendi & Kayembe, 2022) [18].

Educational qualifications varied, with 33.3% of participants having completed secondary education, 25% with tertiary education, 25% with primary education, and 16.7% with no formal education. Occupationally, 30% were farmers, 25% were civil service or healthcare workers, 20% were traders, and 25% engaged in other activities. Marital status revealed that 66.7% of respondents were married, 25% single, and 8.3% widowed or divorced. These demographics illustrate the combination of socio-economic, educational, and experiential backgrounds influencing perceptions and cultural beliefs around maternal health services, consistent with findings from rural Uganda and Congo (Kisekka & Ngoma, 2020; Mukendi & Kayembe, 2022) [15, 18]. Table 1 presents the results

Table 1: Demographic Characteristics of Respondents (N = 60)

Demographic Variable	Category	Frequency (f)	Percentage (%)
Age	18-25years	12	20.0%
	26–35 years	20	33.30%
	36-45 years	18	30.0%
	46years and above	10	16.7%
Gender	Male	15	25.0%
	Female	45	75.0%
Educational Qualification	No Formal Education	10	16.7%
	Primary	15	25%
	Secondary	20	33.3%
	Tertiary	15	25.0%
Occupation	Farming	18	30.0%
	Trading	12	20.0%
	Civil Service/Healthcare	15	25.0%
	Others	15	25.0%
Years of Experience	Single	15	25.9%
	Married	40	66.7%
	Widowed/Divorced	5	8.3%

Source: Field Data, 2025

Trustworthiness, Reliability, and Validity Assessment Results for Objective one and Two

To ensure the quality and rigor of the qualitative study, trustworthiness, reliability, and validity of the data were carefully assessed. Trustworthiness was established through credibility, transferability, dependability, and confirmability, following the guidelines of Lincoln and Guba (1985) [16]. Credibility was enhanced by prolonged engagement with participants, member checking, and triangulation across interviews, focus groups, and observational notes. Dependability and reliability were addressed by using consistent interview guides and systematic coding procedures. Validity was strengthened by carefully aligning the data collection process with the research objectives and theoretical frameworks, ensuring

that findings accurately reflected participants’ perspectives (Creswell & Creswell, 2018; Saunders *et al.*, 2022) [11, 31]. The results in Table 2 indicate that both objectives achieved a high level of trustworthiness, reliability, and validity. For Objective 1, triangulation of data and alignment with the Health Belief Model ensured that community perceptions and cultural beliefs were captured accurately. For Objective 2, verification of experiences across multiple stakeholders and consistency in coding supported the dependability of findings, while grounding the analysis in the Socio-Cultural Theory enhanced interpretive validity. These measures collectively ensure that the study’s findings are credible, replicable, and meaningful for understanding maternal health service utilization in rural Nigerian contexts.

Table 2: Trustworthiness, Reliability, and Validity Assessment

Objective	Trustworthiness Measures	Reliability Approach	Validity Evidence	Outcome
Obj. 1 Explore community perceptions and cultural beliefs that influence women’s decisions to use or not use maternal health services in rural Nigerian communities	Triangulation of interviews and focus groups, member checking, prolonged engagement	Consistent use of semi-structured guides, detailed field notes	Alignment with Health Belief Model, thematic saturation achieved	High
Obj. 2 Examine the experiences and views of women and key community members regarding their interactions with formal healthcare providers during pregnancy and childbirth.	Cross-verification with community leaders, inclusion of multiple perspectives, peer debriefing	Coding consistency checked by independent researcher	Alignment with Socio-Cultural Theory, rich descriptions confirmed by participants	High

Source: Field Data, 2025

Results

To explore the research objectives, thematic analysis was conducted on interviews and focus group discussions. The analysis revealed recurring patterns, perceptions, and experiences that highlight the factors influencing maternal health service utilization in rural Nigerian communities. Data were coded, categorized, and organized into themes that reflect both the Health Belief Model for Objective One and the Socio-Cultural Theory for Objective Two.

Objective One: Community Perceptions and Cultural Beliefs Influencing Maternal Health Service Use

Analysis of participants’ responses revealed three main themes: Perceived Susceptibility and Risk, Cultural Norms and Practices, and Religious Beliefs and Spirituality.

- 1. Perceived Susceptibility and Risk:** Many women believed that complications during pregnancy were rare or determined by fate, which influenced their decision to seek care. One participant noted, “I have delivered five children at home without problems, so I do not see why I must go to the hospital now.”
- 2. Cultural Norms and Practices:** Traditional birth attendants and family elders were trusted sources of advice. Practices such as herbal remedies, seclusion in early pregnancy, and gendered restrictions on mobility shaped maternal care decisions. A woman shared, “My mother told me to stay at home for the first months, and only come when the baby is ready. That is how we have always done it.”
- 3. Religious Beliefs and Spirituality:** Spiritual interpretations of pregnancy influenced whether women used formal healthcare. Some relied on prayer and church support rather than hospitals. A participant

explained, “I pray every day for a safe delivery. The doctor is important, but God guides everything.”

These themes demonstrate that maternal health service use is shaped by deeply rooted beliefs and perceptions, supporting the Health Belief Model’s view that perceived risks, benefits, and cues to action influence health behaviors.

Objective Two: Experiences and Views of Women and Community Members on Interactions with Formal Healthcare Providers

For Objective Two, three themes emerged: Respect and Communication, Facility Accessibility and Service Quality, and Community Influence and Support.

- 1. Respect and Communication:** Women’s experiences with health workers affected their willingness to return. Positive encounters fostered trust, while negative interactions discouraged future use. A participant stated, “The nurse listened to me and explained everything. I felt respected and safe to deliver there.”
- 2. Facility Accessibility and Service Quality:** Long waiting times, lack of privacy, and perceived staff negligence were frequently mentioned. One woman explained, “Sometimes I wait for hours before seeing a nurse, and they do not answer questions properly. It makes me think about delivering at home next time.”
- 3. Community Influence and Support:** Husbands, elders, and traditional birth attendants influenced women’s decisions. When these key actors had positive views of formal care, women were encouraged to attend facilities. A community leader shared, “We advise pregnant women to go to the clinic, but only if the nurses treat them well and understand our ways.”

These findings show that interactions with healthcare providers are not just clinical transactions but social experiences shaped by communication, respect, and broader community perceptions, aligning with the Socio-Cultural Theory. Positive relationships between women, community members, and health providers are critical to promoting sustained maternal health service use.

Discussion of Findings

Objective One: Community Perceptions and Cultural Beliefs Influencing Maternal Health Service Use

The analysis of Objective One highlighted the central role of community perceptions and cultural beliefs in shaping maternal health service utilization in rural Nigeria. Using the Health Belief Model as a guiding framework, the findings underscore that women's decisions are influenced by perceived susceptibility, perceived severity, perceived benefits, and perceived barriers (Rosenstock *et al.*, 1988; Champion & Skinner, 2020) ^[10, 29].

Perceived Susceptibility and Risk emerged as a dominant theme. Many participants believed that complications during pregnancy were uncommon or determined by fate, reducing their perceived need for formal care. This aligns with the Health Belief Model, which posits that individuals are more likely to take preventive action when they recognize personal vulnerability to health risks. Similar patterns have been observed in European contexts. In the UK, studies showed that pregnant women with low perceived risk of complications were less likely to attend antenatal visits (Fleming *et al.*, 2021) ^[12]. In Switzerland, women's beliefs about natural childbirth influenced their engagement with formal maternity services, with many opting for home births when perceived risk was low (Bühler *et al.*, 2020) ^[9]. Comparable findings were reported in Poland and Germany, where cultural notions of childbirth as a normal life process reduced maternal care uptake despite availability of skilled services (Nowak & Wójcik, 2022; Schmidt *et al.*, 2021) ^[21].

Cultural Norms and Practices also strongly shaped decisions. Reliance on traditional birth attendants, advice from elders, and gendered restrictions on mobility were key factors limiting early or facility-based care. These norms operate as social cues, which the Health Belief Model recognizes as influencing health behaviors. European studies provide parallel insights; in Germany, community practices around home births were associated with perceived familiarity and trust in local networks rather than institutional facilities (Schmidt *et al.*, 2021). Similarly, in Poland and Switzerland, cultural adherence to traditional childbirth practices influenced women's preference for midwives and home-based support, demonstrating how cultural beliefs intersect with perceived benefits of health interventions (Bühler *et al.*, 2020; Nowak & Wójcik, 2022) ^[9, 21].

Religious Beliefs and Spirituality further influenced maternal health decisions. Many participants relied on prayer, faith, and spiritual guidance to safeguard pregnancy outcomes, sometimes prioritizing these over formal medical cares. From a Health Belief Model perspective, spiritual beliefs can act as both a perceived benefit and a barrier, shaping motivation for healthcare use. In the UK, studies indicate that faith-based interpretations of pregnancy risks affected antenatal care uptake among religious communities (Fleming *et al.*, 2021) ^[12]. Similarly, in Switzerland and Germany, spiritual and faith-based approaches to childbirth

affected timing and frequency of maternal health service utilization, reinforcing the relevance of belief systems in shaping perceptions of risk and preventive action (Bühler *et al.*, 2020; Schmidt *et al.*, 2021) ^[9].

Essentially, the findings illustrate that maternal health service use in rural Nigeria cannot be fully explained by access or availability alone. Deeply ingrained perceptions, cultural practices, and religious beliefs collectively shape health behaviors. Applying the Health Belief Model helps explain why some women delay or avoid formal care, emphasizing the importance of culturally sensitive interventions that address perceived risks, benefits, and barriers. European evidence further corroborates that beliefs and norms, even in resource-rich settings, continue to influence maternal healthcare choices, highlighting the universal relevance of these psychosocial factors.

Objective Two: Experiences and Views of Women and Community Members on Interactions with Formal Healthcare Providers

The findings for Objective Two emphasize that women's experiences with formal healthcare providers in rural Nigeria are deeply embedded in social and cultural contexts. Using the Socio-Cultural Theory as a lens, these interactions are shaped not only by individual behavior but also by the norms, values, and social structures of the community (Vygotsky, 1978; Rogoff, 2021) ^[28, 34]. The analysis revealed three main themes: Respect and Communication, Facility Accessibility and Service Quality, and Community Influence and Support.

Respect and Communication emerged as a central determinant of maternal health service utilization. Women reported that positive encounters, where nurses and midwives listened attentively, explained procedures clearly, and treated them with dignity, fostered trust and willingness to return for subsequent visits. Conversely, negative experiences such as dismissive attitudes or lack of clear communication discouraged future engagement. These findings align with the Socio-Cultural Theory, which posits that interpersonal interactions are mediated by social expectations and cultural norms, affecting learning and behavior. Similar patterns have been observed in Canada, where studies report that culturally sensitive communication between healthcare providers and Indigenous women improved engagement with maternal health services (Smylie *et al.*, 2020) ^[33]. In Panama, participatory maternity programs that emphasized respectful dialogue between midwives and women increased utilization of facility-based care (Rodríguez & Espinoza, 2021) ^[26].

Facility Accessibility and Service Quality also shaped experiences. Long waiting times, insufficient privacy, and perceived inattentiveness of staff were highlighted as barriers to consistent use of maternal health services. These structural issues intersect with social expectations, reinforcing the importance of the healthcare environment in shaping community perceptions of formal care. In the USA, research has shown that when clinics fail to provide patient-centered care that aligns with community norms and expectations, women are less likely to engage in regular prenatal visits (Afulani *et al.*, 2021) ^[4]. Similarly, in Australia, culturally tailored maternity services that accounted for local norms and logistical barriers significantly improved service uptake among rural and Indigenous populations (Harris *et al.*, 2020) ^[14].

Community Influence and Support was a further determinant of maternal health behavior. Husbands, elders, and traditional birth attendants often acted as gatekeepers to facility care. When these community actors perceived health workers as respectful, skilled, and culturally aware, women were encouraged to attend clinics; when perceptions were negative, women often opted for home births or traditional care. The Socio-Cultural Theory explains this influence by highlighting how learning and behavioral decisions are socially mediated within the community context (Vygotsky, 1978) [34]. Evidence from Canada and Panama supports this, showing that involving male partners and community leaders in maternal health education positively affected service utilization (Smylie *et al.*, 2020; Rodríguez & Espinoza, 2021) [26, 33]. In the USA and Australia, community-based participatory approaches that integrated local stakeholders improved both trust in health providers and maternal care uptake, demonstrating the cross-cultural applicability of socially mediated health behaviors (Harris *et al.*, 2020; Afulani *et al.*, 2021) [4, 14].

In general, the findings illustrate that maternal healthcare interactions in rural Nigeria are not purely clinical but are socially and culturally constructed experiences. Applying the Socio-Cultural Theory highlights the importance of considering the wider social network, communication practices, and community norms when designing interventions to improve maternal health service utilization. Effective programs must engage both healthcare providers and key community actors to foster trust, respect, and culturally aligned care.

Implications of The Study

The findings of this study carry significant implications for maternal health service delivery in rural Nigeria.

First, understanding how community perceptions and cultural beliefs influence women's decisions highlights the importance of culturally sensitive health interventions. Policies and programs that fail to consider local norms, religious practices, and traditional birth customs are unlikely to achieve high utilization rates. This implies that health authorities and policymakers should engage community leaders, traditional birth attendants, and religious figures when designing maternal health programs to ensure that services are socially acceptable and trusted.

Second, the study underscores the critical role of respectful, culturally aware interactions between healthcare providers and women. Training health workers in communication skills, empathy, and cultural competence can enhance women's experiences, encourage repeated use of services, and foster trust in the formal healthcare system. Health facilities must also address structural challenges, such as waiting times, privacy, and staff availability, to create an environment conducive to positive interactions.

Third, the social context of decision-making, including the influence of husbands, family elders, and community advisors, suggests that maternal health interventions cannot focus solely on women. Programs that include male partners and other influential community members can reinforce positive perceptions of facility-based care and support women's health-seeking behaviors.

Ultimately, the study implies that improving maternal health service utilization in rural Nigeria requires a holistic approach that integrates cultural understanding, community engagement, and provider-patient relationship enhancement.

This knowledge can guide policymakers, healthcare managers, and development agencies to design interventions that are both effective and culturally sensitive, ultimately contributing to safer pregnancies and improved maternal health outcomes.

Recommendations

Based on the study's findings, several recommendations can be made to improve maternal health service utilization in rural Nigeria.

First, health authorities and policymakers should design maternal health programs that are culturally sensitive and aligned with local beliefs. Engaging community leaders, religious figures, and traditional birth attendants in health education campaigns can increase trust and acceptance of facility-based services. Tailoring messages to local languages and practices can further improve understanding and encourage women to seek skilled care.

Second, healthcare providers should receive training in respectful maternity care, effective communication, and cultural competence. Ensuring that staff treat women with dignity, listen to their concerns, and explain procedures clearly can strengthen trust and encourage repeat visits. Health facilities should also address practical barriers, such as long waiting times, lack of privacy, and inadequate staffing, to enhance service quality.

Third, interventions should recognize the influence of family and community members in women's health decisions. Programs that involve husbands, elders, and traditional birth attendants in awareness campaigns and decision-making processes can reinforce positive behaviors and support women in accessing care.

Finally, continuous monitoring and feedback mechanisms should be established to identify barriers and successes in maternal health service delivery. Collecting community input on service experiences can guide improvements and ensure that interventions remain responsive to local needs. Implementing these recommendations can contribute to higher maternal health service utilization and better health outcomes in rural Nigeria.

Limitations and Suggestions for Future Studies

The study had some limitations. The sample was limited to selected rural communities, which may not fully represent all regions in Nigeria. Data relied on self-reported experiences, which could be influenced by recall bias or social desirability. Additionally, the qualitative design limits the ability to generalize findings to broader populations.

For future research, studies could adopt a mixed-methods approach to combine in-depth qualitative insights with quantitative measurements for broader generalizability. Expanding the study to urban settings or different cultural regions in Nigeria would provide a more comprehensive understanding of maternal health behaviors. Longitudinal studies could also explore how perceptions and healthcare experiences evolve over time and influence maternal health service utilization.

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