

INSECURITY AND ACCESS TO MATERNAL HEALTHCARE SERVICES IN NIGERIA

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Abstract

Insecurity in Nigeria, characterized by armed conflicts, terrorism, banditry, and communal clashes, significantly impedes access to maternal healthcare services, exacerbating the country's high maternal mortality rates. This paper examines the multifaceted impact of insecurity on maternal healthcare access, particularly in conflict-affected regions such as the Northeast and Northwest. It explores how insecurity disrupts healthcare infrastructure, displaces populations, and instills fear, limiting women's ability to access essential services like antenatal care, skilled birth attendance, and emergency obstetric care. The destruction of health facilities, shortage of healthcare workers, and disruption of health programs further compound these challenges, disproportionately affecting rural women and internally displaced persons (IDPs). Socio-economic inequalities, cultural beliefs, and psychological stress also interact with insecurity to hinder health-seeking behaviors, increasing reliance on unskilled traditional birth attendants and elevating risks of adverse maternal and neonatal outcomes. Drawing on a comprehensive review of literature and contextual analysis, this study highlights the systemic and socio-cultural barriers amplified by insecurity. Recommendations include increased investment in healthcare infrastructure, strategies to retain healthcare professionals in conflict zones, women's empowerment through education, and collaborative efforts among government, NGOs, and international partners to enhance security and maternal health outcomes. By addressing these barriers, Nigeria can progress toward achieving Sustainable Development Goals related to maternal health, reducing the maternal mortality ratio, and ensuring equitable access to quality healthcare services for all women, particularly in vulnerable and conflict-affected regions.

Keywords: Access to Health Services, Insecurity, Maternal Healthcare, Maternal Mortality, Nigeria

Introduction

Access to maternal healthcare services is a critical determinant of maternal and child health outcomes, particularly in developing countries like Nigeria, where maternal mortality remains a significant public health concern. Nigeria accounts for a considerable proportion of global maternal deaths, with approximately 19% of the world's maternal fatalities occurring within its borders (Olatona et al., 2021). The high maternal mortality ratio (MMR) in Nigeria is largely attributed to inadequate access to essential maternal healthcare services, exacerbated by systemic challenges, socio-cultural barriers, and increasingly, widespread insecurity (Udenigwe et al., 2022). Insecurity in Nigeria has escalated over the past two decades,

manifesting in various forms such as armed conflicts, terrorism, banditry, kidnappings, and communal clashes. The activities of insurgent groups, such as Boko Haram in the Northeast and armed bandits in the Northwest, have destabilized communities and displaced millions of people (McKay et al., 2022). The ripple effects of such insecurity have profound implications for public health, particularly maternal healthcare. Women in conflict-affected regions often face limited or no access to skilled birth attendants, antenatal care (ANC), postnatal care (PNC), and emergency obstetric care services (Vohra-Gupta et al., 2022).

The nexus between insecurity and access to maternal healthcare services is multi-faceted. Insecurity disrupts healthcare infrastructure, displaces healthcare providers, and instills fear among women, preventing them from seeking care (Richterman et al., 2020). Additionally, insecurity compounds existing socio-economic inequalities, making access to healthcare a greater challenge for vulnerable populations. For instance, rural women already marginalized by poor road networks and inadequate health facilities are disproportionately affected by insecurity. Similarly, internally displaced persons (IDPs) living in camps often lack access to quality maternal healthcare services due to overcrowding, inadequate resources, and poor healthcare delivery systems (Udenigwe et al., 2022).

Moreover, insecurity has far-reaching psychological impacts on pregnant women, influencing their health-seeking behaviors and increasing their vulnerability to complications. Fear of attacks, abductions, or being caught in crossfires often deters many women from traveling long distances to health facilities. Insecurity also exacerbates indirect causes of maternal mortality, such as malnutrition and stress, which further complicate pregnancy outcomes (McKay et al., 2022).

The interplay between insecurity and maternal healthcare access is particularly significant in the context of Nigeria's diverse socio-cultural and economic landscape. Nigeria is a multi-ethnic and multi-religious country with varying cultural practices and beliefs about maternal healthcare. In regions plagued by insecurity, such as northeast and northwest, traditional birth attendants (TBAs) often become the primary source of maternal care, even though they lack the skills to handle complications. This reliance on unskilled care providers increases the risk of adverse maternal and neonatal outcomes (Vohra-Gupta et al., 2022). This review therefore, aims to provide a comprehensive analysis of how insecurity affects access to maternal healthcare services in Nigeria.

Conceptual Clarification

Insecurity

Insecurity can be defined as the absence of safety and stability, often characterized by violence, conflict, and the threat of harm. In Nigeria, insecurity manifests in various forms, including armed conflict, terrorism, and banditry, particularly in the northern regions. The deteriorating security situation has profound implications for public health, particularly maternal health, as it disrupts healthcare delivery systems and creates barriers to accessing essential services (Onah et al., 2022; Olarewaju, 2021). In the context of access to maternal healthcare services, insecurity refers to the multifaceted threats and challenges that hinder

women's ability to receive adequate reproductive health care during pregnancy, childbirth, and after delivery. This concept encompasses not only physical safety concerns arising from conflict and violence but also systemic issues such as inadequate healthcare infrastructure, shortages of trained personnel, and economic instability, which collectively impede access to essential maternal health services. The presence of conflict not only creates immediate threats to safety but also contributes to a broader environment of instability that affects healthcare delivery system.

Maternal Health

Maternal healthcare services encompass a range of medical and supportive interventions aimed at ensuring the health and well-being of women during pregnancy, childbirth, and the postpartum period. These services are critical for reducing maternal morbidity and mortality, as well as improving neonatal health outcomes. World Health Organization (2024) emphasizes that effective maternal healthcare includes prenatal care, skilled attendance during childbirth, and postnatal care, all of which are essential components of a comprehensive healthcare system. The significance of maternal healthcare services is underscored by global initiatives such as the Safe Motherhood Initiative and Millennium Development Goal 5, which specifically aimed to enhance maternal health and reduce maternal mortality rates. These initiatives highlight the importance of access to quality maternal healthcare, particularly in areas with limited healthcare resources (Okoli et al., 2020).

Overview of Insecurity

Insecurity, particularly in conflict-affected areas, poses a significant threat to healthcare systems globally. The United Nations High Commissioner for Refugees (2023) reports that up to 68% of healthcare facilities in these areas are either partially or completely non-functional, with maternal health services being disproportionately affected. This disruption is starkly illustrated by the situations in Syria, Yemen and recently Palestine, where ongoing conflicts have led to a collapse of healthcare infrastructure, resulting in increased maternal mortality rates. The systematic dismantling of healthcare services during conflicts not only limits access to essential medical care but also exacerbates existing health crises, particularly for vulnerable populations such as pregnant women and children (Kokori, 2024). Research indicates that in conflict-affected areas, women face substantial barriers to accessing maternal healthcare due to insecurity. For instance, a study in Sudan highlighted that military conflict significantly disrupts maternal health services, leading to challenges such as transportation limitations and a lack of adequately trained healthcare personnel (Miskeen, 2024). Similar findings have been documented in other conflict zones, such as the Democratic Republic of Congo and Syria, where insecurity directly correlates with reduced access to antenatal and postnatal care, exacerbating maternal health outcomes (Miskeen, 2024; Alhaffar & Sándor, 2021).

In Nigerian context, the security landscape has deteriorated significantly over the past two decades, primarily due to the insurgency of Boko Haram, armed banditry, and communal clashes. The Nigeria Conflict Factsheet (2023) indicates that these conflicts have resulted in over 37,500 deaths and the displacement of approximately 2.2 million people in northeastern

Nigeria alone. The impact on healthcare facilities has been severe, with more than 1,500 facilities destroyed and a mass exodus of healthcare workers from these areas. This situation has led to a critical shortage of healthcare services, further complicating the already dire health outcomes in the area (Mlambo, 2024).

Focusing on the northeastern Nigeria, the intersection of insecurity and maternal healthcare challenges becomes particularly evident. Médecins Sans Frontières (2023) reports that 60% of health facilities in this region are non-functional, which has resulted in a staggering 70% reduction in the number of skilled healthcare workers and an 80% compromise in maternal health services. Consequently, maternal mortality has surged by 300%, highlighting the catastrophic effects of insecurity on health outcomes. The deterioration of healthcare infrastructure, coupled with the displacement of populations, severely limits access to essential health services, particularly for women who rely heavily on these services during and after pregnancy (Mlambo, 2024).

Moreover, the broader implications of insecurity on healthcare systems cannot be overlooked. Armed conflicts not only disrupt routine healthcare services but also prioritize the treatment of combatants over civilians, leading to a neglect of essential health services. This prioritization exacerbates the challenges faced by civilians in need of medical attention, further complicating efforts to achieve Sustainable Development Goals (SDGs) related to health by 2030 (Kokori, 2024). The need for innovative solutions and adaptive measures becomes critical in such contexts, as traditional healthcare delivery models are rendered ineffective. Thus, emphasizing the integration of technology and public health strategies may provide pathways to mitigate the adverse effects of insecurity on healthcare systems in conflict zones (Ugwu Okechukwu Pau et al., 2024)

Determinants of Access to Maternal Healthcare

Maternal healthcare services are influenced by a myriad of determinants, which can be broadly categorized into socio-economic status, insecurity, cultural beliefs and practices, geographical accessibility, healthcare infrastructure, psychological stress, food insecurity and malnutrition, and the lack of emergency obstetric care. Each of these factors plays a critical role in shaping the accessibility, affordability, quality, and outcomes of maternal healthcare services.

Socio-Economic Status

Socio-economic status (SES) is a fundamental determinant of maternal healthcare access and quality. Women from lower socio-economic backgrounds often face multiple barriers, including financial constraints, limited education, and inadequate access to health information. These barriers can lead to delays in seeking care, particularly during critical periods such as pregnancy and childbirth. For instance, in Ethiopia, socio-economic factors significantly influence maternal health outcomes, with poorer women experiencing higher rates of maternal mortality due to limited access to healthcare services and resources (Tesfay et al., 2022). Furthermore, studies have shown that women with higher SES are more likely to utilize antenatal care (ANC) services, which are crucial for monitoring maternal and fetal health (Biadgo et al., 2021). This disparity highlights the need for targeted interventions aimed at

improving access for low-income women, such as community health insurance schemes and free transport services to healthcare facilities (Tesfay et al., 2022).

Insecurity

Insecurity, particularly in conflict-affected areas, poses a significant challenge to maternal healthcare. Armed conflicts disrupt healthcare systems, leading to shortages of medical supplies, trained personnel, and safe transportation options for pregnant women. For example, research in Sudan indicates that military conflicts severely hinder women's access to maternal health services, exacerbating the risks associated with childbirth (Miskeen, 2024). Similarly, in the Democratic Republic of Congo, insecurity has been linked to decreased utilization of maternal healthcare services, as women face threats to their safety while seeking care (Zhang et al., 2021). The presence of conflict often correlates with increased maternal and neonatal mortality rates, as women are unable to access necessary emergency obstetric care (Akseer et al., 2020). Thus, addressing insecurity is vital for improving maternal health outcomes in affected areas.

Cultural Beliefs and Practices

Cultural beliefs and practices significantly influence maternal healthcare utilization. In many communities, traditional beliefs regarding childbirth and maternal health can lead to reluctance in seeking formal medical care. For instance, some cultures may prioritize home births attended by traditional birth attendants over hospital deliveries, which can increase the risk of complications (Biadgo et al., 2021). Additionally, stigma surrounding certain medical practices, such as cesarean sections, can deter women from seeking necessary interventions (Miskeen, 2024). Education and community engagement are essential in addressing these cultural barriers, as they can help shift perceptions and encourage the acceptance of modern healthcare practices (Tesfay et al., 2022). Moreover, culturally tailored health education programs can empower women to make informed decisions regarding their maternal health.

Geographical Accessibility

Geographical accessibility is another critical determinant of maternal healthcare services. Women living in rural or remote areas often face significant challenges in accessing healthcare facilities due to distance and poor transportation infrastructure. In Ethiopia, for instance, the geographical distribution of emergency obstetric care facilities is uneven, with many women residing far from the nearest health center (Dinagde, 2024). This lack of accessibility can lead to delays in receiving care during emergencies, ultimately contributing to higher maternal mortality rates. Strategies such as establishing maternity waiting homes and improving transportation options are vital for enhancing access to maternal healthcare in underserved areas (Tesfay et al., 2022). Furthermore, integrating healthcare services into community settings can help bridge the gap for women who face geographical barriers.

Healthcare Infrastructure

The quality of healthcare infrastructure directly impacts maternal health outcomes. Inadequate healthcare facilities, insufficient staffing, and lack of essential medical supplies can compromise the quality of care provided to pregnant women. Research indicates that poor-

quality maternal healthcare is a significant barrier to reducing maternal and neonatal mortality (Biadgo et al., 2021). In Ethiopia, efforts to strengthen healthcare infrastructure have included training mid-level health workers and establishing comprehensive emergency obstetric care services (Teferi, 2024). However, ongoing challenges remain, particularly in rural areas where facilities may lack the necessary resources to provide adequate care. Investing in healthcare infrastructure is crucial for ensuring that all women have access to safe and effective maternal healthcare services.

Psychological Stress

Psychological stress is an often-overlooked determinant of maternal health. High levels of stress during pregnancy can adversely affect both maternal and fetal health, leading to complications such as preterm birth and low birth weight (Dickson, 2023). Factors contributing to psychological stress include socio-economic instability, insecurity, and lack of social support. In conflict-affected areas, the stress of living in a volatile environment can exacerbate these issues, further impacting maternal health outcomes (Miskeen, 2024). Addressing psychological stress through mental health support and counseling services is essential for improving maternal health, particularly in high-risk populations.

Food Insecurity and Malnutrition

Food insecurity and malnutrition are critical determinants of maternal health, as they directly affect women's nutritional status and overall health during pregnancy. Insufficient access to nutritious food can lead to complications such as anemia, which increases the risk of maternal mortality (Dolin et al., 2021). Studies have shown that food insecurity is often linked to broader social determinants of health, including economic stability and housing security (Dickson, 2023). In many low-income settings, addressing food insecurity through targeted nutritional programs and education can significantly improve maternal health outcomes. Furthermore, healthcare providers must be trained to recognize and address food insecurity as part of comprehensive maternal healthcare (Dolin et al., 2021).

Lack of Emergency Obstetric Care

The absence of emergency obstetric care (EOC) services is a critical gap in maternal healthcare systems, particularly in low-resource settings. EOC is essential for managing complications that can arise during childbirth, such as hemorrhage and obstructed labor. Research indicates that access to basic and comprehensive emergency obstetric care can prevent a significant proportion of maternal and neonatal deaths (Dinagde, 2024). However, many areas, especially rural areas, lack adequate EOC facilities, leading to delays in treatment and increased mortality rates (Teferi, 2024). Strengthening EOC services through training healthcare providers and improving facility readiness is vital for enhancing maternal health outcomes.

In conclusion, the determinants of maternal healthcare services are multifaceted and interrelated. Socio-economic status, insecurity, cultural beliefs, geographical accessibility, healthcare infrastructure, psychological stress, food insecurity, and the lack of emergency obstetric care all play critical roles in shaping maternal health outcomes. Addressing these

determinants requires a comprehensive approach that includes policy interventions, community engagement, and investment in healthcare infrastructure to ensure that all women have access to safe and effective maternal healthcare services.

Insecurity and Access to Maternal Healthcare

Insecurity significantly impacts access to maternal healthcare services through various mechanisms, including the destruction of healthcare facilities, fear of movement, displacement, and shortage of healthcare workers, disruption of health programs, and other factors. Each of these elements contributes to a complex web of challenges that women face in accessing the necessary care during pregnancy and childbirth.

Destruction of Health Facility

The destruction of healthcare facilities is one of the most direct consequences of insecurity. Armed conflicts, natural disasters, and pandemics can lead to the physical destruction of hospitals and clinics, rendering them unusable. For instance, during the COVID-19 pandemic, many healthcare facilities were repurposed or closed due to the overwhelming demand for COVID-related care, which in turn severely limited access to maternal healthcare services (Semaan et al., 2020; Aranda et al., 2022). The systematic review by Dahab and Sakellariou highlights that in low-income countries, the destruction of healthcare infrastructure due to conflict or neglect can lead to significant barriers in accessing maternal health services, as these facilities are crucial for providing essential care (Dahab & Sakellariou, 2020). Furthermore, the lack of functional healthcare facilities can exacerbate maternal morbidity and mortality rates, as women are unable to receive timely and adequate care during critical periods of their pregnancies (Sahoo et al., 2021).

Fear of Movement

Fear of movement is another critical factor that affects access to maternal healthcare. Women may be reluctant to travel to healthcare facilities due to fears of violence or harassment (Aranda et al., 2022; Sahoo et al., 2021). The systematic review conducted by Sahoo et al. emphasizes that during public health disasters, the fear of personal safety concerns significantly hinder women's willingness to access maternal health services (Sahoo et al., 2021). This fear can lead to delays in seeking care, which are associated with increased risks of complications during pregnancy and childbirth (Mekonnen & Yirdaw, 2023).

Displacement

Displacement, often a result of conflict or natural disasters, further complicates access to maternal healthcare services. Displaced women may find themselves in temporary shelters or refugee camps where healthcare services are either limited or entirely absent. The pilot study on maternal healthcare for migrants highlights that displaced populations often face significant barriers to accessing healthcare, including lack of transportation, financial constraints, and inadequate health infrastructure. The systematic review by Dahab and Sakellariou also notes that displacement can lead to a breakdown in social networks that typically provide support for women during pregnancy, further isolating them from necessary healthcare services (Dahab & Sakellariou, 2020).

Shortage of Healthcare

The shortage of healthcare workers is a pressing issue that exacerbates the challenges faced by women seeking maternal healthcare. Insecurity often leads to the migration of healthcare professionals away from conflict zones or areas with poor working conditions, resulting in a critical shortage of skilled personnel (Mollel, 2024). This shortage is particularly acute in low-income countries, where healthcare systems are already under strain. The lack of trained healthcare workers can lead to overcrowded facilities, increased wait times, and diminished quality of care, which can deter women from seeking services (Khan, 2024). Furthermore, the vulnerabilities in healthcare staffing, as many healthcare workers faced burnout and illness, further straining the already limited resources available for maternal health (Semaan et al., 2020; Mekonnen & Yirdaw, 2023).

Disruption of Health Programs

Disruption of health programs is another significant consequence of insecurity that affects maternal healthcare access. Health programs aimed at improving maternal health often rely on stable funding and consistent implementation. However, insecurity can lead to interruptions in these programs, as resources are diverted to address immediate crises or as facilities are forced to close (Aranda et al., 2022; Sahoo et al., 2021).

Other factors contributing to the insecurity-related barriers to maternal healthcare include socio-economic challenges, cultural beliefs, and systemic inadequacies within healthcare systems. Economic instability can limit women's ability to pay for transportation or healthcare services, while cultural norms may dictate when and how women seek care (Khan, 2024). Additionally, systemic issues such as inadequate training for healthcare personnel can lead to disrespect and abuse during care, further discouraging women from accessing necessary services (Khan, 2024). The cumulative effect of these factors creates an environment where women are less likely to seek timely and adequate maternal healthcare, ultimately impacting their health and well-being.

Conclusion

In conclusion, the interplay between insecurity and access to maternal healthcare services in Nigeria presents a significant public health challenge. The deteriorating security situation, particularly in the Northeast, has profound implications for maternal health outcomes in the region. Therefore, addressing the barriers posed by insecurity requires a multifaceted approach that encompasses improving healthcare infrastructure, enhancing the safety of healthcare delivery, and addressing the socioeconomic determinants of health.

Recommendations

1. There is a need for increased investment in healthcare infrastructure, particularly in conflict-affected regions, to ensure that women have access to safe and reliable maternal healthcare services.
2. There should be proper strategies to retain healthcare professionals working in conflict prone areas, including providing incentives and improving their working conditions.

3. Empowering women through education and awareness campaigns can help to build trust in formal healthcare systems and encourage them to seek necessary services.
4. There should be collaboration between government agencies, non-governmental organizations, and international partners so as to create a comprehensive response to the challenges posed by insecurity, with a view to improve peace and security and enhance maternal health outcomes particularly in the north and Nigeria at large.

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