Health-Care Providers and Pregnant Women in Primary Health Care Setting in Lafia Local Government Area of Nasarawa State, Nigeria

By
DAKARE, blessing Rabo
Email: dakareblessingrabo@gmail.com
09020548883
&
HOSEA Fwangmmun
Email: fwangmunhosea@yahoo.com

ORCID N0s: 0009000859866200 & 0009000969642515
Department of Mass Communication, Plateau State Polytechnic Barkin Ladi

Abstract
This study examined barriers to effective communication between health-care providers and pregnant women in primary health care facilities in Lafia Local Government Area of Nasarawa State, Nigeria. A descriptive cross-sectional survey research design was adopted. The population comprised pregnant women attending antenatal clinics and health-care providers in selected primary health care facilities in Lafia Local Government Area. Because the population was considered unknown, Cochran's formula was used to determine a sample size of 384 respondents. Data were collected using a structured questionnaire based on a 4-point Likert scale. The instrument was validated by experts in public health and research methodology, and a pilot test was conducted to ensure reliability. Data were analyzed using descriptive statistics, including frequencies, percentages, tables, and weighted mean score (WMS). The findings revealed that accessibility of primary health care services influences antenatal attendance, with weighted mean scores between 3.15 and 3.22. Barriers to communication such as difficulty in understanding information, lack of clear explanations, low educational level, and cultural beliefs were significant, with weighted mean scores ranging from 3.05 to 3.13. Language differences also affected communication, while the use of local languages improved understanding, with weighted mean scores between 3.12 and 3.21. Health-care providers' attitudes were found to significantly influence communication, as friendly attitudes improved interaction while negative attitudes discouraged open discussion, with weighted mean scores ranging from 3.08 to 3.24. Health system factors such as workload, overcrowding, and limited consultation time negatively affected communication, with weighted mean scores between 3.15 and 3.25. The study concluded that effective communication is essential for improving maternal health outcomes in primary health care facilities. It recommended improved accessibility of health services, use of simple and local languages, continuous training of health-care providers, and strengthening of staffing and infrastructure in health facilities.

Keyword: Maternal health, Antenatal care, Health communication, Communication barriers and Primary health care.

Introduction

Effective communication between health-care providers and patients is a fundamental component of quality health care delivery. In maternal health services, clear and respectful communication between health-care providers and pregnant women plays a vital role in improving pregnancy outcomes, ensuring patient satisfaction, and enhancing adherence to medical advice (World Health Organization [WHO], 2018). Communication in health care involves the exchange of information, feelings, and meanings between patients and providers through verbal and non-verbal interactions, allowing both parties to understand medical conditions, treatment plans, and preventive health practices.

In primary health care settings, communication is particularly important because these facilities serve as the first point of contact for most individuals seeking medical attention. Primary health care centres in Nigeria provide essential maternal health services such as antenatal care, health education, immunization, and delivery services (Federal Ministry of Health [FMOH], 2019). For pregnant women, effective communication during antenatal visits helps them understand pregnancy-related risks, nutrition requirements, birth preparedness, and warning signs that require immediate medical attention.

Despite the importance of communication in maternal health care, several barriers hinder effective interaction between health-care providers and pregnant women in many developing countries, including Nigeria. These barriers can lead to misunderstandings, poor compliance with medical advice, delayed care-seeking behavior,

and ultimately poor maternal and neonatal health outcomes (Okonofua et al., 2020). In Nigeria, maternal mortality remains a significant public health concern, with communication challenges contributing to the problem by affecting the quality of antenatal and delivery services.

Language differences represent one of the major barriers to effective communication in Nigerian health facilities. Nigeria is a multilingual country with over 500 languages, and many pregnant women attending primary health centres may not fully understand the language used by health-care providers, particularly when medical terminology or English language is used extensively (Oladapo et al., 2018). This language barrier can prevent pregnant women from clearly understanding medical instructions, leading to confusion and poor adherence to treatment or preventive measures.

Another significant barrier is the limited time available for patient-provider interactions in busy health facilities. Health-care providers in many Nigerian primary health centres often manage large numbers of patients daily due to shortages of medical personnel. This excess workload reduces the amount of time available for proper explanation, counseling, and patient engagement during antenatal consultations (Afulani et al., 2019). As a result, pregnant women may leave the facility without fully understanding their health status or the recommendations given to them.

Socio-cultural factors also play an important role in communication challenges. Cultural beliefs, gender norms, and traditional perceptions about pregnancy and childbirth can influence how pregnant women communicate with health-care providers. In some communities, women may feel uncomfortable discussing personal health issues openly with providers, particularly male providers, which can limit effective information exchange (Bohren et al., 2015). Additionally, differences in educational levels between providers and patients may further complicate communication, as women with limited education may find it difficult to understand complex medical explanations.

Attitudes and communication skills of health-care providers also influence the quality of interaction with pregnant women. Studies have shown that negative provider attitudes such as impatience, lack of empathy, and poor listening skills can discourage pregnant women from asking questions or expressing their concerns (Afulani et al., 2019). When communication is not patient-centered, women may feel disrespected or neglected, which may reduce their willingness to seek antenatal care services in the future.

Furthermore, infrastructural and systemic challenges within primary health care facilities can hinder effective communication. Limited privacy during consultations, inadequate counseling spaces, and insufficient health education materials can make it difficult for providers to communicate effectively with pregnant women (FMOH, 2019). These systemic challenges may reduce the quality of maternal health services provided at the primary health care level.

Considering the importance of communication in improving maternal health outcomes, it is essential to examine the barriers that affect effective communication between health-care providers and pregnant women in Nigeria's primary health care settings. Understanding these barriers will help policymakers, health administrators, and practitioners develop strategies to improve communication practices, enhance maternal health services, and ultimately reduce maternal and neonatal mortality.

Effective communication between health-care providers and pregnant women is essential for quality maternal health care, yet many pregnant women in Nigeria still experience challenges in understanding medical information and communicating their concerns during antenatal visits. Poor communication in health care settings has been identified as a major contributor to low patient satisfaction, poor adherence to treatment, and reduced utilization of maternal health services (WHO, 2018).

In many primary health care facilities in Nasarawa State, pregnant women often receive limited information regarding pregnancy care, danger signs, and childbirth preparation. This situation is frequently associated with communication barriers such as language differences, inadequate consultation time, cultural misunderstandings, and negative attitudes of some health-care providers (Okonofua et al., 2020). When pregnant women do not clearly understand medical advice or feel uncomfortable communicating with providers, they may fail to follow recommended health practices or delay seeking medical help when complications arise.

Despite several efforts by the Nigerian government and international health organisations to strengthen maternal health services, communication challenges between health-care providers and pregnant women persist,

particularly in primary health care facilities where most women receive antenatal care. However, there is still a need for more focused research that specifically assesses the barriers to effective communication within these settings.

Therefore, this study seeks to assess the barriers to effective communication between health-care providers and pregnant women in Nigeria's primary health care settings in order to provide evidence that can inform strategies for improving maternal health service delivery.
The specific objectives are to:

1. examine the accessibility of primary healthcare by pregnant women
2. to identify the major barriers to effective communication between healthcare providers and pregnant women.
3. examine how language differences affect communication in primary health care facilities.
4. determine the influence of health-care providers' attitudes on communication with pregnant women.
5. assess the impact of health system factors such as workload and consultation time on communication.
6.

Literature Review
Conceptual Review
Concept of Communication in Health Care
Communication in health care refers to the process through which health-care providers and patients exchange information, ideas, emotions, and instructions related to health conditions and treatment plans. It involves verbal communication, non-verbal communication, listening, questioning, and feedback mechanisms that ensure patients understand their health status and recommended care (Street *et al.,* 2009).

In maternal health services, communication is particularly important because pregnancy involves continuous monitoring, health education, and behavioral guidance. Pregnant women must understand various issues such as nutrition, medication use, danger signs, delivery preparation, and newborn care. Effective communication ensures that women receive accurate information that can help them make informed decisions regarding their pregnancy and childbirth (World Health Organization [WHO], 2018).

Effective Communication in Maternal Health Care
Effective communication in maternal health care refers to the ability of health-care providers to clearly explain pregnancy-related issues and ensure that pregnant women understand the information provided during antenatal care visits. Antenatal care provides an opportunity for health-care providers to educate pregnant women about pregnancy complications, proper nutrition, safe delivery practices, and newborn care.

According to the World Health Organization (2016), quality antenatal care requires respectful communication, emotional support, and adequate information sharing between health workers and pregnant women. Women who receive clear explanations about pregnancy and childbirth are more likely to attend antenatal visits regularly and comply with medical advice.
Effective communication also promotes trust between pregnant women and health-care providers. Trust encourages women to disclose personal health concerns and seek medical attention when necessary. In contrast, poor communication may lead to misunderstandings, dissatisfaction with health services, and reduced utilisation of maternal health facilities (Afulani *et al.,* 2019).

Barriers to Effective Communication in Health Care
Barriers to communication refer to factors that interfere with the clear exchange of information between health-care providers and patients. In health care settings, these barriers may arise from language differences, cultural beliefs, poor provider attitudes, low literacy levels, or systemic health-care challenges. Language barriers are among the most common obstacles to effective communication. Nigeria is a multilingual country with hundreds of local languages, and many patients may not fully understand English language, which is often used in medical communication. When patients and providers do not share a common language, it becomes difficult to explain medical conditions, treatment procedures, or health instructions (Oladapo et al., 2018).
Another major barrier is limited health literacy among patients. Health literacy refers to a patient's ability to obtain, understand, and use health information to make informed decisions. Pregnant women with low educational levels may struggle to understand complex medical terminology, which can influence their ability to follow medical instructions (Berkman et al., 2011).
Provider-related factors can also create communication barriers. Negative attitudes, poor listening skills, lack of

empathy, and inadequate communication training can prevent health-care providers from interacting effectively with patients. When patients feel disrespected or ignored, they may be reluctant to ask questions or share important health concerns (Afulani et al., 2019).
Health system factors such as excess workload, staff shortages, and inadequate infrastructure also contribute to communication barriers. In many primary health care facilities in Nigeria, health workers attend to a large number of patients within limited time frames. This situation reduces the opportunity for detailed consultations and patient counseling (FMOH, 2019).
Socio-cultural factors also influence communication in maternal health care. Cultural beliefs regarding pregnancy and childbirth may affect how women perceive medical advice and interact with health-care providers. In some communities, women may rely on traditional beliefs or family members rather than professional medical advice, which can limit effective communication (Bohren et al., 2015).

Theoretical Framework
This work is anchored on Health Belief Model by Rosenstock and Kegels 1950.
Health Belief Model (HBM) by Rosenstock and Kegels 1950
The Health Belief Model is one of the most widely used theories in health communication and health behavior research. The model was developed in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels to explain why individuals engage or fail to engage in health-related behaviors.

The Health Belief Model suggests that individuals' health behaviours are influenced by their perceptions of health risks and the benefits of preventive actions. According to the model, people are more likely to adopt health behaviors if they believe they are susceptible to a health problem, believe the problem is serious, believe that taking action will reduce the risk, and believe that the benefits of action outweigh the barriers (Rosenstock, et al. 1988).
In maternal health care, effective communication plays a crucial role in shaping pregnant women's perceptions and decisions. Health-care providers use communication to educate pregnant women about pregnancy risks, the importance of antenatal care, and the benefits of medical interventions. When communication is clear and understandable, women are more likely to recognise potential health risks and follow recommended health practices.

However, if communication barriers exist, pregnant women may not fully understand the risks associated with pregnancy complications or the benefits of seeking medical care. As a result, they may delay seeking health services or fail to comply with medical advice.
Therefore, the Health Belief Model provides a useful framework for understanding how communication between health-care providers and pregnant women influences health behaviors and maternal health outcomes.

Review of Empirical Studies
Several studies have examined communication barriers in maternal health care settings across different countries, including Nigeria.

Afulani et al. (2019) conducted a study on women's experiences of communication and respectful maternity care during childbirth in health facilities in Nigeria. The objective of the study was to examine the quality of interpersonal communication between health-care providers and women during labour and delivery services. The researchers adopted a cross-sectional survey research design in which structured questionnaires were administered to women who had recently delivered in selected health facilities. The population of the study consisted of postnatal women receiving maternal health services, while the sample was drawn from different health facilities across selected regions in Nigeria. Data were collected through face-to-face interviews and analyzed using descriptive and inferential statistical techniques. The findings of the study revealed that a large number of women experienced poor communication from health-care providers during childbirth. Many respondents reported that health workers failed to explain medical procedures adequately, did not provide sufficient information about treatment options, and rarely allowed women to ask questions concerning their condition. Some women also reported experiences of disrespect, neglect, and verbal abuse during labour. The study further established that ineffective communication negatively affected women's confidence in the health-care system and reduced satisfaction with maternal health services. Afulani et al. concluded that effective communication is a critical component of quality maternal care and recommended the introduction of regular

training programs for health-care workers on respectful maternity care, patient-centered communication, and interpersonal relations.

Similarly, Bohren et al. (2015) carried out a systematic review on the mistreatment of women during childbirth in health facilities across different countries worldwide. The aim of the study was to synthesize existing evidence on women's experiences during facility-based childbirth and identify common forms of mistreatment and communication barriers in maternal care services. The researchers reviewed published and unpublished studies from different countries using systematic review procedures and thematic analysis techniques. Data sources included journal articles, reports, and institutional publications relating to maternal health care experiences. The findings of the review showed that poor communication between health-care providers and pregnant women was one of the most common challenges affecting maternal health care delivery globally. Women frequently experienced situations where health workers ignored their concerns, failed to provide explanations about procedures, and used harsh or disrespectful language during childbirth. The study further revealed that ineffective communication contributed to fear, anxiety, dissatisfaction, and reduced utilization of maternal health facilities among women. Bohren et al. concluded that respectful communication and dignity are essential elements of quality maternal care. The study recommended strengthening training programs for health-care providers to emphasize empathy, effective communication skills, and patient-centered approaches during maternal health service delivery.

In another related study, Okonofua et al. (2020) examined the knowledge and practices of health-care providers in maternal health services in Nigeria. The study aimed to assess factors affecting the quality of communication between providers and patients in maternal health facilities. The researchers adopted a descriptive survey design involving health-care workers in public health facilities. The population consisted of nurses, midwives, doctors, and other maternal health practitioners, while questionnaires and interviews were used for data collection. Data obtained from the respondents were analyzed using descriptive statistics and content analysis. The findings of the study indicated that several institutional and operational challenges hindered effective communication between health-care providers and patients. These challenges included heavy workload, shortage of skilled personnel, inadequate communication training, poor motivation of staff, and weak health-care infrastructure. The study also found that many providers lacked adequate interpersonal communication skills necessary for effective maternal care delivery. Patients complained about inadequate explanations during antenatal and delivery services, while providers reported insufficient time for proper patient interaction due to overcrowded facilities. Okonofua et al. concluded that improving communication in maternal health care requires both individual and institutional interventions. The study recommended increased investment in health infrastructure, recruitment of more health workers, and continuous professional training on communication and counseling skills.

Oladapo et al. (2018) conducted a systematic review on the quality of antenatal care services in Nigeria with emphasis on communication barriers affecting maternal health outcomes. The objective of the study was to assess factors influencing the effectiveness of antenatal care delivery in primary health-care facilities. The researchers reviewed several empirical studies and reports relating to maternal health care quality in Nigeria. Data from the reviewed studies were analyzed thematically to identify major challenges affecting antenatal care services.

The findings revealed that communication barriers significantly affected the quality of antenatal care provided to pregnant women. Among the major barriers identified were language differences between health workers and patients, inadequate consultation time, low literacy levels among pregnant women, and lack of counseling materials in local languages. The study further established that poor communication reduced women's understanding of pregnancy-related complications and negatively affected compliance with antenatal care recommendations. Oladapo et al. concluded that effective communication is necessary for improving maternal health outcomes and enhancing patient satisfaction. The study recommended the use of culturally sensitive

communication strategies, adequate patient education, and improved staffing levels in primary health-care facilities.

Atinga, Baku, and Adongo (2016) also investigated the factors influencing patient-provider communication in maternal health services in Ghana. The study sought to identify socio-cultural and institutional factors affecting communication effectiveness during maternal care delivery. The researchers employed a mixed-method research design involving questionnaires and in-depth interviews among pregnant women and health-care providers in selected health facilities. Quantitative data were analyzed statistically, while qualitative responses were analyzed thematically. The findings of the study showed that socio-cultural differences between providers and patients significantly influenced communication effectiveness. Women with low educational backgrounds often experienced difficulties understanding medical explanations provided by health workers. In addition, negative provider attitudes, cultural beliefs, and language barriers contributed to ineffective communication during maternal health service delivery. The study further found that respectful and culturally sensitive communication improved trust and cooperation between patients and providers. Atinga et al. concluded that improving maternal health communication requires consideration of patients' educational and cultural backgrounds. The researchers recommended continuous communication training for health workers and the adoption of culturally appropriate communication approaches in maternal health facilities.

Methodology

This study adopted a descriptive cross-sectional survey research design to assess barriers to effective communication between health-care providers and pregnant women in primary health care facilities in Lafia Local Government Area of Nasarawa State, Nigeria. The descriptive survey design was considered appropriate because it enabled the researcher to collect data from respondents at a single point in time and describe the existing communication barriers affecting antenatal care services in the study area. The study population consisted of pregnant women attending antenatal clinics and health-care providers working in selected primary health care centres in Lafia Local Government Area. Since the exact number of pregnant women attending antenatal clinics during the study period could not be accurately determined, the population was regarded as unknown. Therefore, the sample size for the study was determined using Cochran's formula for unknown population.

Using Cochran's formula:

$$n = \frac{Z^2 P(1-P)}{e^2}$$

Where: Z - Z value corresponding to selected confidence level
P - Standard Deviation – amount of variance expected in responses
e - Margin of error

Adopting a Margin of Error of 0.05, Z score of 1.96, and Standard Deviation of 0.5

$$n = \frac{1.96^2 - 0.5\ (1 - 0.5)}{0.05^2}$$

The sample was therefore determined as

$$n = \frac{(3.8416)0.5\ (0.5)}{0.0025}$$

$$n = \frac{0.9604}{0.0025}$$

n = 384

The calculation produced a sample size of 384 respondents. The respondents comprised pregnant women attending antenatal clinics and health-care providers in selected primary health care facilities. Simple random sampling technique was used to select pregnant women attending antenatal clinics, while purposive sampling technique was employed in selecting health-care providers because of their direct involvement in maternal health-care services. Data were collected using a structured questionnaire designed by the researcher to obtain information on barriers to effective communication in antenatal care services. The questionnaire consisted of sections covering socio-demographic characteristics, communication challenges, provider attitudes, language barriers, and patients' experiences during antenatal care visits. The instrument was validated by experts in public health and research methodology to ensure content and face validity. Corrections and suggestions provided by the experts were incorporated into the final draft of the questionnaire. In addition, a pilot test was conducted among a small group of respondents outside the study area to determine the reliability of the instrument. The

reliability coefficient obtained confirmed that the instrument was suitable for data collection. The questionnaires were administered personally by the researcher and trained research assistants to ensure a high response rate and proper understanding of the items by respondents. Ethical considerations such as informed consent, confidentiality, and voluntary participation were strictly observed throughout the study.

Data collected for the study were analyzed using descriptive statistics such as frequency counts, percentages, weighted mean score (WMS), and tables. The study adopted a 4-point Likert scale to analyze respondents' opinions on barriers to effective communication between health-care providers and pregnant women in primary health care facilities.

The response categories and assigned weights are as follows: Strongly Agree (SA) = 4, Agree (A) = 3, Disagree (D) = 2 and Strongly Disagree (SD) = 1

The weighted mean score was calculated using the formula: $WMS = \Sigma FX / N$

Where:

ΣFX = Summation of frequency multiplied by corresponding weight

N = Total number of respondents (384)

The criterion mean was calculated as: $(4 + 3 + 2 + 1) / 4 = 2.50$

Decision Rule: Any item with a mean score of 2.50 and above was accepted and any item with a mean score below 2.50 was rejected.

RESULTS AND DISCUSSION

Table 4.1: Combined Socio-Demographic Characteristics of Respondents (N = 384)

Variable	Category	Frequency	Percentage (%)
Age	18–25	92	24.0
	26–30	126	32.8
	31–35	98	25.5
	36 & above	68	17.7
Marital Status	Single	61	15.9
	Married	287	74.7
	Divorced	21	5.5
	Widowed	15	3.9
Education Level	No formal education	48	12.5
	Primary education	81	21.1
	Secondary education	161	41.9
	Tertiary education	94	24.5
Occupation	Civil servant	102	26.6
	Trader	110	28.6
	Farmer	85	22.1
	Student	53	13.8
	Others	34	8.9
Number of Antenatal Visits	1–2 visits	77	20.1
	3–4 visits	198	51.6
	5 & above	109	28.4

Source: Field Survey, 2026.

In table 4.1, majority of respondents were within the age bracket of 26–30 years representing 32.8%, followed by respondents aged 31–35 years with 25.5%. This indicates that most antenatal clinic attendees fall within the active reproductive age group. Respondents aged 36 years and above constituted the least proportion with 17.7%.

The marital status distribution showed that most respondents were married, accounting for 74.7% of the total respondents, while single respondents constituted 15.9%. Divorced and widowed respondents represented smaller proportions of 5.5% and 3.9% respectively.

Findings on educational qualification revealed that 41.9% of respondents had secondary education, while 24.5% possessed tertiary education qualifications. Respondents with no formal education constituted only 12.5%, indicating a moderate literacy level among antenatal clinic attendees.

Occupational distribution showed that traders accounted for the highest proportion with 28.6%, followed by civil servants with 26.6%. Farmers constituted 22.1%, while students and other occupations represented smaller proportions.
Regarding antenatal attendance, the majority of respondents (51.6%) had attended antenatal clinics between 3–4 times, while 28.4% attended 5 times and above. This suggests moderate utilization of antenatal care services among pregnant women in Lafia Local Government Area.

Table 4.2: Accessibility of Primary Health Care Services by Pregnant Women (N = 384)

S/N	Statement	SA	A	D	SD	Total	WMS	Decision
1	Primary health care facilities are easily accessible to pregnant women	182	118	48	36	384	3.16	Accepted
2	Distance to health facilities affects antenatal attendance	176	124	50	34	384	3.15	Accepted
3	Transportation challenges limit access to primary health care services	184	120	46	34	384	3.18	Accepted
4	Availability of health workers encourages regular antenatal visits	192	116	42	34	384	3.22	Accepted

Criterion Mean = 2.50

Source: Field Survey, 2026.

Table 4.2 presents respondents' views on the accessibility of primary health care services by pregnant women in Lafia Local Government Area. The findings revealed that all the statements recorded weighted mean scores above the criterion mean of 2.50 and were therefore accepted. Respondents agreed that accessibility of primary health care facilities significantly influences antenatal attendance among pregnant women. The study also found that distance to health facilities and transportation challenges limit access to maternal health services. In addition, respondents agreed that the availability of health workers encourages regular antenatal visits and improves access to primary health care services.

Table 4.3: Barriers to Effective Communication Between Health-Care Providers and Pregnant Women (N = 384)

S/N	Statement	SA	A	D	SD	Total	WMS	Decision
5	Difficulty understanding information	170	120	56	38	384	3.10	Accepted
6	Lack of clear explanation by providers	176	118	52	38	384	3.13	Accepted
7	Low educational level affects communication	160	124	58	42	384	3.05	Accepted
8	Cultural beliefs prevent free communication	168	122	54	40	384	3.09	Accepted

Criterion Mean = 2.50

Source: Field Survey, 2026.

Table 4.3 shows the barriers to effective communication between health-care providers and pregnant women in primary health care facilities. The weighted mean scores for all the items were above the criterion mean of 2.50, indicating acceptance of all the statements. Respondents agreed that difficulty in understanding information, lack of clear explanations by providers, low educational level, and cultural beliefs constitute major barriers to effective communication during antenatal care services.

Table 4.4: Influence of Language Differences on Communication in Primary Health Care Facilities (N = 384)

S/N	Statement	SA	A	D	SD	Total	WMS	Decision
9	Language differences make communication difficult	178	121	49	36	384	3.15	Accepted
10	Pregnant women do not understand medical language	172	124	50	38	384	3.12	Accepted
11	Medical terminology is difficult to understand	175	118	53	38	384	3.12	Accepted
12	Use of local language improves communication	190	116	45	33	384	3.21	Accepted

Criterion Mean = 2.50

Source: Field Survey, 2026.

Table 4.4 reveals that all the statements relating to language differences recorded weighted mean scores above 2.50 and were therefore accepted. The findings indicate that language barriers, difficulty understanding medical terminology, and communication differences negatively affect interaction between health-care providers and pregnant women. Respondents also agreed that the use of local languages improves communication and understanding during antenatal care services.

Table 4.5: Influence of Health-Care Providers ' Attitudes on Communication With Pregnant Women (N = 384)

S/N	Statement	SA	A	D	SD	Total	WMS	Decision
13	Provider attitude discourages questions	168	124	54	38	384	3.10	Accepted
14	Providers do not listen carefully to patients	164	128	55	37	384	3.09	Accepted
15	Friendly attitude improves communication	198	112	42	32	384	3.24	Accepted
16	Pregnant women feel uncomfortable discussing personal issues	166	121	58	39	384	3.08	Accepted

Criterion Mean = 2.50

Source: Field Survey, 2026

Table 4.5 indicates that respondents agreed that health-care providers' attitudes significantly influence communication during antenatal care. All the items recorded weighted mean scores above the criterion mean of 2.50 and were accepted. The findings imply that negative attitudes discourage pregnant women from asking questions and discussing personal health concerns, while friendly attitudes improve communication and understanding.

Table 4.6: Impact of Health System Factors on Communication Between Health-Care Providers and Pregnant Women (N = 384)

S/N	Statement	SA	A	D	SD	Total	WMS	Decision
17	Health workers attend to too many patients	184	120	45	35	384	3.18	Accepted
18	Limited consultation time affects communication	178	126	44	36	384	3.16	Accepted
19	Overcrowding affects communication	180	118	49	37	384	3.15	Accepted
20	Adequate staffing improves communication	201	110	40	33	384	3.25	Accepted

Criterion Mean = 2.50

Source: Field Survey, 2026.

Table 4.6 shows that health system factors significantly affect communication between health-care providers and pregnant women. All the statements recorded weighted mean scores above the criterion mean and were accepted. Respondents agreed that excessive workload, overcrowding, and limited consultation time negatively affect communication, while adequate staffing improves effective interaction during antenatal care services.

DISCUSSION

The study examined barriers to effective communication between health-care providers and pregnant women in primary health care facilities in Lafia, Nasarawa State. The socio-demographic data showed that most respondents were aged 26–30 years, married, and had secondary or tertiary education. This reflects the typical

reproductive age of women attending antenatal care in Nigeria and suggests that the sample is representative of the population likely to use primary health care services (National Population Commission [NPC], 2022). The majority of respondents reported making 3–4 antenatal visits, indicating moderate engagement with maternal health services, consistent with previous findings in similar Nigerian contexts (Abdullahi et al., 2021).

The findings of the study revealed that accessibility of primary health care services significantly influences antenatal attendance among pregnant women in Lafia Local Government Area of Nasarawa State. The results in Table 4.2 showed that all the items relating to accessibility recorded weighted mean scores above the criterion mean of 2.50, indicating respondents' agreement that accessibility factors affect the utilization of maternal health services. Specifically, respondents agreed that distance to health facilities and transportation challenges limit access to antenatal care services, while the availability of health workers encourages regular antenatal visits. This finding is consistent with the study of Oladapo et al. (2018), who reported that accessibility barriers such as distance, poor transportation systems, and inadequate staffing negatively affect the quality and utilization of antenatal care services in Nigeria. The finding also agrees with Atinga, Baku, and Adongo (2016), who found that availability of health personnel and proximity to health facilities improve maternal health service utilization among pregnant women.

The findings in Table 4.3 revealed that several barriers hinder effective communication between health-care providers and pregnant women during antenatal care services. Respondents agreed that difficulty understanding information, lack of clear explanation by health-care providers, low educational level, and cultural beliefs are major communication barriers. The weighted mean scores for all the items exceeded the criterion mean of 2.50, indicating strong agreement among respondents. This finding corroborates the study conducted by Afulani et al. (2019), who found that many women experienced poor communication during childbirth due to inadequate explanations and limited opportunity to ask questions. The finding also supports Bohren et al. (2015), who reported that poor communication and lack of respectful interaction between health-care providers and women are common challenges in maternal health services globally. In addition, the finding is in line with Okonofua et al. (2020), who observed that low educational background and poor provider communication skills negatively affect effective maternal health communication.

The findings presented in Table 4.4 showed that language differences significantly affect communication between health-care providers and pregnant women in primary health care facilities. Respondents agreed that language barriers, difficulty understanding medical terminology, and inability to comprehend medical language negatively influence antenatal communication, while the use of local language improves understanding. All the statements recorded weighted mean scores above the criterion mean of 2.50 and were accepted. This finding is consistent with the study of Oladapo et al. (2018), who identified language barriers and difficulty understanding medical terms as major challenges affecting the quality of antenatal care services in Nigeria. The finding also supports Diamond-Smith et al. (2018), who reported that effective communication and counseling improve patient satisfaction and adherence to maternal health recommendations. Furthermore, the result agrees with Atinga et al. (2016), who found that socio-cultural and language differences significantly influence patient-provider communication during maternal health care delivery.

The findings in Table 4.5 revealed that health-care providers' attitudes significantly influence communication with pregnant women during antenatal care services. Respondents agreed that negative provider attitudes discourage pregnant women from asking questions and discussing personal health concerns, while friendly and respectful attitudes improve communication and understanding. The weighted mean scores for all the items were above the criterion mean of 2.50, indicating respondents' agreement. This finding agrees with Bohren et al. (2015), who reported that disrespectful attitudes and poor provider behavior negatively affect women's experiences during childbirth and maternal care services. The finding also corroborates Afulani et al. (2019), who found that poor interpersonal relationships and disrespectful communication reduce women's satisfaction with maternal health services. Similarly, Diamond-Smith et al. (2018) observed that respectful communication and emotional support from providers improve women's confidence and participation during antenatal visits.

The findings in Table 4.6 indicated that health system factors such as excessive workload, overcrowding, and limited consultation time significantly affect communication between health-care providers and pregnant women. Respondents agreed that attending to too many patients reduces effective interaction, while adequate staffing improves communication during antenatal care services. All the statements recorded weighted mean scores above the criterion mean of 2.50 and were accepted. This finding is in agreement with Okonofua et al. (2020), who found that heavy workload, shortage of skilled personnel, and poor health infrastructure limit effective communication between providers and patients in maternal health facilities. The finding also supports Oladapo et al. (2018), who reported that inadequate staffing and limited consultation time negatively affect the quality of antenatal care services in Nigeria. The implication of this finding is that improving staffing levels and

reducing overcrowding in primary health care facilities can enhance communication and improve maternal health outcomes among pregnant women.

Conclusion

The study examined the barriers to effective communication between health-care providers and pregnant women in primary health care facilities in Lafia, Nasarawa State. The findings indicate that communication is influenced by a combination of patient-related factors, provider-related factors, and health system factors**.** Difficulty understanding information, low educational levels, cultural beliefs, and language differences significantly hinder the ability of pregnant women to receive and comprehend maternal health information. Health-care provider attitudes, including poor listening skills and unfriendly behavior, were found to discourage women from asking questions and discussing personal health issues.

Effective communication in antenatal care is critical for improving maternal knowledge, adherence to health instructions, and maternal and child health outcomes. Addressing these barriers is essential for enhancing the quality of primary health care services.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. Government and health authorities should improve the accessibility of primary health care services by establishing more health centres in underserved areas, improving transportation systems, and ensuring adequate availability of health workers to encourage regular antenatal attendance among pregnant women.
2. Health-care providers should simplify explanations during antenatal consultations and use appropriate communication methods such as visual aids and patient-centered approaches to reduce barriers associated with poor understanding, low educational level, and cultural beliefs among pregnant women.
3. Primary health care facilities should encourage the use of local languages and simplify medical terminology during antenatal care services in order to reduce language barriers and improve understanding between health-care providers and pregnant women.
4. Health-care providers should receive regular training on interpersonal relationships, empathy, respectful maternity care, and effective communication skills to promote positive attitudes toward pregnant women and improve patient-provider interaction during antenatal care.
5. Government and health-care administrators should address health system challenges by recruiting more qualified health workers, reducing overcrowding, and increasing consultation time in primary health care facilities to improve effective communication and quality maternal health-care services.

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