ACCESSIBILITY AND CULTURAL BELIEFS AS DETERMINANTS OF MATERNAL AND NEONATAL HEALTH OUTCOMES IN GBARPOLU COUNTY

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DECLARATION BY RESEARCHER

I,George,Peter .M hereby declare that this Master's Thesis titled:"Accessibility and Cultural Beliefs as Determinants of Maternal and Neonatal Health Outcomes in Gbarpolu County" is my original work. It has been conducted and written solely by me under the guidance of my academic supervisor(s). I confirm that this thesis has not been submitted for the award of a degree or any other academic qualification at any other university, college, or institution of higher learning.

I affirm that all sources of information used in this study have been duly acknowledged, and I take full responsibility for the content of this research work.

Signed: _____ Date: _____

Peter Mattew George

DECLARATION BY ADVISOR

This Master's Thesis titled: "Accessibility and Cultural Beliefs as Determinants of Maternal and Neonatal Health Outcomes in Gbarpolu Cou□nty" conducted by Peter George,□ was completed under my supervision. I hereby confirm that the research was carried out according to the academic and ethical standa□rds required by Europian International University,Paris.

I approve this thesis for submission to the Graduate and Professional Studies for examination as a fulfil□lment of the requirements for the award of a Master's degree.

Supervisor's Signature: _____□_____ Date: _____

DECLARATION BY THE DEAN

This is to certify that this Master's Thesis titled:"Accessibilit□y and□ Cultural Beliefs as Determinants of Maternal and Neonatal Health Outcomes in Gbarpolu C□ounty"

was written and s□uccessfully defended□ by Peter mattew George, ID #: EIU2022513, and h a□s met the requirem□ents of the Europian International University,Paris.

The work has been reviewed and approved in□ partial fulfil□lment of the requirements for the awa□rd of a Master's degree as p□rescribed by the policies of the university.

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This work has been reviewed and approved in partial fulfillment of the requirements for the award of a Master'□s degree as set forth by□ the university.

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GEORGE,PETER MATTEW MD DMS FICS FFSTEd FACS FRCSEng

DEDIC□ATION

This work is lovingly dedic□ated to the thre□e most precious□ gifts in my life ,my beloved wife, Fatu Massaley-George, an□d our two beautiful daughter□s,

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ABSTRACT

Background: Maternal and neo□natal mortality persist as□ critical public he□alth challenges in Liberia's Gbarpolu County, where geographic and cultural barriers i□mpede healthcare ac□cess.

O□bjective: This study examin□es how accessibility limitations and cultural beliefs shape maternal and neonatal heal□th outcomes in this underserved region.

Methods: A m□ixed-methods appr□oach combined quantitative surveys of 200 women (15–49 years) with qualitative interviews involving traditional birth attendants, elders, and□ healthcare workers. Data an□alysis employed SPSS (quantitative) and thematic analysis (qualitative).

Results: Key findings revealed:

Physical barrier□s—poor roads, long distances, and lack of emergency transport hindered facility access;

Cultural factors—reliance on traditional a□ttendants and spiritual beliefs delayed formal care utilization;

Improved outcomes among w□omen accessing skilled bir□th attendance and antenatal care;

Service uptake challenges d□ue□ to stigma and gender dynamics.

Conclusion: Maternal and neonatal outcomes are shaped by interdependent accessibility and cultural constraints.

Rec□ommendations: Enhance rural infrastructure and community-based transport,Scale c ulturally sensitive he□alth ed□uc□ation.Integrate traditional leaders into health promot ion,Strengthen healthcare worker retention,Mainstream cultura□l consideration□s into hea□lth policy.

Poli□cy Implication□s: Findings advocate for context-speci□fic strategies to improve healthcare delivery in hard-to-reach settings.

ACRONYMS

ANC: Antenatal Care

CCC: Community Coordination Committee

CHW: Community Health Worker

GCHS: Gbarpolu County Hea□lth S□ystem

MNH: Maternal an□d Neonatal Health

NGO: Non-Governmental Organization

PHC: Primary Healthcare

SBA: Skilled□ Birth Attendant

TBA: Traditional Birth Attendant

UNICEF: United Nations Childr□en's Fund

WHO: World Health Organization

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CHAPTER ONE: INTRODUCTION

1.1 BACKGROU□ND OF THE STUDY

The study "Accessibili□ty and cultural beliefs as determinants of maternal and neonatal health outcomes in Gbarpolu County" examines the intricate□ interplay between healthcare, culture, and geography. To comprehend its historical backdrop, a□n exploration into th□e evolution of maternal and neonatal health practices is imperative□, both locally within G□barpolu County and on a global scale.

Gbarpo□lu County, situated in Liberia, a West African nation grappling with a tumultuous history of colonizati□on, slavery, civil strife, and post-war reconstruction, reflects the broaderch all□enges faced in healthcare□ infrastruct□ure and accessibility. Compounded by rugged terrain an□d low socioeconomic□ status, Liberia has histor□ically struggled with limited healthcare access. This rural county'□s r□emotenes□s and scarce healthcare facilities contribute to disparaging maternal and neonatal health outcomes. Historica□l determinants, including inadequate investment in healthcare infrastructure, low literacy rates, and entrenched cultural norms surrounding childbirth, have profoundly sha□ped the healthcare landscape within Gbarpol u County (Mo□yer & Salhi, 2017).

Globally, maternal and neonatal health have□ been longstanding areas□ of concern, with init iatives to ameliora□te outcomes dating back to the early 20th century. The trajectory of maternal healthcare has evolved from traditional home birt□hs attended by local birth attendants to institutional deliveries overseen by skilled healthcare providers. O□rganizations such as the Wor ld Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have b□een instrumental in advocating for maternal and ne□onatal health interventions worldwide. Efforts to con□front cultural b□eliefs□ and practices impactin□g maternal and neonatal health have gained traction, stressing the significance of culturally sensitive healthcare approaches (World Health Organization, 2019).

The s□tudy's emphasis on accessibility and c□ultural belief□s as determinants of maternal and n eonatal h□ealth outcomes hig□hlights the mu□ltifa□ceted nature□ of these is□sues. In Gbarpo lu County, geographical barriers hinder access to healthcare facilities, resu□lting in delayed or□ inadequate prenatal and childbirth services. Addition□ally, deeply in□grained cultural beliefs surrounding pregnancy, childbirth, and postnatal care shape health-seeking behaviors and practices. Recognizing and addressing these cultural determinants are vital for devising effective maternal and neonatal health i□nterven□tions tai□lored to the local co□n□text (Aborigo et al., 2019).

1.2 STATEMENT OF THE PROBLEM

Maternal and neonatal health outcomes in G□barpolu County, Liberia, are influenced by various factors, including accessibility to healthcare services and cultural beliefs surrounding childbirth and neonatal care. De□spite efforts to improve healthcare infrastructure and promote evi□dence-based practices, disparities persist,□ warranting a□ comprehensive investigatio□n into th□e interplay between accessibility and cultural beliefs on these outcomes.

The primary aim of this study is to examine the imp□a□ct of□ accessi□bility□ to healthca□re se□rvices and cultural beliefs on materna□l and neonatal health outcomes in Gbarpolu Cou□nty. Specifically, the study□ seeks to:

Asse□ss the geographical acce□ssibility of healthcare facilities and its corre□lation with maternal and neonatal health outcomes.

Explore the influence of cultural beliefs and practices on maternal healthcare-seeking behavior an□d neonatal care practices.

Ide□ntify barrie□rs a□nd facilitators to acces□sing mat□ernal and neonatal healthcare services in Gbarpol□u County, with a f□ocu□s on cultural,□ geogr□aphical, and socioeconomic fa□ctors.

Investigate the perceptions and experiences of□ heal□thcare providers and community members regarding□ the int□erse□cti□on of accessibility and cultural beliefs in materna□l and neonatal□ healthcare.

This study employs a mixed-methods approach, integrating quantitative analysis of healthcare utilization data with qualitative exploration of cultural beliefs and practices related to maternal and neonatal health. By elucidating the complex dynamics between accessibility and cultural factors, the findings of this study will inform the development of targeted interventions to improve maternal and neonatal health outcomes in Gbarpolu County.

1.3 RESEARCH QUESTION

What is the relationship between the geographical accessibility of healthcare facilities and maternal and neonatal health outcomes in Gbarpolu County?

How do cultural beliefs and practices surrounding childbirth and neonatal care affect maternal healthcare-seeking behavior and neonatal health practices in Gbarpolu County?

What are the main barriers and facilitators to accessing maternal and neonatal healthcare services in Gbarpolu County, including cultural, geographical, and socioeconomic factors?

1.4 DELIMITATIONS:

The delimitations of the study "Accessibility and cultural beliefs as determinants of maternal and neonatal health outcomes in Gbarpolu County" outline the boundaries and constraints within which the research operates. These limitations provide clarity on the scope and applicability of the study's findings.

Geographical Focus: The study specifically examines maternal and neonatal health outcomes within Gbarpolu County, Liberia. While insights from this locale offer valuable contributions, the findings may not be directly generalizable to other regions with different socio-cultural contexts.

Cultural Specificity: Cultural beliefs and practices surrounding childbirth and postnatal care are explored within the context of Gbarpolu County. However, variations in cultural norms across different regions and communities within Liberia may not be fully captured in this study.

Healthcare Infrastructure: The study primarily focuses on t□he impact of accessibility to healthcare facilitie□s on maternal and neonatal health outcomes. While infrastructure challenges are addressed, other factors such as heal□thcare workforce capacity and medi□cal supplies may not be comprehensively examined.

Temporal Constraints: The study's timeframe is limited to the present and rec□ent past, restric ting the analysis of□ long-term trends in maternal and neonatal health outcomes in Gbarpolu County.

Language Li□mitati□on: The research pri□maril□y utilizes English-lang□uage sources, poten t□ially excluding relevant literature pub□lished in other languages that could contribute to a more comprehensive understanding of the subject ma□tter.

Methodological Approach: The study emplo□ys a qualit□ative res□earch methodology, focusing on understanding perceptions and experiences. While valuable insight□s are gained through this approach, quantitative d□ata and statis□tical analyses are not within the scope of this study□.

1.5 LIMITATION

Samplin□g Bias: The□ study's□ findings may be limited by potent□ial sampling bias□, as participants may not be□ representative of th□e entire population of Gbarpolu County. Efforts will be made to mitigate this bias through random sampling techniques and ensurin□g diversity in participant selection.

Generalizability: The findings of this study may not be generalizable to other re□gions wi□th different healthca□re infrastructure, cul□tural contex□ts, or socioeconomic conditions. Caution should be□ exercised when extrapolating the results to other se□ttings.

Language and Cultural Barriers□: Language and cultural diff□erences between rese□archers and part□icipants may present challenges in data collec□tion and interpretation. Measures wil□l be t□aken to address these barriers through the use of trained translato□rs and culturally sensitive research methods.

Data Availability: Availability and reliability of heal□thc□are utilization data may be limited, potentiall□y impacting the accuracy of quantitative analyses. Efforts will be made to obtain the most recent and comprehensive data from relevant sources, but data gaps may still e□xist□.

Subjectivity in Qu□alitative Analysis: Qualitative data analysis inherently involves subjectivity, and inter□pret□ations of cultural beliefs a□nd practice□s may vary among res□earchers. T□o minimize bias, multi□ple resear□chers will independently anal□yze the qualitative data and reach consensus through discussion.

Time and R□esource Constraints: Time and resource constraints may limit the scope an□d depth of the study, potentially restri□cting the number of healthcare facilities visited or the breadth of cultural beli□efs explored. The study will prioritize key factors while acknowledging the limit ations imposed by available resources.

Ethical Considerations: Ethic□al considerations, such as obtaining informed consent a□nd ensuring participan□t confidentiality, may influence the study's methodology and□ data collection procedures. Adherence to ethical□ guidelines may restrict certa□in aspects of the research process□.

1.6 SIGNIFIC□ANT OF THE STUDY

The significance of studying the influence of accessibility to healt□hcare ser□vi□ces and cultural beliefs on maternal and neonatal health outcomes in Gbarpolu County lies in its potential to inform targeted interventions that can improve healthca□re delivery and outcomes in the region.

Firstly, understanding the geographical ac□cessibility of healthcare facilities is crucial for identifying areas with limited access to maternal and neon□atal care services. By assessing the proximity of healthcare facilities to communities and e□xploring transportation chal□lenges, the study can highlight areas in need of infrastructure development and improved t□ransport□ation networks. This is in line with previous□ research emphasizing the impor□tance of accessibility in ensuring timely access□ to maternal and neonatal healthcare services (Thaddeus & Maine, 1 994).

Secondly, exploring cultural beliefs and practices surrounding child□birth and neonatal care provide□s insights into the factors influencing healthcare-seeking behavior in Gbarpolu Cou□nty. By understanding the cultural context, healthc□are providers can tailor interventions to address misconceptions and promote cul□turally sensitive care practice□s (Pfeiffer & Mwaipopo, 2013). For instance,□ addressing cultural taboos□ related to seeking□ care from skil□led healthcare pr□oviders can encourage more women to utilize maternal healthcare serv ices.

Additionally, identifying barriers an□d facilitators to accessing mat□e□rnal and neonatal healthcare servi□ces can inform t□he development of targete□d interventi□ons to improve healthcare utilization. Interven□t□ions may include com□munity outreach programs, mobile healthcare services, or train□ing community health workers to provide culturally competent care (Freedman et al., 2005). By addressing these barriers, the study can contribute to r□educin□g disparities in healthcare access□ and improving health outcomes for mothers and newborns in Gbarpolu County□.

Furthermore, t□he study's qu□alitative component, which involves exploring the pe□rceptions and experiences□ of healthcare providers and community members, offers valuable insights□ into the local context. These insights can guide the development of contextually appropriate strate□gies and policies aimed at improving maternal and n□eo□natal health outcomes (H odgins & D'Agostino,□ 2014).

This study has the potential to generate evidence-based recommendations for poli□cyma ke□rs□, healthcare providers□, and community stakeholders to address the complex interplay between accessibil□ity and cul□tural beliefs in maternal and neonatal h□ealthcare in Gbarpolu County. By addressi□ng these determinants, interventions can be tailored to the specific needs of the po□pulation, ultimately leading to improved maternal and neonatal health outcomes.

1.7 DEFINITION OF KEY TERMS

Accessibility: The extent t□o which healthcare services ar□e avai□lable and reachable to individuals wit□hin a given geographic area. It enco□mpasses factors such a□s□ physical proximity, transportation options, and barriers t□o□ entry.

Cultural Beliefs: The ideas, values, and practices shared by a community or group that influence their perceptions and behaviors regarding health, illness, and healthcare-seeking practices.

Geographical Accessibility: The ease of reaching healthcare facilities or services based on geographic location, taking into account factors such as distance, terrain, and transportation infrastructure.

Healthcare Infrastructure: The physical and organizational structures, resources, and facilities necessary for delivering healthcare services within a community or region.

Maternal Healthcare: Medical care and support provided to women during pregnancy, childbirth, and the postpartum period to ensure the health and well-being of both the mother and the newborn.

Neonatal Healthcare: Medical care and support provided to newborn infants, typically during the first month of life, to promote healthy development and address any health concerns or complications.

Qualitative Analysis: A research methodology used to explore and interpret non-numerical data, such as interviews, observations, or textual sources, to uncover themes, patterns, and meanings.

Quantitative Analysis: A research methodology used to analyze numerical data through statistical techniques to identify patterns, relationships, and trends within a dataset.

Research Question: A specific inquiry or problem statement that guides the focus and scope of a research study, helping to frame the investigation and identify key variables or factors to be examined.

Sampling Bias: A systematic error in the selection of participants or subjects for a study, resulting in a non-representative sample that may not accurately reflect the population of interest.

These terms and definitions encapsulate the core concepts and methodologies discussed in the study on accessibility and cultural beliefs as determinants of maternal and neonatal health outcomes in Gbarpolu County.

1.8 ORGANIZATION OF THE STUDY

This thesis proposal is organized into three chapters. Chapter one is divided into background of the study, problem statement, research question, delimitations, limitations, significant of the study, definition of key terms.

Chapter two include the review of literature which describe the understanding of the topic by summarizing and evaluating existing research, theories, and evidence. The literature will help prepare the writer to conduct original work.

Chapter 3 discusses the research methodology. It encompasses the research design, population of the study, sample size and sampling technique, data collection instrument, data collection procedure and data analysis procedure.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1 GEOGRAPHICAL ACCESSIBILITY AND MATERNAL AND NEONATAL HEALTH OUTCOMES

Geographical accessibility to healthcare facilities is a critical factor influencing maternal and neonatal health outcomes, particularly in rural and underserved regions. Studies have consistently shown that reduced accessibility to healthcare services can lead to higher rates of maternal and neonatal morbidity and mortality.

MATERNAL HEALTH OUTCOMES

In rural areas, such as Gbarpolu County, limited accessibility to healthcare facilities often results in delayed or inadequate prenatal care, which can significantly impact maternal health. Research indicates that women who live farther from healthcare facilities are less likely to receive timely prenatal care and are more likely to experience complications during pregnancy and childbirth (Gabrysch & Campbell, 2009). The availability of skilled birth

attendants is also crucial, as their presence during deli□very significantly reduces the risk of maternal□ deaths (Campbell□ & Graham, 2006).

NEONATAL HEALTH OUTCOMES

The accessibility of healthcare services also pl□ays a crucial role in neonatal health outcomes. A s□tudy by Ebener et al. (2015) highlights that geographical barriers can lead to delays in seeking care f□or neonatal illnesses, which□ can res□ult in increased neonatal mortality rates. Furthermore, areas with poor ac□cessibility o□ften lack essential healthcare inf□rastructure and resources, exacerbating the risk of adverse neonatal outcomes (Harrison et al., 2018).

CASE S□TUDIES AND REGIONAL DATA

In Sub-Sa□haran Africa, including Liberia, the relationship between geographical accessibility and health outcomes is well-documented. For instance, a□ study conducted in rural Tanzania found that neonates born in areas wit□h better accessibility to healthcare facilities had significantly lower mortality rates compared to those in remote areas (Mrisho et a□l., 2009). Si□milar trends are observ□ed in Libe□ria, where maternal and neonatal□ health o□utcomes are significantly better in regions with more accessible h□ealthc□are services (Ministry of Health and Socia□l Welfare, 2013).

POLICY IMPLICATIONS

Improving geographical accessibility to healthcare facilities is essential for enhancing maternal and neonatal health outcomes. Strategies□ such as increasing the number□ of healthcare fac ilities in rural areas, improving transportation in□frastruc□ture, and implementing community-base□d health programs ca□n help address these disparities (Peters et al., 2008). In Gbarpolu County□, ta□rgeted interventions to red□uce geographical barriers can significantly improve health outcomes for mother□s and their newborns.

2.2 • CULTURAL BELIEFS AND PRACTICES SURROUNDING CHILDBIRTH AND NEONATAL CARE

Cultural beliefs and practices play a si□gnificant role in shaping maternal healthcare-seeking be havior and neonatal he□alth practices, particularly in rural and□ t□raditional communiti□es like

Gbarpolu County. These cultural factors can either facilitate or hinder the utilization of healthcare services and the implementation of recommended neonatal care practices.

MATERNAL HEALTHCARE-SEEKING BEHAVIOR

Cultural beliefs about pregnancy and childbirth can greatly influence when and how women seek healthcare. In many rural communities, traditional beliefs may discourage women from seeking formal medical care during pregnancy and childbirth. For example, some cultures believe that pregnancy is a natural process that does not require medical intervention, which can lead to delays in seeking care and increased risks of complications (Kyomuhendo, 2003). Additionally, the role of traditional birth attendants (TBAs) is often prominent in these settings. While TBAs can provide valuable support, their practices may not always align with modern medical guidelines, potentially leading to suboptimal outcomes (Byrne & Morgan, 2011).

NEONATAL HEALTH PRACTICES

Cultural practices surrounding neonatal care also significantly impact health outcomes. In many communities, traditional rituals and customs dictate neonatal care practices, which may conflict with medical advice. For instance, practices such as early initiation of breastfeeding, which is crucial for neonatal health, may be delayed due to cultural beliefs in pre-lacteal feeding (Bailey et al., 2016). Furthermore, beliefs about the causes of neonatal illnesses often influence whether and when caregivers seek medical help. In some cases, illnesses are attributed to spiritual or supernatural causes, leading families to seek help from traditional healers rather than medical professionals (Ngomane & Mulaudzi, 2010).

IMPACT IN GBARPOLU COUNTY

In Gbarpolu County, these cultural factors are particularly pronounced due to the region's rural and traditional context. Studies have shown that cultural norms and practices significantly influence health-seeking behavior and neonatal care in this region. For example, the reliance on TBAs and the preference for home births remain common, despite efforts to promote facility-based deliveries (Liberia Ministry of Health, 2016). Additionally, cultural

beliefs surrounding postpartum practices, such as seclusion and dietary restrictions, can affect both maternal and neonatal health outcomes (Kaba et al., 2017).

POLICY AND INTERVENTION STRATEGIES

Addressing these cultural barriers requires culturally sensitive approaches that respect and integrate local beliefs while promoting evidence-based practices. Community-based health education programs that involve TBAs and other influential community members can help bridge the gap between traditional practices and modern healthcare (Sacks et al., 2015). Moreover, interventions that engage men and other family members in maternal and neonatal health can also be effective, as they often play key roles in decision-making (Story & Burgard, 2012).

2.3 • BARRIERS AND FACILITATORS TO ACCESSING MATERNAL AND NEONATAL HEALTHCARE SERVICES

Access to maternal and neonatal healthcare services in Gbarpolu County is influenced by a variety of barriers and facilitators. These factors can be categorized into cultural, geographical, and socioeconomic domains.

CULTURAL FACTORS

Cultural beliefs and practices significantly affect healthcare-seeking behavior. In many communities within Gbarpolu County, traditional beliefs about pregnancy and childbirth can discourage women from seeking formal medical care. For instance, some women may rely on traditional birth attendants (TBAs) or home births due to longstanding cultural norms and distrust of modern healthcare facilities (Byrne & Morgan, 2011). Additionally, cultural stigmas associated with pregnancy complications or the perception of childbirth as a natural process not requiring medical intervention can hinder timely healthcare access (Kyomuhendo, 2003).

GEOGRAPHICAL FACTORS

Geographical barrie□rs are prominent in rural and remote areas like Gbarpolu□ County. T□he distance to healthcare facilities is a significan□t barrier, a□s many w□omen have to travel long distances to reach the nearest clinic or hospital. Poor road inf□rastructure and lack of rel□iable transportation exacerbate these challenges, often leading to delays in rec□eiving care (Gabrysch & Campbell, 2009).□ This geographical inaccessibility can be particularly detrimental in emergency situations, where timely medical intervention is crucial.

SOCIOECONOMIC FACTORS

Socioecon□omic status is a critical dete□rminant of access to healthcare serv□ices. In Gbarpolu County, poverty□ and low educational levels are prevalent and significantly im□pact healthcare access. Families with limit□ed financial resources may be unable to afford transpo□rtation costs or medical fees, leading□ to delayed or foregone care (Peters et al., 2008). Furthermore, lower levels of educ□ation among women are associated with reduce□d awareness of the importance of prenatal and neonatal care, as wel□l as limited knowled□ge of available healthcare services (Kruk et al., 2010).

FACILITATORS TO HEALTHCARE ACCESS

Despite these barriers, there are facilitato□rs that can improve access to maternal and ne□onatal healthcare services in Gbarpolu County. Co□mmunity-based health programs that involve TBAs and integrate traditional practices□ with modern healthcare can bridge cultural gaps a□nd promote better health outcomes (Sacks et al., 2015). Add□iti□onally, mobile health cl□inics and outreach programs can mitigate geographical barriers by bringing healthcare services closer to remo□te communities (Hain□es et al., 2□007). Economic support programs, such as transportation vouchers□ or subsidized healthcare, can alleviate□ financial constraints and enhance access to necessary medical care (Ensor & Cooper, 2004).

CHAPTER THREE RESEARCH METHODOLOGY

3.1: RESEARCH D□ESIGN

The study will adop□t a mixed-methods research design, combining both quantitative and qualitative approaches. This design□ allows□ for a comprehensive understanding of the determinants of mat□ernal and neonatal health outcomes by integrating statistical data with person□al experiences, perceptions, and beliefs.

3.2: POPULATION

THE STUDY WILL FOCUS ON TWO PRIMARY GROUPS WITHIN GBARPOLU COUNTY, LIBERIA:

W□omen of Reproducti□ve Age: Women age□d 15 to 49 years, particularly those who are currently pregnant or have given birth in the past two years. This group is critical for und erstanding maternal heal□th outcomes and the factors i□nfluencing healthcare utilizat□ion, cultural b□eli□efs, and practice□s related to pregnancy, childbirth, and postnatal care.

Neonates: Infants□ up to 28 days old, to assess neonatal health o□utco□mes, including morbidity and mortality rates, and the role of□ healthcare accessibility and cultu□ral practices in influencing these o□utcomes.

ADDITIONALLY, THE STUDY WILL CONSIDER THE FOLLOWING SECONDARY G ROUPS:

Healthcare Provid□ers: Including midwives, nurses, community health□ workers, and other healthcare personnel dir□ectly i□nvolved in maternal□ and neonatal ca□re. Their pers pecti□ves will provide insight into barriers an□d facilita□tors related to healthcar□e delivery, accessibility, and community engagement.

Community Memb□ers and Key□ Informants: This incl□udes community leaders, traditional□ birth attendants, elders, and other influential figures who can prov□ide insights in□to the prevailing cultural beliefs, practices, and social□ norms that affect maternal and neonatal health. Wome□n who have experie□nced childbirth, partic□ularly those who have given birth at home or in community settings, will also be included to under□stand cultural and experiential factors.

3.3 SAM□PLE SIZE DETERMINATION:

QUANTITATIVE COMPONENT: A representative sample size will be determined ba□sed on the tot□al population of women of reproducti□ve age in Gbarpolu County. The sample size c□a lculation will con□sider□ the expected prevalence of key health outcomes (e.g., maternal and neonatal morbidity and mortality rates), confidence level (e.g., 95%), and margin of error (e.g., 5%). The sample size will be adj□usted to□ ac□count for potential non-responses o□r inc□omplete data.

QUALITATIVE COMPONENT: For in-depth interviews and focus group discussions, a purposive sampling method will be used. Typically, 20–30 in-depth interviews with healthcare providers, community leaders, and traditional birth a□ttendants will be conducted u□ntil themat□ic saturation is re□ache□d. Additionally, 4–6 focus group discussions with 6–10 partici□pants each will be organized with community members, particul□arl□y women of reproductive age and those who have recently given birth.

3.4 SAMPLE SIZE AND SAMPLING TECHNIQUE

The study will includ□e a representative sample of women of reproductive age (□15-49 years) and neonates (up to 28 da□ys old) in Gbarpolu County,□ along with healthcare providers (midwives, nurses, and community health workers) who are directly involved in mate□rnal and neonatal□ care.

Th□e sample size (n) can be calculated using the formula:□

n=Z2×p×(□1−p)d2n = \frac{{Z^2 \times p \times (1 - p)}}{{d^2}}n=d2Z2×p×(1−p)

Where:

nnn = Required sample size

ZZZ = Z-score corresponding to the desired confiden□ce leve□l (1.96 for 95%)

ppp = Estimated p□revalence or proportion (e.g., 0.5 if unknown)

d = Mar□gin of□ error (0.05)

Purposive sampling will be employed to select k□ey i□nformants for in-depth interviews and focus group discussio□ns. Par□ticipants□ will include community leaders□, traditional b□irth attend□ants, women who have recently given birth, and healthcare provider□s. The aim is to captur□e diverse perspectives on cul□tural beliefs and practices related to materna□l and neonatal health.

3.5 DATA□ COLLECTION METHODS:

QUANTITATIVE DATA CO□LLECTION:

A cross-sec□tional survey will be conducted usi□ng structured questionnaires to collect data on heal□thcare utilization patterns, geographical accessibility to health faci□lities, and socioe□conomic factors affect□ing maternal and neonatal health.□ The survey w□ill also□ capture quantitative da□ta on health outcomes, such as maternal and neonatal morbidity and mortality rates.□

QUALITATIVE DATA COLLECTION:

A Semi-struct□ured interviews will be conducted with h□ealthcare provid□ers, community le a□ders, and traditional birth attendants to ex□p□lore their perspecti□ves on the cultural beliefs and practices affecting maternal and neonatal health.

A F□GDs will be conducted with community member□s, inclu□ding women of reproductive age, to gather insights on their beliefs, p□ractices, and experiences related to maternal and neonatal c□are. Also, participant observation will be employed during community events and healt□hcare delivery sessions to capture contextu□al factors and practices related to maternal and neonatal heal□th.

3.6 DATA COLLECTION INSTRUMENT

A) STRUCTURED QUESTIONNAIRE:

A struc□tured ques□tionnaire will be developed to collect quantitative data from women of reproductive age and healthcar□e pro□viders. The questionnaire will include the following sections:

Demographic Information: Age, marital sta□tus, education level, occupation, household size, socioeconomic status, and geographic location (district, village).

□Healthcare Utilization: Frequenc□y and type of an□tenatal care visits, place of delivery (home, health facility), postnatal care visits, and utilization of neona□tal health services.

Accessibility Factors: Distance to the nearest healthcare facility, availability of trans□p o□rtation, costs associated with accessing healthcare, and perceived quality of services.

Maternal and Neonat□al Health Outcomes: Self-reported data on maternal complications d u□ring pregnancy or childbirth (e.g., hemorrhage, infection), neonatal outcome□s (e.g., bi□rth weight, immediate postpartum complications), and neonatal morbidity or mortality.

Cultural Beliefs and Practices: Questions regarding cultural beliefs related to pregnancy, childb irth, and neonatal care; prefere□nces for traditional versus□ modern healthcare; and barriers to seekin□g healthcare services (e.g., fea□r of discri□mination, cultural norms).

3.7 DATA ANALYSIS:

QUANTITATIVE ANALYSIS:

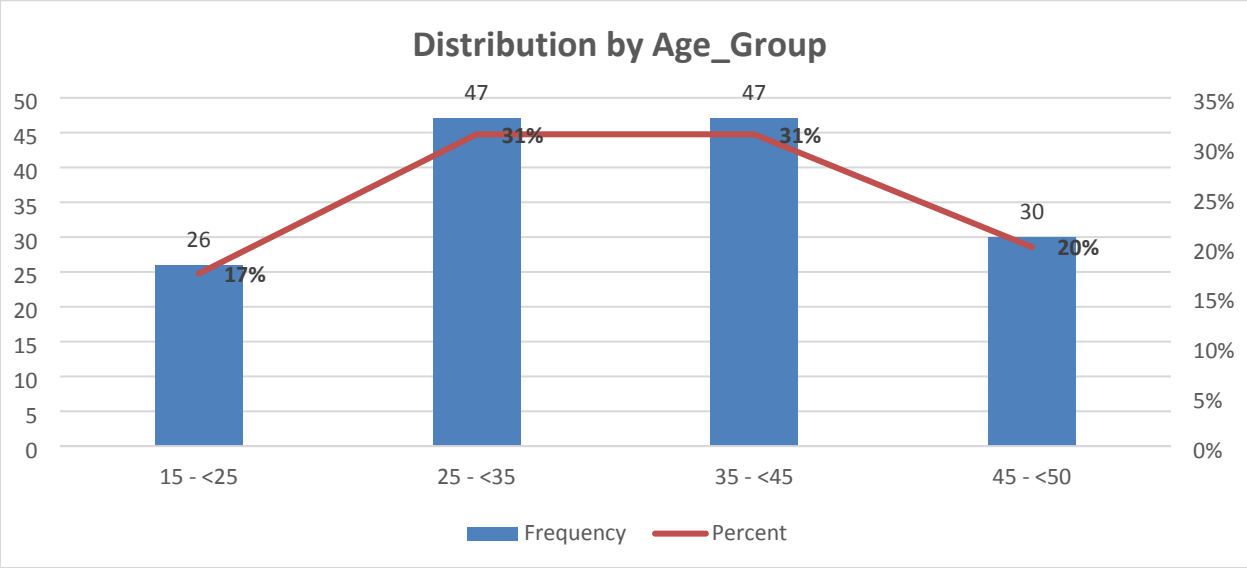
Data from the surveys will be analyzed using desc□riptive and inferential stat□istics. Descriptive statistics will s□ummarize the□ demographic characteristics, healthcare utilization patterns, and health outcomes. Inferential statistics, such as logistic regression,□ will be used to identify associa□tions between accessibility, cultural beliefs, and health outcome□s.

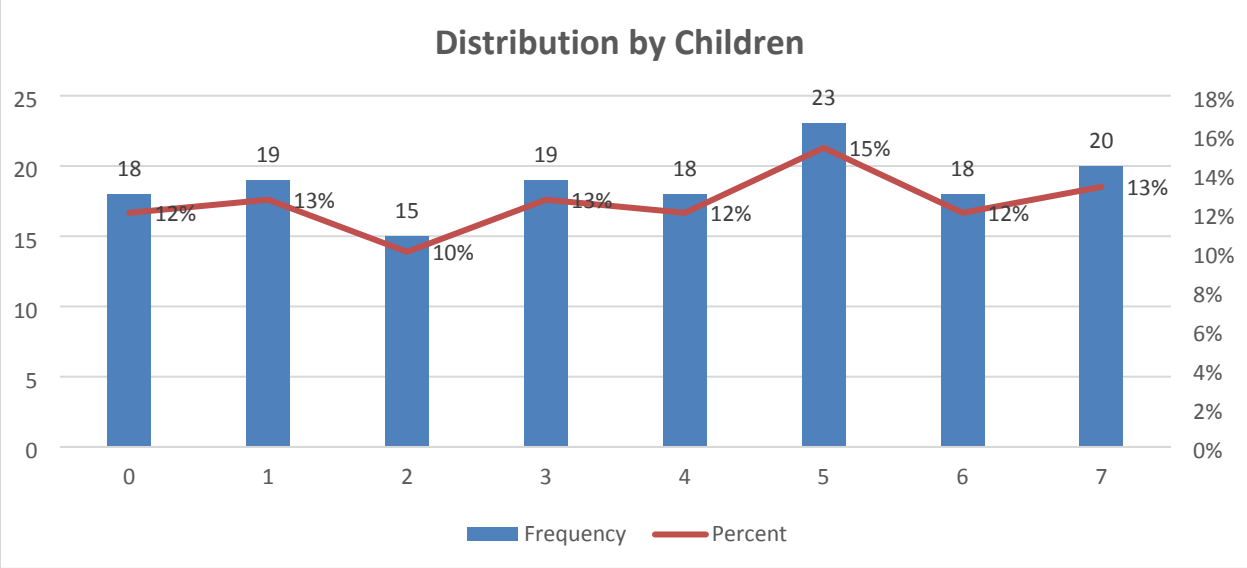
QUALITATIVE ANALYSIS:

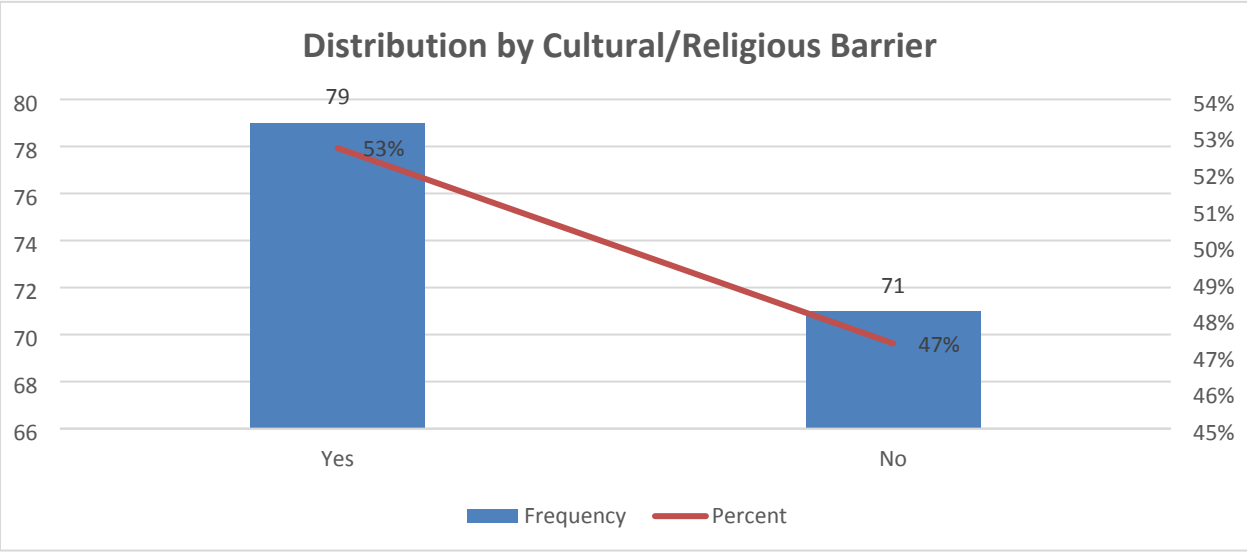
Data from interviews and focus group discussions will be transcribed verbatim and analyzed thematically. A coding framework will be developed to identify key themes and sub-themes related to cultural beliefs, barriers, facilitators, and perceptions of materna□l and neonatal heal□th. NVivo or similar q□ualitative analysis software may be used to assist with coding and theme development.

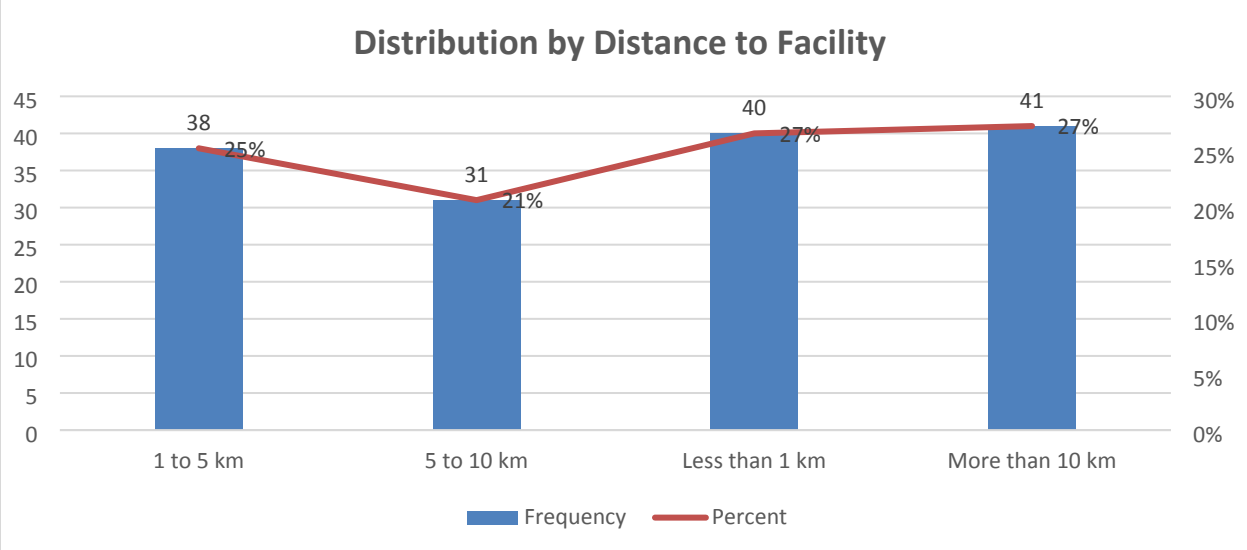
CHAPTER FOUR: DATA PRESENTATION AND INTERPRETATION

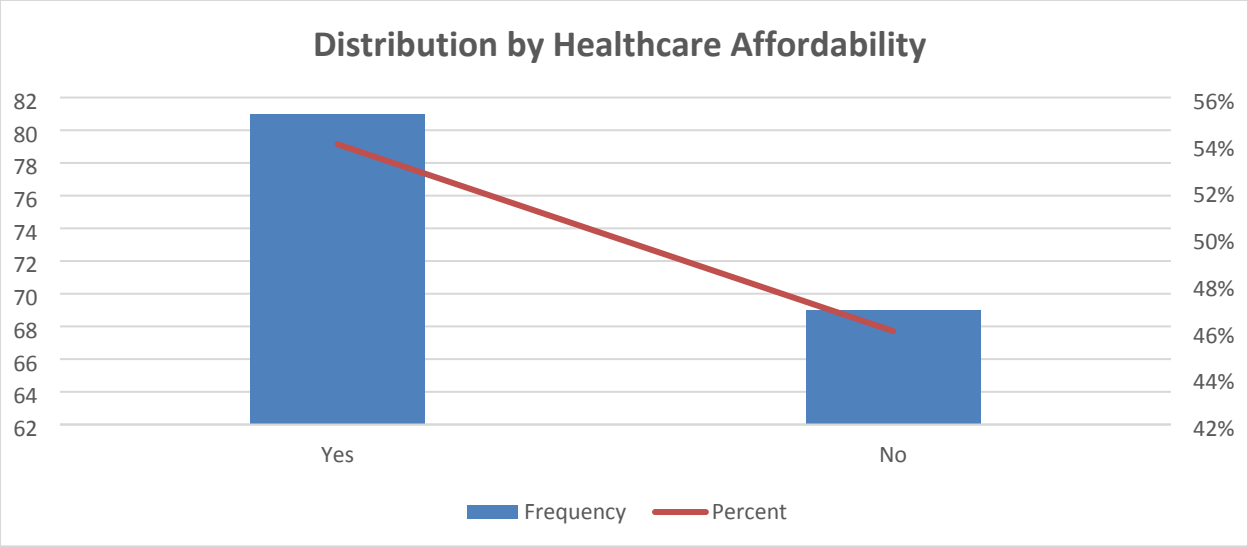
4.1 DATA PRESENTATION AND ANALYSIS

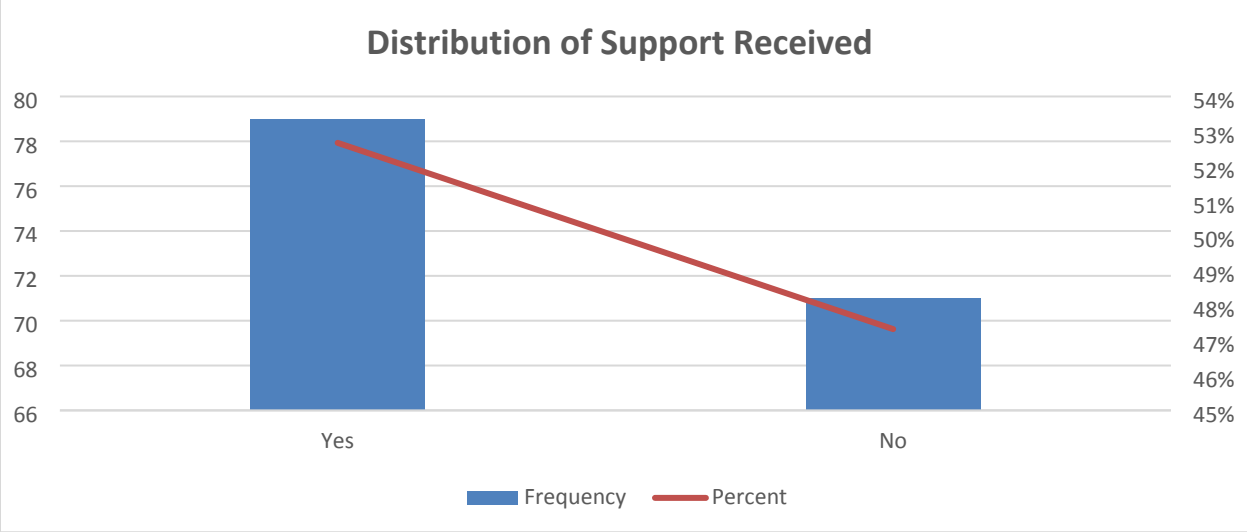


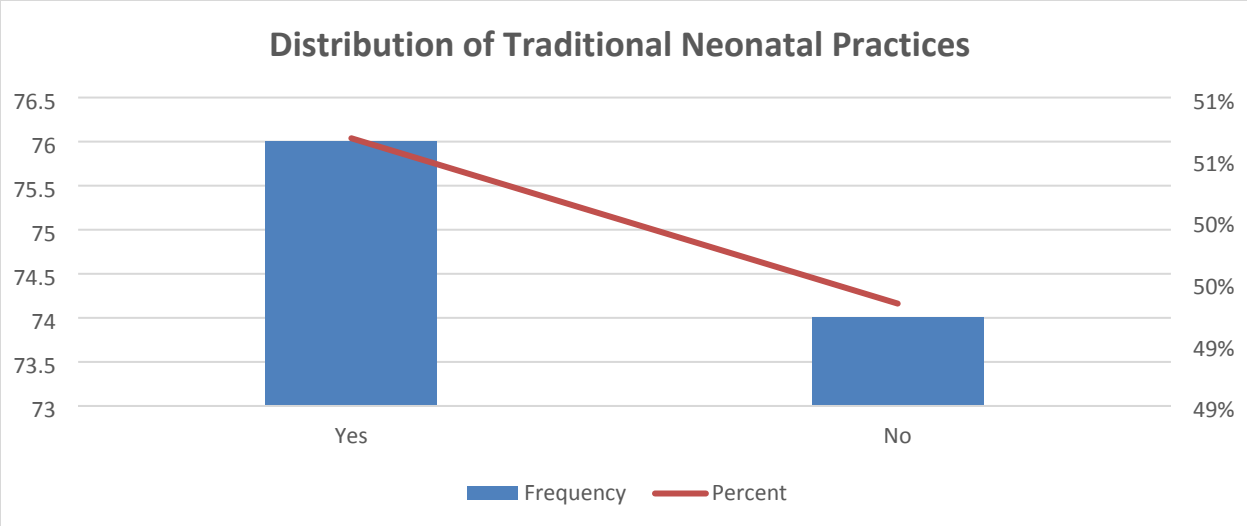


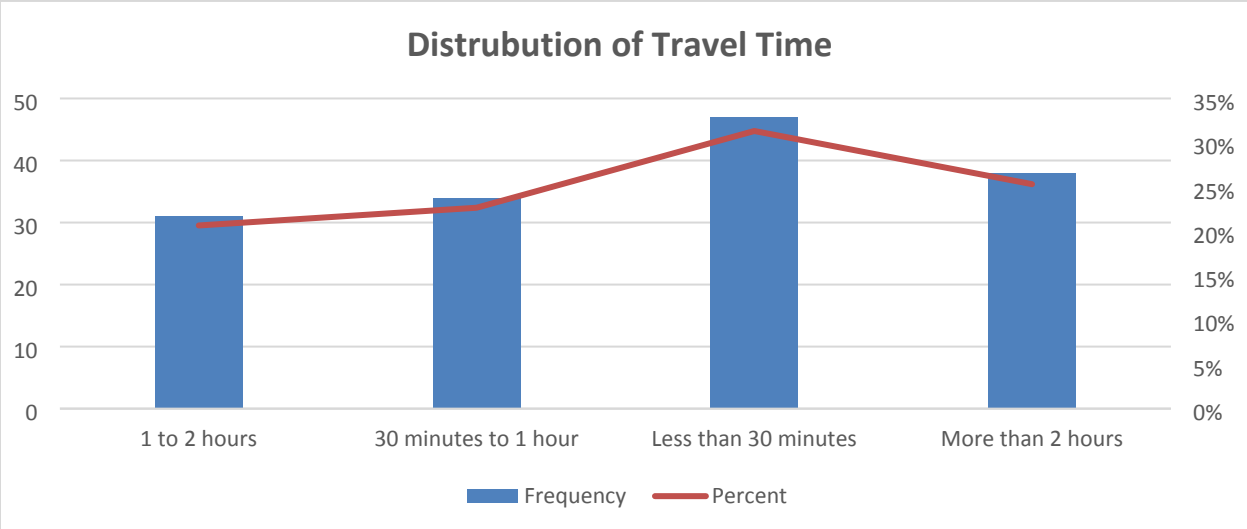

Distribution by Cultural/Religious Barrier
80
78
76
74
72
70
68
66
54%
53%
52%
51%
50%
49%
48%
47%
46%
45%
79
53%
71
47%
Yes
No
Frequency
Percent

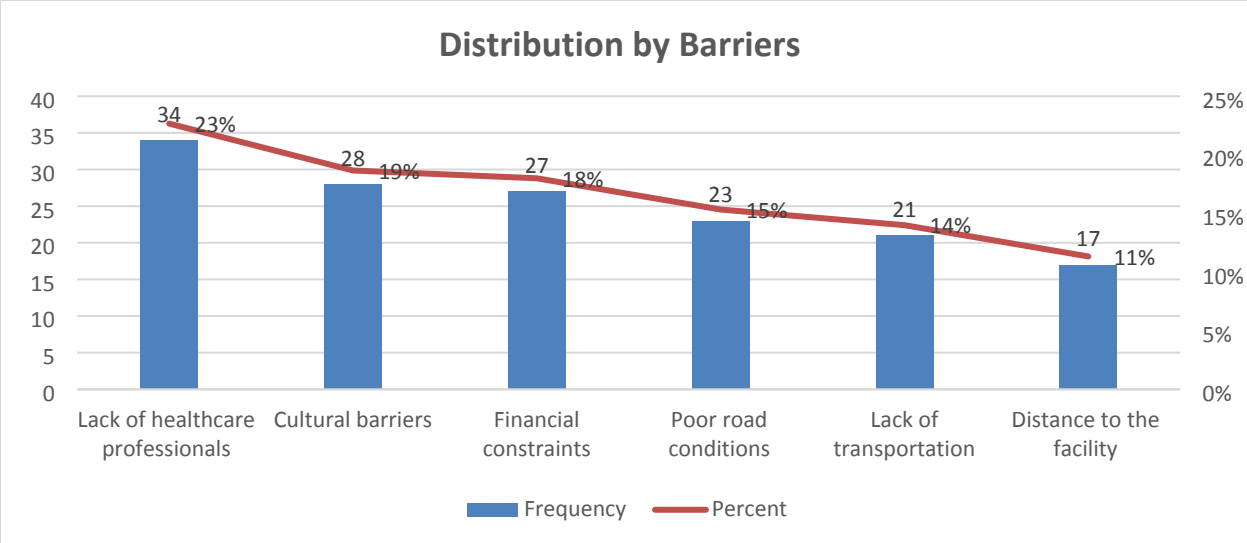

Distribution by Distance to Facility
45
40
35
30
25
20
15
10
5
0
30%
25%
20%
15%
10%
5%
0%
38
25%
31
21%
40
27%
41
27%
1 to 5 km
5 to 10 km
Less than 1 km
More than 10 km
Frequency
Percent

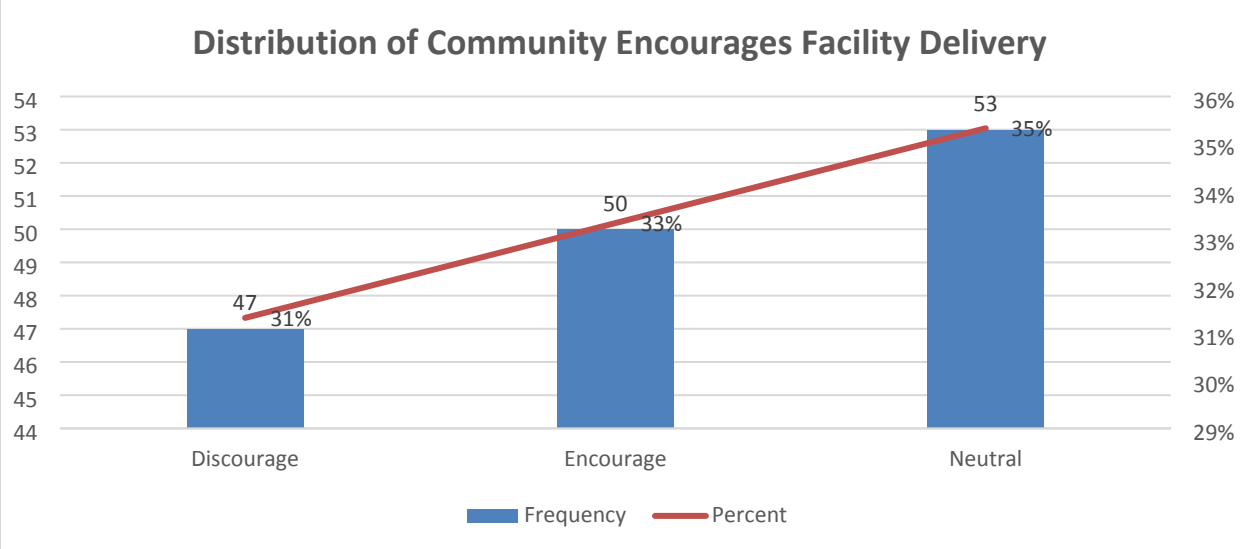

Distribution by Healthcare Affordability
82
80
78
76
74
72
70
68
66
64
62
56%
54%
52%
50%
48%
46%
44%
42%
Yes
No
Frequency
Percent

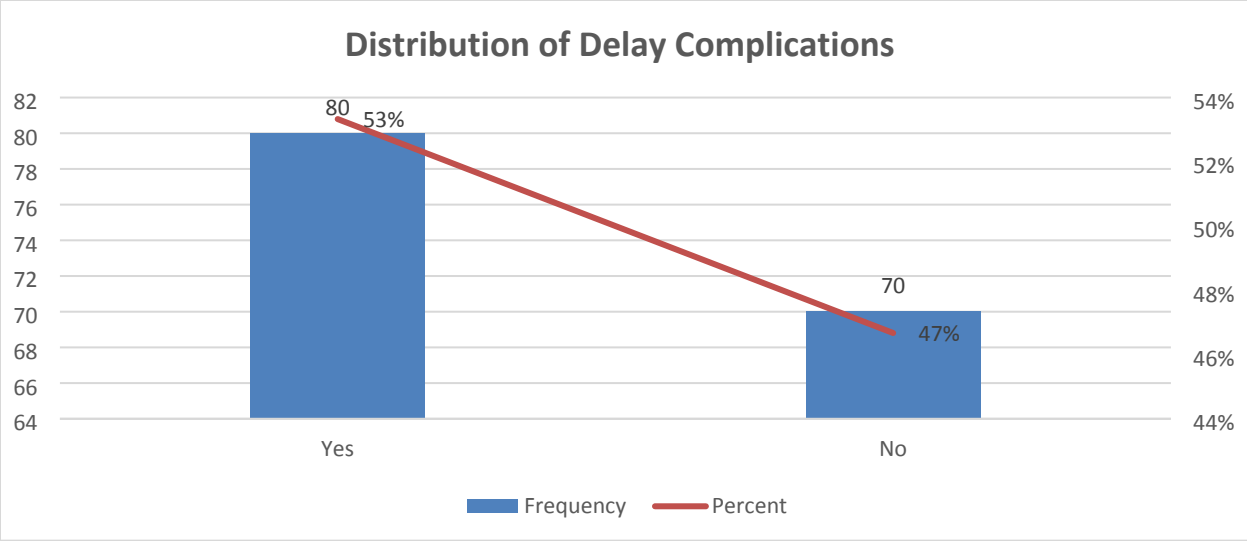

Distribution of Support Received
80
78
76
74
72
70
68
66
54%
53%
52%
51%
50%
49%
48%
47%
46%
45%
Yes
No
Frequency
Percent

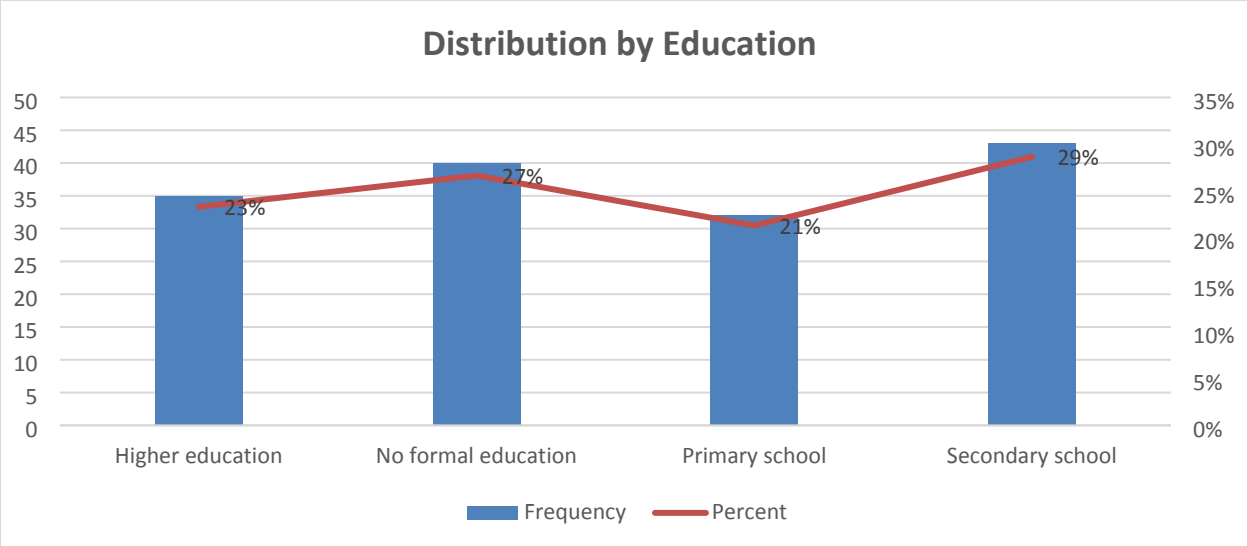

Distribution of Traditional Neonatal Practices
76.5
76
75.5
75
74.5
74
73.5
73
51%
51%
50%
50%
49%
49%
Yes
No
Frequency
Percent

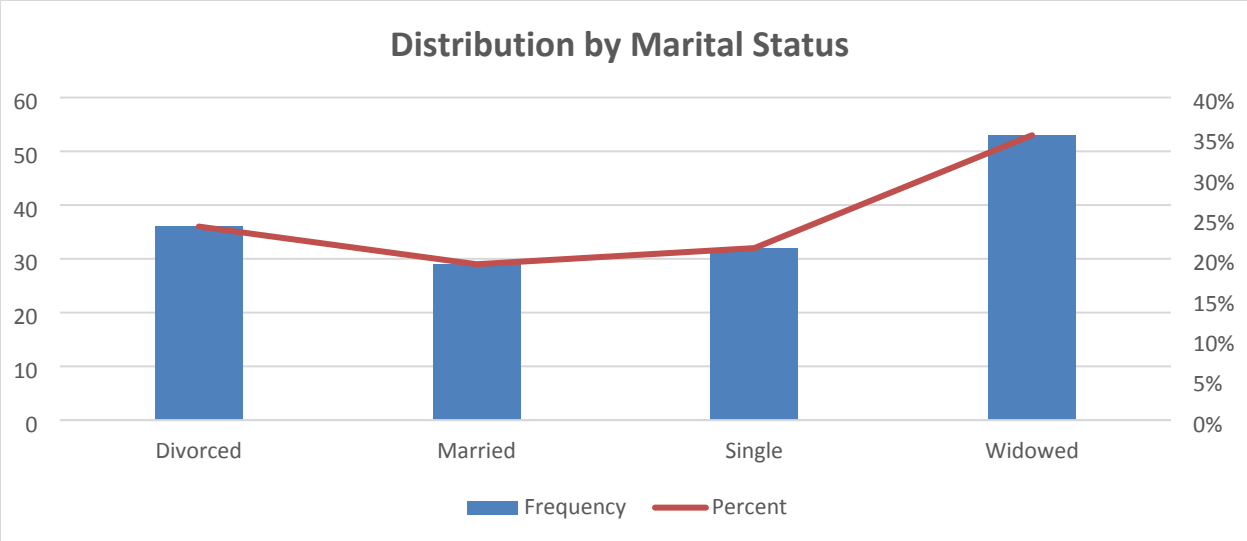

Distrubution of Travel Time
50
40
30
20
10
0
35%
30%
25%
20%
15%
10%
5%
0%
1 to 2 hours
30 minutes to 1 hour
Less than 30 minutes
More than 2 hours
Frequency
Percent

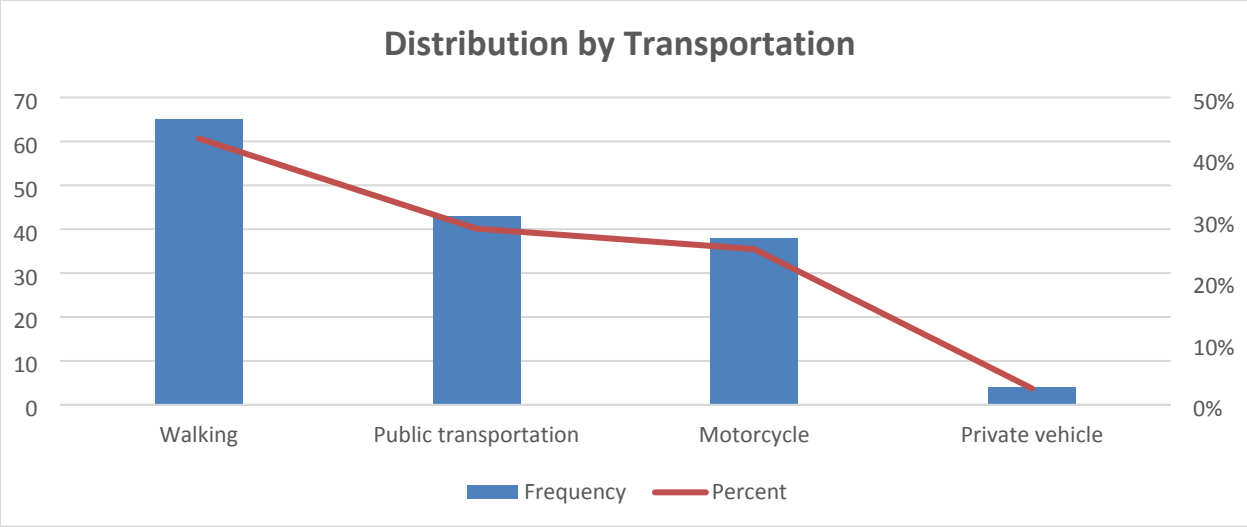

Distribution by Barriers
40
35
30
25
20
15
10
5
0
25%
20%
15%
10%
5%
0%
34
23%
28
19%
27
18%
23
15%
21
14%
17
11%
Lack of healthcare professionals
Cultural barriers
Financial constraints
Poor road conditions
Lack of transportation
Distance to the facility
Frequency
Percent


Distribution of Community Encourages Facility Delivery
54
53
52
51
50
49
48
47
46
45
44
36%
35%
34%
33%
32%
31%
30%
29%
47
31%
50
33%
53
35%
Discourage
Encourage
Neutral
Frequency
Percent


Distribution of Delay Complications
82
80
78
76
74
72
70
68
66
64
54%
52%
50%
48%
46%
44%
80
53%
70
47%
Yes
No
Frequency
Percent


Distribution by Education
50
45
40
35
30
25
20
15
10
5
0
35%
30%
25%
20%
15%
10%
5%
0%
23%
27%
21%
29%
Higher education
No formal education
Primary school
Secondary school
Frequency
Percent





4.2 NA□RRAT□IVE SUMMARY AND FOC□US GROUP DISCUS□SION FINDINGS

The study engaged 150 community mem□bers through a structure□d questionnaire to understand f□actors affecting maternal and neonatal healthcare access. In addition, focus group discussions were conducted with key stakeholders to explore cultural, lo□gistical, and systemic influen□ces on maternal and child health.

1. DEMOGRAPHIC INSIGHTS

The majority o□f respondents were young to m□iddle-aged wom□en (18–45□ years). Most had completed primary or second□ary ed□ucation, altho□ugh□ a significant portion reported no formal education, which some women in the Focus Group Discussion linked to limited aware ness about mode□rn matern□al care serv□i□ces.

"Man□y young girls here stop school early, and they don't know why antenatal care i□s importa□nt," shared a midwife in Bopolu City□.

□2. GEOGRAPHICAL AND TRANSPORTATION BARRIERS

Survey data rev□ealed that most respondents lived 1–10 km from the nearest healthca□re□ facility, with a good number living more than 10 km away. The primary modes of transport were walking and motorcycle, and many took over a□n hour to reach a health center.

Focus□ Group Discussion participants echoed this concern:

"If labor star□ts at night and there's no bi□ke, we have to wait till morning. Sometimes, that's too late□," said a community elder.

"Th□e road is bad, especially during the rainy season. Ev□en with a motorbike, it's ri□sky for a pregnant woman," added a TBA from a nea□rby village Gbarq□uata.

3. HEALTH-SEEKING BEHAVIOR AND DELAY IN CARE

A considerable portion of respondents reported experiencing complications due to delayed he□althcare, with financial hardship and lack of transport being the major reasons. While some women attended regular antenatal visits, many reported visiting heal□thcare facili□ties only when necessary.

"We know the hospital is better, but we don't have money for transport every month," a pregnant mother explained.

4. CULTURAL PRACTICES AND BELIE□FS

Several cul□tural factors eme□r□ged□ as significant in the Focuse Group Discussions. Many commu□n□ities still prefer traditional birth□ attendants, especially for home births. Reasons in cluded trust, accessibility, and cult□ural fa□miliarity.

"The TBA knows our ways. She prays with us, she understands our fears," said a woman during a group discussion.

However, traditional practices sometime□s clash with mode□rn medi□cine, especially in neona tal care, where bel□iefs in□ spiritual causes of illness delay timely hospital visits.□

"They believe the baby is□ cursed or touched by a spirit. They try herbs first," one nurse noted.

5. PERCEIV□ED BARRIERS AND FACILITATORS

Survey responses showed financial constraints, poor roads, and shortage of health workers as the m□ost common barriers. Focouse Group Discussios confi□rm□ed t□hese issues and added that fear of mistreatment by health staff and language barriers also deter some women from seeking care.

On the other hand, outreach programs, mobile clinics, and community education were identified as key facilitators. Respondents apprecia□ted fre□e services during outreach campaigns, and many called for these to be expanded and more regular.

"When the team comes from town, many women come out. It helps a lot," noted a community healt□h volunteer.

6. RECOMMENDAT□IONS□ FR□OM THE COMMUNITY

Participants across F□GDs emphasized the need for:

Improv□ed road access and transport support

Increa□sed outreach services in har□d-to-reach com□munities

Training and integration of TBAs into the formal health system

Community se□nsitizatio□n□ on th□e importance of antenatal and facility-□ba□sed delivery

Affordable services and respectful care in health facilities

"If the nurses treat u□s well and the ser□vice□s are free, we will come," a mother concluded.

CHAPTER FIVE:

SUMMARY / CONCLUSIONS /RECOMMENDATIO

5.1 SUMMARY

This study explores how ac□cessibility and cultural beliefs impact mat□ernal and neonatal health outcomes in Gbarpolu County, Libe□ria. Desp□ite efforts to improve healthcare, many women still experience poor outcomes due to difficult access to facilities and strong reliance on traditional practices.

Using surveys and interviews, the research found that long distances, poor roads, and cultural pre□ferences for home births with traditional birth attendants were major barriers to safe deliver y and antenatal care. Women w□ho accessed skilled care had better health outcomes.

The study concludes that both physical and cultural barriers must be addressed. Key recom□men□dations include improving rural transport and health infrastructure,□ e□ngaging traditional leaders in health education, and training more heal□thcare workers to serve□ remote communities.

5.2 CONCLUSIONS

Maternal and neonatal□ health outcomes in□ Gbarpolu County are influenc□ed by a complex interplay of accessibility challenges and entr□enched cultural beliefs. While some progress has been made in service provision, many women stil□l face preventable h□ealth risks due to delay ed or limited access and cultural hesitance toward modern healt□hcare systems.

5.3 RECOMMENDATION

Streng□then rural health infras□tructure and provide community-based emergency t□ransport systems.

Intensify culturally sensitive health education and awareness campaigns.

Engage traditional leaders and birth attendants in community healt□h promotion.

Improve the distribution and retention of skilled healthcare work□ers in remote areas.

Incorporate cultural considerations into maternal health pol□icy and programming at the c ount□y level.

REFERENCES

1. Campbe□ll, O. M. R., & Graham, W. J. (2006). Strategies for reducing maternal mortality: Getting on with what works. The Lancet, 36□8□(9543)□, 1284–1299. https://doi.org/10.1016/S0140-6736(06)69381-1

2. Ensor, T□., & Cooper, S. (2004). O□vercoming barriers to health service access: Influenci□ng the deman□d side. Health□ Policy and Planning, 19(2), 69–79. https://doi.org□/10.1093/heapol/czh009

3. □Gabrysch, S., & Campbell, O. M. R. (□2009). Still too□ far to walk? Determinants of delivery-service use in sub-Saharan Africa. BMC Pregn□ancy and Childbirth, 9, 34. https://doi.org/10.1186/1471□-2393-9-34

4. Haines, A., Sanders, D., Lehmann, U., Rowe, A. K., Lawn,□ J.□ E., Ja□n, S□., ... & Bhutta, Z. A. (2007). Achieving child survival goals: Po□tential contribution of community health workers. The Lancet, 369(9□5□79), 2121–2131. https://doi.org/10.□1016/S0140-6736(07)60325-0

5. Kyomuhendo, G. B. (2003). Low use of r□ural maternity services in Uganda: Impact of women's status, traditional belie□fs and limited resour□ces. Reproducti□ve Health Matters□, 11(21), 16–26. https://doi.org/10.1016/S0968-8080(□03)02176-7

6. Mrisho, M., Obrist, B., Schellenberg, J. A., Haws, R., Mushi, A., Manzi, F., & Schellenber□g, D. (2009). Factors affecting home d□elivery in rural Tanzania. Tropical Medicine & I□nternational Health, 14(7), 774–785. https://doi.org/10.1111/j.1365-3156.200□9.02299.x□

7. Ngomane, S., & Mulaudzi, F. M. (2010). Indigenous beliefs and pra□ctices that influence the delayed attendance of antenatal clinics by women in Vhembe District, Limpopo Province, Sout□h Africa. C□urationis, 33(3), 41–47. https://doi.org/10.4102/curationis.v3□3i3.109

8. Peters, D. H., Garg, A., Bloom, G., Walker, D.□ G., Brieger, W. R., & Rahma□n, M. H□. (2008). Poverty and access to health care in developing countries. Annals of the New York Acad□emy of Sciences, 11□36, 161–171. https://d oi.org/10.1196/annals.1425.011

9. Pfeiffer, C., & Mwaipopo, R. (2013). Delivering at home o□r in a health facility? Health-seeking behaviour of women and t□he ro□le of traditional birt□h attendants in Tanzania. BMC Pre□gnancy and Ch□ildbirth, 13, 55. https://doi.org/10.1186/1471-2393-13-55

10. Story, W. T., & Burgard, S. A. (2012). Couples' reports of h□ousehold decision-making and the ut□ilization of maternal health services in Bangladesh. Social Science & Medicine, 75(12), 2403–2411. https://doi.org/10.1016/j.socscimed.2012.09.017

11. Thaddeus, S., & Mai□ne, D. (1994). Too far to w□alk: Maternal mortality in context. Social Science & Medicine□, 38(8), 1091–1110. htt□ps:□//doi.org/10.1016/□0277-9536(94)90226-7

12. World Health Organization. (2019). Trends in m□aternal mortality□: 2000 to 2017—Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Natio□ns Population Division. WHO. Ret□rieved from https://www.who.int/

APPEND□IX:

QUESTIO□NNA□IRE

Section 1: Demogr□aphic Informat□ion

1.□ Wha□t is your age? (Open-en□ded or age brackets)

2. What is your level of education?

o No formal educat□ion

o Pr□imary school

o Secondary□ school

o □Higher education

3. What is your marital status?□

o Single

o Married

o Divorced

o Widowed

4. How many c□hildren do you have? (Open-ended)

Section 2: Geographical Accessibility and Health Outcomes

5. How far is the nearest healthcare facility from your home□?

o Less than 1□ km

o 1–5□ km

o 5–10 km

o More than 10 km

6. What is you□r primary mode of transportation to the healthcare facility?

o Walking

o Motorcycle

o Public tr□ansportation

o Private vehicle

7. How long does it take you to reach the heal□thcare f□acility?

o Less than 30 minutes

o 30 minutes to 1 hour

o 1–2 hou□rs

o More than 2 hours

8. Have you or your child ever experien□ce□d complicat□ions due to delays in accessing healthcare□?

o Yes

o No

o If ye□s, please explain:□ _____

9. How often do you visit healthc□are faci□lities for antenatal or neonatal care?

o Regul□arly (monthly)

o Occasionally (only when necessary)

o Rarely

o Never

Section 3: Cultural Beliefs and Practi□ces

10. What are the common cultural beliefs in your community regarding childbirth? (Open-end□ed)

11. Do you rely on trad□itional birth attendants fo□r□ childbirth?

o Yes

o No

o If yes, why do you prefer them? _____

12. Does your community encourage or discourage healthcar□e facility delivery?

o Encourage

o Discourage

o Neutral

13. Are there specific tradi□tional practices for neonatal care in your community?

o Yes

o No

o If yes, please describe: __□_____

14. Do cultural or religious beliefs affec□t y□our decision to seek maternal healthca□r□e services?

o Yes

o No□

o If yes, please explain: _____□_____□__

Section 4: Barriers and Facilitators to Hea□lthcare Access

15. What are the main challenges you face in acc essing healthcare services? (Check all that apply)

o Financial constraints

o Distance to the facility

o Lack of transportation

o Poor road conditions

o Cultural barriers

o Lack of healthcare professionals

o Others (please specify): _____

16. What facilitates your access to healthcare services? (Check all that apply)

o Community support (transportation, financial assistance)

o Availability of outreach programs or mobile clinics

o Education about maternal and neonatal health

o Presence of skilled healthcare workers

o Others (please specify): _____

17. Have you ever received support for maternal or neonatal healthcare?

o Yes

o No

o If yes, from whom? _____

18. Are healthcare services in your area affordable?

o Yes

o No

o If no, what is the biggest expense? ____□_____

Section 5: Suggestions and Recommendations

19. What ch□anges would you like to see in healthcare services for mothers a□nd newborns in your community□? (Open-ended)

20. How can cult□ural beliefs and practices be aligned with modern healthcare practices□ to improve maternal and neonatal outcomes? (Open-ended)

Instructions for Administration

• Target Respond□ents: Pregnant women, mothers, traditional birth attendants, h□ealthcare worker□s, and community leader□s.

• Data Collect□ion Methods: Surveys, interviews, or focus group discuss□ion□s.

• Response Format: Mix of close-ended (multiple choice, yes/no) and open-ended q uestions to allow□ in-depth responses.