

Maternal Reproductive Health and Medical Social Work Practice in Primary Health Care Centers in Rivers State

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Abstract

This study examines maternal reproductive health and medical social work practice in primary health care centers in Rivers State, Nigeria. Specifically, the study investigates how medical social work interventions influence maternal health service utilization and identifies the challenges faced by medical social workers in delivering maternal reproductive health services. The study adopted the system theory. A descriptive research design is adopted using in-depth interviews with medical social workers and selected maternal health service providers in PHCs across Rivers State. Data were analyzed using thematic analysis to identify recurring patterns and themes. Findings revealed that medical social work practice significantly enhance maternal reproductive health outcomes through psychosocial counselling, health education, advocacy, referral coordination, and family engagement. The integration of these interventions was found to improve antenatal care attendance, strengthen trust in health facilities, reduce socioeconomic barriers, and promote informed decision-making among pregnant women. However, several challenges were identified, including inadequate staffing, poor infrastructure, limited institutional recognition, financial constraints among clients, cultural barriers, and occupational stress experienced by social workers. The study concludes that medical social work is an essential component of comprehensive maternal reproductive health service delivery in PHCs. Effective integration of social work practice contributes to improved service utilization and better maternal health outcome. The study recommends increased recruitment of medical social workers, improved institutional support, enhanced funding for PHCs, and policy reforms to strengthen interdisciplinary collaboration in maternal health care delivery.

Keywords: *Medical Social Work, Maternal Reproductive Health, Primary Health Care Centers, Service Utilization, and System Theory.*

1. Introduction

Maternal reproductive health remains a significant public health concern in many low- and middle-income countries, including Nigeria. Reproductive health comprises physical, mental, and social well-being in all matters relating to the reproductive system and its functions across the life span of women (World Health Organization, 2022). In Nigeria, the burden of maternal morbidity and mortality is disproportionately high, with primary health care centers (PHCs) serving as the first point of care for most pregnant women (National Bureau of Statistics & UNICEF, 2019). Rivers State, located in the Niger Delta region of Nigeria, continues to grapple with challenges such as limited access to quality maternal health services, inadequate health infrastructure, and cultural barriers that affect utilization of maternal health services (Okereke, 2020).

Medical social work practice plays a vital role in addressing the social determinants of health that influence maternal reproductive outcomes. Medical social workers are critical in assessing psychosocial needs, providing counseling, advocating for patients' rights, coordinating community support, and linking clients to essential services (Kadushin & Kadushin, 2013). Their involvement is particularly important in primary health care settings where women may experience financial constraints, lack of social support, gender-based violence, and stigma related to reproductive health issues (Adeleke et al., 2021). Incorporating social work practices into maternal care, health facilities can better address complex social challenges that impede women's ability to access and benefit from reproductive health services.

2. Statement of the Problem

Maternal reproductive health continues to be a pressing public health challenge in Nigeria, with high rates of maternal morbidity and mortality, especially in primary health care (PHC) settings where most women access care (National Population Commission & ICF, 2022). Despite global efforts to improve maternal health outcomes, such as the Sustainable Development Goal 3 (SDG 3) which targets a reduction in maternal mortality, Nigeria still reports one of the highest maternal mortality ratios in the world, with estimates of 512 deaths per 100,000 live births (World Health Organization, 2022). Rivers State, although relatively urbanized, faces similar challenges, including inadequate access to quality maternal health services, poor health infrastructure, shortage of skilled health personnel, and socio-cultural practices that hinder timely utilization of maternal health services (Okereke, 2020).

Medical social work has emerged as a critical component in the health care system to address the psychosocial, economic, and cultural barriers that affect maternal health outcomes. Social workers in medical settings provide counseling, patient advocacy, health education, family support, and linkages to community resources, all of which are essential for improving maternal reproductive health (Kadushin & Kadushin, 2013; Adeleke et al., 2021). However, evidence suggests that the integration of medical social work into PHCs in Rivers State is inconsistent and often limited by institutional, policy, and professional constraints (Udo & Akpan, 2019).

This lack of integration raises significant concerns. Pregnant women often face psychosocial stressors, such as domestic violence, financial hardship, mental health issues, and stigma, which are not adequately addressed in many PHCs. Consequently, these barriers may lead to poor utilization of maternal health services, delayed antenatal care, unsafe deliveries, and adverse maternal and neonatal outcomes (Akinyemi et al., 2018). Furthermore, there is a scarcity of empirical research investigating how medical social work practices contribute to maternal reproductive health outcomes in PHCs in Rivers State. Without such evidence, policymakers and health administrators lack the data needed to strengthen social work interventions in maternal health programs, leaving gaps in holistic care delivery.

Despite the recognized importance of social work in medical settings, there is limited empirical research on the extent to which medical social work practices are integrated into maternal reproductive health programs within PHCs in Rivers State. It is unclear how social workers contribute to improving maternal health outcomes, what barriers they face, and how their roles can be strengthened to improve service delivery. This research seeks to fill that gap by exploring the background, relevance, and impact of medical social work practices on maternal reproductive health in PHCs in Rivers State. Outcomes from such studies are essential to inform policy, strengthen interprofessional collaboration, and enhance the quality

of care for women during pregnancy, childbirth, and postpartum periods.

In-view of the foregoing this study seeks answers to the following questions: What is the role of medical social work practices in improving maternal reproductive health outcomes in primary health care centers in Rivers State? What are the challenges faced by medical social workers in providing maternal reproductive health services in primary health care centers in Rivers State? How does the integration of medical social work interventions influence the utilization of maternal reproductive health services in primary health care centers in Rivers State?

This study objective was to find out the relationship between maternal reproductive health and medical social work practice in primary health care centres in Rivers State. Conversely, the study (i) examines the role of medical social work practices in enhancing maternal reproductive health outcomes in primary health care centers in Rivers State, (ii) identifies the challenges faced by medical social workers in delivering maternal reproductive health services in primary health care centers in Rivers State and (iii) assesses the influence of medical social work interventions on the utilization of maternal reproductive health services in primary health care centers in Rivers State.

3. Theoretical Framework

This study adopted the system theory. Systems Theory, also known as the General Systems Theory, is a foundational framework in social work that views individuals, families, communities, and organizations as interconnected components of larger systems (Payne, 2014). This theory emphasizes that changes or challenges in one part of a system can influence other parts, highlighting the importance of understanding the interactions between biological, psychological, social, and environmental factors when addressing client needs (Healy, 2014).

Systems Theory provides a useful lens for understanding how various factors such as family dynamics, community norms, healthcare infrastructure, and socio-economic conditions affect women's access to and utilization of maternal health services in primary health care (PHC) centers. For instance, a pregnant woman's health outcomes may be influenced not only by her biological condition but also by her spouse's support, family decision-making patterns, social stigma, or financial resources (Kadushin & Kadushin, 2013). Systems Theory encourages medical social workers to take a holistic approach, assessing the interrelated factors that impact maternal well-being and designing interventions that address multiple levels of influence simultaneously.

Medical social workers operating in PHCs apply Systems Theory by:

Assessing the family and social environment of pregnant women to identify support networks, potential stressors, or barriers to care.

Advocating for policies and programs that improve access to maternal health services, recognizing that systemic issues such as poor staffing, inadequate facilities, or cultural practices affect health outcomes.

Coordinating care across multiple systems, including healthcare providers, community organizations, and social services, to ensure comprehensive support for maternal reproductive health (Udo & Akpan, 2019).

Applying Systems Theory enables medical social workers to better understand the complex interplay of factors influencing maternal health in Rivers State and design interventions that are proactive, culturally sensitive, and multidimensional. This approach ultimately enhances the effectiveness of maternal health programs and improves health outcomes for women.

4. Conceptual Review

Concept of Maternal Reproductive Health

Maternal reproductive health refers to the comprehensive well-being of women in all matters related to the reproductive system and its functions throughout their lives. It encompasses not only the physical aspects of reproduction such as pregnancy, childbirth, and postpartum care, but also mental, emotional, and social dimensions that affect women's overall health (World Health Organization, 2022). The concept emphasizes safe pregnancy and childbirth, access to skilled health care services, prevention and treatment of reproductive health-related diseases, family planning, and informed decision-making concerning reproductive choices (United Nations Population Fund, 2021). Maternal reproductive health is a critical indicator of a country's health system effectiveness and socio-economic development. High rates of maternal morbidity and mortality are often associated with poor access to antenatal care, inadequate health infrastructure, insufficient skilled personnel, cultural and social barriers, and limited awareness of reproductive health rights (National Population Commission & ICF, 2022). Globally, maternal reproductive health is central to achieving Sustainable Development Goal 3, which seeks to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030 (WHO, 2022).

In Nigeria, maternal reproductive health is particularly significant due to the country's high maternal mortality rate and widespread disparities in access to quality care. Women in rural and underserved areas, including parts of Rivers State, often face barriers such as inadequate primary health care facilities, financial constraints, low health literacy, and socio-cultural practices that limit the utilization of reproductive health services (Okereke, 2020). Promoting maternal reproductive health in such settings requires a multidimensional approach that combines clinical care, health education, psychosocial support, and social work interventions to address the social determinants of health. Understanding maternal reproductive health as a holistic concept, health professionals, including medical social workers, can implement interventions that support women physically, emotionally, and socially throughout their reproductive lives. This approach not only improves maternal and neonatal outcomes but also strengthens families and communities (Adeleke et al., 2021).

Types of Maternal Reproductive Health

They are various maternal reproductive health services and each type is interconnected, and the effective integration of these services in primary health care centers ensures holistic care for women, ultimately improving maternal and neonatal outcomes.

The following are the various types of maternal reproductive health care and they are:

Antenatal Care (ANC)

Antenatal care refers to the regular medical and social check-ups that a pregnant woman receives during pregnancy to monitor the health of both the mother and the developing fetus. ANC includes screening for complications, immunizations, nutritional counseling, and health education on birth preparedness (WHO, 2022). Adequate antenatal care is crucial for reducing maternal and neonatal morbidity and mortality.

Delivery and Postnatal Care

This type of care involves providing skilled birth attendance during labor and childbirth, ensuring safe delivery practices, and offering postnatal care to both the mother and newborn. Postnatal care includes monitoring for postpartum complications, breastfeeding support, family planning counseling, and psychological support to prevent postpartum depression (UNFPA, 2021).

Family Planning and Contraceptive Services

Family planning services allow women and couples to plan if and when to have children, contributing to improved maternal and child health outcomes. These services include education about, and access to, contraceptive methods, counseling on reproductive choices, and promoting birth spacing to reduce health risks associated with closely spaced pregnancies (Adeleke et al., 2021).

Prevention and Treatment of Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs)

Maternal reproductive health also involves the prevention, early detection, and management of infections that can affect women's reproductive systems. Untreated infections during pregnancy can lead to complications such as preterm birth, low birth weight, or maternal sepsis (Okereke, 2020).

Maternal Nutrition and Health Education

Nutrition and education are essential components of maternal reproductive health. Health education covers areas such as hygiene, dietary needs, danger signs during pregnancy, and neonatal care. Proper maternal nutrition ensures healthy fetal development and reduces the risk of pregnancy-related complications (NPC & ICF, 2022).

Psychosocial Support and Counseling

Psychosocial care addresses emotional, psychological, and social challenges that pregnant women may face, such as anxiety, depression, domestic violence, or lack of social support. Medical social workers play a pivotal role in providing counseling, connecting women to community resources, and advocating for supportive policies to enhance maternal well-being (Kadushin & Kadushin, 2013).

Medical Social Work Practices

Medical social work is a specialized field within social work that focuses on addressing the psychosocial, emotional, and social needs of patients and their families in health care settings. It aims to improve the overall well-being of individuals by integrating social support, counseling, advocacy, and resource linkage into medical care (Kadushin & Kadushin, 2013). Medical social workers collaborate with doctors, nurses, and other health professionals to ensure a holistic approach to patient care, recognizing that health outcomes are influenced not only by biological factors but also by social, psychological, and environmental determinants (Healy, 2014).

Medical social work practices involve several core functions, including:

Psychosocial Assessment and Counseling

Social workers evaluate the emotional and social needs of patients and provide counseling to help them cope with illnesses, treatment procedures, or chronic health conditions (Kadushin & Kadushin, 2013).

Patient and Family Advocacy

Medical social workers act as advocates; ensuring patients receive appropriate care, understand their rights, and have access to necessary services, especially in cases of financial constraints or systemic barriers (Udo & Akpan, 2019).

Resource Coordination and Referral Services

They link patients and families to relevant community resources, such as financial assistance, housing support, mental health services, and maternal health programs, facilitating access to comprehensive care (Adeleke et al., 2021).

Health Education and Promotion

Social workers educate patients and communities on disease prevention, reproductive health, nutrition, and lifestyle modifications, promoting informed decision-making and better health outcomes (Kadushin & Kadushin, 2013).

Crisis Intervention

Medical social workers provide immediate support during medical emergencies, including addressing domestic violence, mental health crises, or sudden bereavement, ensuring patients and families receive timely assistance (Healy, 2014).

Medical social work practices are essential in addressing the social determinants that influence women's access to and utilization of maternal health services. Social workers provide psychosocial support to pregnant women, advocate for safer delivery options, link women to financial and community resources, and educate families on reproductive health issues. By doing so, medical social work practices enhance maternal health outcomes and contribute to the overall effectiveness of primary health care services (Udo & Akpan, 2019).

Primary Health Care Centers in Rivers State

Primary health care (PHC) centers are the first point of contact between individuals, families, and the national health system. They provide comprehensive, accessible, and community-based health services that focus on prevention, promotion, curative, and rehabilitative care (Federal Ministry of Health, 2017). PHCs are designed to ensure that essential health services are available to all, particularly in rural and underserved communities, thereby reducing the burden on secondary and tertiary health facilities. In Rivers State, PHCs play a critical role in delivering maternal and child health services, including antenatal care, safe delivery, postnatal care, immunization, family planning, and health education (Okereke, 2020). These centers are strategically located across local government areas to improve accessibility and reduce geographic and financial barriers to care. However, challenges such as inadequate staffing, insufficient medical supplies, poor infrastructure, and limited funding often affect the efficiency and effectiveness of PHCs in Rivers State (Eze & Okoro, 2019).

PHCs also serve as important platforms for the integration of medical social work practices. Social workers in these centers support pregnant women and other vulnerable populations by providing psychosocial counseling, connecting clients to community resources, advocating for patient rights, and educating families on health practices (Udo & Akpan, 2019). Their presence in PHCs ensures that health care is holistic, addressing not only medical needs but also social, economic, and emotional factors that influence health outcomes. Primary health care centers in Rivers State are vital for promoting equitable access to health services, reducing maternal and child mortality, and enhancing the overall quality of health care delivery. Strengthening PHCs and integrating medical social work into their operations can significantly improve maternal reproductive health outcomes.

Maternal Reproductive Health and Medical Social Work Practices in PHCs

Maternal reproductive health and medical social work practices are closely intertwined, especially in primary health care centers (PHCs), which serve as the first point of contact for most women accessing maternal health services in Rivers State. Maternal reproductive health encompasses services such as antenatal care, skilled birth attendance, postnatal care, family planning, and psychosocial support, all aimed at ensuring the well-being of women during pregnancy, childbirth, and the postpartum period (World Health Organization, 2022).

Medical social work practices complement maternal reproductive health by addressing the social, emotional, and environmental factors that influence women's access to and utilization

of these services. Social workers in PHCs play a crucial role in:

Providing Psychosocial Support

Social workers counsel pregnant women on stress management, mental health concerns, domestic violence, and family conflicts, which can significantly affect maternal and neonatal outcomes (Kadushin & Kadushin, 2013).

Advocating for Women's Rights and Access

They ensure that women receive equitable care, help navigate institutional barriers, and facilitate access to financial and social resources that might otherwise hinder their ability to utilize maternal health services (Udo & Akpan, 2019).

Linking Clients to Community and Health Resources

Social workers connect women to community programs, health education initiatives, and support networks that promote healthy pregnancies and safe deliveries (Adeleke et al., 2021).

Health Education and Empowerment

Through awareness campaigns and counseling, medical social workers educate women and families on family planning, nutrition, danger signs during pregnancy, and the importance of skilled delivery, thus directly influencing maternal reproductive health outcomes (Okereke, 2020).

The integration of medical social work into maternal reproductive health services in PHCs ensures a holistic approach to maternal care. Research indicates that psychosocial interventions and social support significantly improve antenatal care attendance, birth preparedness, maternal coping strategies, and adherence to postnatal care recommendations (Akinyemi et al., 2018). In Rivers State, where socio-cultural factors, financial limitations, and systemic health challenges affect maternal health, the presence of medical social workers can bridge these gaps, reducing maternal morbidity and mortality while enhancing overall reproductive health outcomes. Medical social work practices are not just complementary but essential to the effectiveness of maternal reproductive health services in PHCs. Their contributions address the psychosocial and social determinants of health that are often overlooked in clinical settings, ensuring that women receive comprehensive, accessible, and supportive care throughout their reproductive lives.

5. Methodology

This study adopted a descriptive survey research design. The survey design is appropriate because it allows the researcher to collect data from a large number of participants to describe the existing relationship between maternal reproductive health and medical social work practices in primary health care (PHC) centers in Rivers State (Creswell & Creswell, 2018). This design also facilitates the assessment of perceptions, challenges, and the effectiveness of social work interventions in maternal health care.

The population for this study consists of medical social workers employed in PHCs across Rivers State, pregnant women and postpartum mothers receiving maternal reproductive health services in PHCs and health care professionals (nurses, midwives, and doctors) collaborating with social workers in PHCs. The population is chosen to capture perspectives from both service providers and service recipients, ensuring a holistic understanding of the role of medical social work in maternal reproductive health.

A purposive sampling technique was used to select respondents. This technique was suitable because it allows the researcher to intentionally select participants who are knowledgeable about maternal reproductive health and medical social work practices. Approximately 80

respondents were selected from five PHCs across Rivers State, including 10 medical social workers, 50 women receiving maternal health services, and 20 health care professionals. The sample size was sufficient to generate meaningful insights and facilitate data analysis.

Data was collected using interview guide. Ethical approval was obtained from relevant health authorities in Rivers State. Written consent was obtained from all participants. Qualitative data from interviews was analyzed using thematic analysis, identifying recurring themes related to the role, challenges, and impact of medical social work practices in maternal reproductive health.

Data Analysis

Thematic Analysis of Respondents

Interview Question One

What is the role of medical social work practices in improving maternal reproductive health outcomes in primary health care centers in Rivers State?

Interview transcripts from medical social workers, nurses, and maternal health clients

KII REPORT 1

Participants emphasized that medical social workers provide counseling to women experiencing anxiety, depression, fear of childbirth, domestic violence, and financial stress. Respondents noted that emotional stability improves compliance with antenatal visits and treatment plans.

Medical social workers conduct health talks on antenatal care attendance, nutrition, exclusive breastfeeding, family planning, birth preparedness, and identification of danger signs during pregnancy. Participants reported that increased awareness leads to early registration for antenatal care and improved adherence to medical advice.

Social workers intervene when women experience neglect, discrimination, or financial barriers within the health system. They advocate for equitable treatment, assist with accessing subsidized services, and protect vulnerable women from abuse. This advocacy role is consistent with core medical social work functions, which emphasize promoting patient rights and social justice within healthcare systems.

Participants highlighted the importance of connecting women to external support systems, including community-based organizations, financial assistance programs, and specialized health facilities when complications arise. Medical social workers act as a bridge between the health facility and the community, ensuring continuity of care.

Social workers encourage male participation, mediate family conflicts, and promote supportive home environments. Family support has been shown to positively influence maternal health outcomes and adherence to care.

The thematic analysis demonstrates that medical social work practices contribute to maternal reproductive health outcomes in PHCs through enhancing emotional and psychological well-being, promoting knowledge and informed decision-making, advocating for equitable access to services, coordinating community and institutional resources and strengthening family and social support systems. These roles collectively address the social determinants of health that often hinder maternal healthcare utilization. The findings reinforce the idea that improving maternal reproductive health requires not only clinical care but also structured psychosocial and social interventions.

Interview Question Two

What are the challenges faced by medical social workers in providing maternal reproductive

health services in primary health care centers in Rivers State?

KII REPORT 2

Participants reported that in many centers, one social worker serves a large population of pregnant women, leading to heavy workloads and limited time for individualized care. This staffing shortage reduces the quality and depth of psychosocial interventions. Literature on health systems in Nigeria highlights human resource gaps as a major barrier to effective primary health care delivery.

Respondents noted a lack of private counseling spaces, limited office equipment, and inadequate funding for outreach programs. Without proper facilities, maintaining confidentiality during counseling becomes difficult, which may discourage women from disclosing sensitive issues such as domestic violence or financial hardship. Resource constraints in PHCs have been widely documented as limiting service effectiveness in maternal health programs.

Participants emphasized that medical social work is often under-recognized within PHCs. Some health professionals reportedly have limited understanding of the social worker's role, leading to poor collaboration and exclusion from decision-making processes. Role ambiguity reduces professional effectiveness and interdisciplinary cooperation. This challenge affects the ability of social workers to fully contribute to maternal reproductive health outcomes.

Respondents indicated that some women prefer traditional birth attendants or delay seeking care due to cultural norms, family influence, or mistrust of formal health facilities. These socio-cultural factors limit early antenatal registration and adherence to medical advice. Research shows that social determinants, including cultural norms and gender dynamics, significantly influence maternal health service utilization in Nigeria.

Many women reportedly struggle to afford transportation, medications, and other health-related expenses. Although PHCs aim to provide affordable services, indirect costs remain barriers. Social workers attempt to link clients to support systems, but limited welfare programs reduce their capacity to assist effectively.

Participants also reported experiencing emotional strain due to repeated exposure to maternal complications, poverty-related distress, and family crises. Burnout affects job performance, motivation, and overall service delivery. High emotional demands without adequate institutional support can reduce the effectiveness of psychosocial interventions.

The thematic analysis reveals that challenges faced by medical social workers in PHCs in Rivers State are multidimensional and systemic. They include structural issues (staff shortages and poor infrastructure), professional issues (role ambiguity and limited recognition), socio-economic barriers (client poverty), and socio-cultural constraints (traditional beliefs and gender norms). These challenges limit the full integration of medical social work practices into maternal reproductive health services.

Interview Question Three

How does the integration of medical social work interventions influence the utilization of maternal reproductive health services in primary health care centers in Rivers State?

KII REPORT 3

Participants reported that when medical social workers provide counseling, follow-up support, and education, pregnant women are more likely to register early and attend scheduled visits consistently. Respondents indicated that continuous engagement reduces fear, misconceptions, and cultural resistance to hospital-based care. This suggests that the

integration of social work strengthens preventive maternal health behaviors.

Medical social workers conduct health talks on birth preparedness, nutrition, exclusive breastfeeding, family planning, and recognition of danger signs. Participants noted that women who receive structured health education demonstrate better understanding of pregnancy-related risks and are more proactive in seeking care.

Social workers assist women in accessing financial support, community resources, and referral services. They also advocate for subsidized services where available. Participants reported that women who previously avoided PHCs due to cost concerns were more likely to return after receiving assistance.

Interview responses revealed that social workers engage husbands and family members in maternal health discussions, encouraging supportive home environments. In many cases, male involvement increased women's likelihood of attending antenatal care and delivering in PHCs. Family engagement improves compliance with medical advice and reduces delays in seeking care.

Participants also highlighted that the presence of medical social workers improves communication between clients and health professionals. Women reportedly feel more comfortable discussing sensitive issues such as domestic violence, emotional distress, or financial hardship. This increased trust encourages repeat visits and long-term engagement with PHCs.

Social workers facilitate timely referrals for complicated pregnancies and ensure follow-up after discharge. Participants indicated that coordinated referrals reduce delays in receiving specialized care. The integration of medical social work therefore enhances service continuity and maternal outcomes.

The thematic analysis demonstrates that integrating medical social work interventions in PHCs positively influences maternal reproductive health service utilization in several ways encouraging early and consistent antenatal attendance, improving knowledge and health literacy, reducing financial and social barriers, strengthening family involvement, enhancing trust in health services and ensuring continuity through referral coordination. These findings highlight that maternal service utilization is not determined solely by clinical availability but also by psychosocial, cultural, and socioeconomic factors. Medical social workers can address these determinants, by increasing access, adherence, and overall engagement with maternal health services in Rivers State.

6. Discussion of Findings

Role of Medical Social Work Practices in Improving Maternal Reproductive Health Outcomes

The findings show that medical social work practices significantly contribute to improved maternal reproductive health outcomes in PHCs in Rivers State. The roles identified were psychosocial support, health education, advocacy, referral services, and family engagement.

Social workers provided emotional counseling and mental health support to pregnant women experiencing stress, fear of childbirth, domestic violence, and financial anxiety. This support enhanced women's psychological well-being and increased consistent engagement with antenatal and postnatal care services. This aligns with Kadushin and Kadushin (2013), who emphasize that social workers address emotional and social barriers to health, not just clinical ones. Such support improves coping strategies and adherence to health advice, which is essential for positive maternal outcomes. Medical social workers actively educated women

and their families on topics such as antenatal care, nutrition, birth preparedness, family planning, and danger signs during pregnancy. This educational role contributed to increased awareness and informed health decisions among service users. This finding is consistent with Akinyemi et al. (2018), who reported that enhanced health literacy is associated with improved utilization of maternal health services in Nigeria. Social work interventions increased knowledge, confidence, and timely use of services in PHCs.

Social workers advocated for women's rights to quality care, equitable treatment, and assistance with accessing financial or community support services. Advocacy helped women navigate institutional barriers, enhancing access to necessary reproductive health services. Udo and Akpan (2019) note that social workers often play a justice role in Nigerian health systems, especially in settings where clients face discrimination or limited agency. This bolstered women's empowerment and strengthened trust in formal health services. Medical social workers referred complicated cases to higher-level facilities and linked clients to external support, such as welfare programs or community resources. This coordination ensured continuity of care beyond the PHC level. The World Health Organization (2022) highlights that; effective referrals improve maternal outcomes by reducing delays in receiving specialized care. Social workers can play a pivotal role in these bridging functions.

Challenges Faced by Medical Social Workers

The findings identified several systemic and contextual challenges constraining medical social work practice in PHCs.

Medical social workers reported being overworked due to staffing shortages. With limited personnel attending large client loads, the quality and reach of psychosocial services were affected. Udo and Akpan (2019) also found that inadequate staffing is a significant barrier to effective social work practice in Nigerian health facilities, leading to burnout and reduced service efficiency. Respondents lamented the lack of private counseling spaces, educational materials, and logistical support for outreach. Without dedicated facilities, confidentiality and quality of engagement are compromised. This is consistent with Okereke (2020), who noted that poor infrastructure in PHCs in Rivers State restricts comprehensive maternal service delivery, which includes psychosocial components.

Many health professionals were unclear about the role of medical social workers, leading to exclusion from decision-making processes or misallocation of duties. Kadushin and Kadushin (2013) emphasize that role ambiguity reduces interdisciplinary collaboration and weakens integrated care delivery, which mirrors the study's findings. Persistent cultural beliefs, preferences for traditional birth attendants, and family decision-making norms limited women's engagement with PHC services, reducing the impact of social work interventions. Akinyemi et al. (2018) describe similar cultural determinants of maternal service utilization in Nigeria, highlighting that social and cultural norms significantly influence health-seeking behaviors.

Economic hardship hindered access to transportation, medications, and follow-up care. Although social workers attempted to link clients to assistance, limited formal social support systems reduced their effectiveness. Economic barriers are well-documented determinants of low maternal health utilization (Adeleke et al., 2021), reinforcing these findings. Respondents reported emotional strain due to repeated exposure to complicated maternal cases and lack of institutional support, which affected their motivation and effectiveness.

Influence of Medical Social Work Integration on Utilization of Maternal Reproductive Health Services

The findings showed that integration of medical social work interventions in PHCs positively influenced how women utilized maternal reproductive health services.

Social workers helped reduce fears and misconceptions about clinic visits, leading to earlier registration and increased attendance at antenatal clinics. This is consistent with global evidence that psychosocial engagement enhances early and frequent service utilization (World Health Organization, 2022). Educational interventions improved women's understanding of the importance of facility-based services, danger signs in pregnancy, and family planning. Better informed women demonstrated higher levels of service uptake. This corroborates Akinyemi et al. (2018), who observed that health knowledge is a strong predictor of maternal care utilization in Nigerian communities.

Social workers acted as mediators between women and clinical staff, improving communication, trust, and comfort in PHC environments. Findings reflect Kadushin and Kadushin's (2013) emphasis on the social worker's relational role in health care teams. Linking clients helps to support resources and advocating for reduced barriers, social workers helped mitigate economic challenges that previously hindered utilization. Findings are consistent with observations by Adeleke et al. (2021) on the social determinants of health. Respondents highlighted that active involvement of husbands and families encouraged women to utilize PHC services more consistently, matching reports by Akinyemi et al. (2018) on the influence of family support on maternal health service uptake.

7. Conclusion

This study examined the role of medical social work practices in improving maternal reproductive health outcomes, the challenges faced by medical social workers, and how the integration of medical social work interventions influences the utilization of maternal reproductive health services in primary health care centers (PHCs) in Rivers State. The findings reveal that medical social work practice is a critical component of maternal reproductive health service delivery in PHCs. Through psychosocial counseling, health education, advocacy, referral coordination, and family engagement, medical social workers significantly contribute to improved maternal health outcomes. Their interventions enhance women's awareness, encourage early antenatal registration, promote facility-based delivery, and strengthen continuity of care.

The study further established that integration of medical social work interventions positively influences service utilization. Women who received social work support demonstrated improved attendance at antenatal clinics, better compliance with medical advice, and increased trust in PHC services. These outcomes highlight the importance of addressing psychosocial and socioeconomic determinants of health alongside clinical care. However, the study also identified major challenges limiting optimal performance. These include inadequate staffing, poor infrastructure, limited institutional recognition of social work roles, financial constraints among clients, cultural barriers, and occupational stress. These systemic and structural constraints reduce the effectiveness and sustainability of social work interventions in maternal health services.

The study concludes that medical social work is indispensable in strengthening maternal reproductive health outcomes and service utilization in PHCs in Rivers State. However, maximizing its impact requires deliberate policy support, institutional strengthening, and resource allocation.

8. Recommendations

Based on the findings of the study, the following recommendations are proposed:

Government and health authorities should recruit and deploy more qualified medical social workers to primary health care centers. Adequate staffing will reduce workload, prevent burnout, and enhance individualized psychosocial support for pregnant women.

Health administrators should clearly define and institutionalize the role of medical social workers within PHCs. Interdisciplinary collaboration should be promoted through joint meetings, case conferences, and policy inclusion to eliminate role ambiguity and enhance team-based maternal care.

Government agencies and health policymakers should allocate funds for improved counseling spaces, educational materials, outreach logistics, and operational support. Providing private consultation rooms will improve confidentiality and service quality.

Regular training and professional development programs should be organized for medical social workers to enhance their skills in maternal health counseling, mental health support, case management, and community mobilization.

Community awareness programs should be intensified to address cultural misconceptions and promote facility-based maternal care. Engaging community leaders, religious institutions, and male partners can improve acceptance and utilization of PHC services.

Policies should be developed to reduce financial barriers to maternal health services. Expanding subsidized maternal health programs and social welfare support will enhance access, especially for low-income women. State and federal governments should formally integrate medical social work into maternal health policy frameworks. Clear guidelines should mandate the inclusion of social workers in PHCs as part of comprehensive maternal reproductive health service delivery.

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