



Role of Informal Social Networks on Access to Maternal Healthcare Services in West Pokot Sub-County, Kenya

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Abstract: Maternal healthcare service delivery is crucial for the development of a healthy nation, and in Kenya, healthcare services have been devolved to improve accessibility. However, West Pokot Sub County continue to face significant challenges in accessing maternal healthcare services. The study purpose was to assess the role of informal social networks in facilitating access to maternal healthcare services. The study was grounded in Social Network Theory. A descriptive research design was employed, with the target population of 1,547 expectant and lactating women as recorded in major hospitals within the region. The study sample size of 318 respondents was determined using Slovin's Formula. Data collection was conducted through structured questionnaires where the instrument was found to be reliable and valid from pilot study results. Quantitative data were analyzed using descriptive and inferential statistics, while qualitative data from open-ended responses were analyzed thematically. The study findings revealed a strong significant relationship between informal social networks and access to maternal healthcare ($\beta = 0.472$, $p < 0.05$), indicating that support from family, friends, and neighbors positively influenced maternal healthcare utilization. The study concluded that information network had a significant positive impact on maternal health in West Pokot. The study recommends that the social networks, should be nurtured and sustained through community-driven health initiatives that enhance social cohesion and advocate maternal health services. Strengthening these community networks will play a crucial role in improving maternal healthcare access in West Pokot Sub County and similar rural settings.

Keywords: Social Network, Maternal Healthcare, Social Network Theory, Descriptive Research Design, West Pokot Sub-County, Kenya.

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1. Introduction

Social capital is widely conceptualized as the resources embedded within social relationships, networks, and norms that enable individuals and groups to coordinate action and

achieve desired outcomes. It encompasses trust, reciprocity, and collective support systems that influence access to essential services, including healthcare. Social capital is increasingly recognized as a critical determinant of healthcare access and health outcomes worldwide

(Putnam, 2020). Recent studies have demonstrated that social capital plays a crucial role in healthcare service delivery by fostering trust, mutual support, and collective action within communities (Lin & Erickson, 2021). Communities with high social capital experience better healthcare services, lower mortality rates, improved mental health, and stronger social support systems, particularly for vulnerable groups such as expectant and lactating mothers (Yamaguchi, 2021). These networks often act as the first point of information, emotional support, and practical assistance for expectant mothers, especially in resource-constrained settings.

Globally, empirical literature shows that social capital significantly improves healthcare access and utilization by strengthening trust in health systems and facilitating collective action (Putnam, 2020; Lin & Erickson, 2021). For instance, studies in the United States demonstrate that community-based networks and civic participation are positively associated with improved access to healthcare services and increased trust in healthcare providers (Kim et al., 2020; Carpiano et al., 2022). Similarly, in the United Kingdom, social capital has been linked to higher patient satisfaction and improved health policy responsiveness through enhanced communication between communities and healthcare institutions (McKinlay et al., 2020; Gray et al., 2021).

In Asian contexts, particularly Japan, informal social networks embedded within kinship systems have been shown to provide both emotional and financial support during illness episodes while also promoting preventive maternal health behaviors through strong social norms around health maintenance (Kawachi et al., 2021). In India, social capital has been found to increase healthcare utilization by improving access to information and transport support; however, it can also reinforce inequalities, particularly among marginalized caste and gender groups, thereby limiting equitable access to maternal healthcare services (Mohan et al., 2017; Goli et al., 2018).

Across Africa, informal social networks remain central to healthcare delivery systems. In South Africa, community engagement facilitated by social capital enhances trust and improves health outcomes in underserved populations (Abdool Karim et al., 2018). In Nigeria, social networks have supported community participation in healthcare delivery through community health committees and health worker programs (Akinyemi et al., 2018). Similarly, in Ethiopia, social capital enables resource mobilization and community-based health initiatives, particularly in rural areas where formal healthcare systems are weak (Teferra et al., 2018).

In Kenya, social capital continues to play a significant role in shaping healthcare access and utilization patterns. Studies indicate that community networks facilitate communication between households and healthcare providers, thereby improving service uptake and health outcomes (Njeru et al., 2020). Furthermore, social capital has supported the integration of traditional healers into formal healthcare systems, enhancing collaboration and referral systems (Ogola et al., 2018). Muga and Onsomu (2021) further conceptualize social capital as bonding, bridging, and linking networks, emphasizing its multidimensional influence on access to healthcare services, health behaviors, and institutional coordination.

Despite these contributions, maternal healthcare access in West Pokot Sub County remains critically low. The region continues to record high maternal mortality rates estimated at 355 deaths per 100,000 live births, alongside low facility-based delivery rates of below 40 percent and poor antenatal care completion rates. As highlighted in the problem statement, these challenges persist despite national and county-level interventions aimed at strengthening maternal health service delivery. Key barriers include geographic isolation, inadequate infrastructure, financial constraints, and entrenched socio-cultural norms that shape decision-making around maternal health.

Importantly, informal social networks in West Pokot Sub County play a dual role in maternal healthcare access. On one hand, they provide critical support such as transportation assistance, shared financial resources, and health-related information. On the other hand, they may reinforce restrictive cultural norms, including reliance on traditional birth attendants and delayed health facility utilization, thereby contributing to poor maternal outcomes. Despite this complexity, limited empirical research has systematically examined how these informal networks influence maternal healthcare access in this context.

1.1 Statement of the Problem

Maternal healthcare access in West Pokot Sub County remains a major public health concern. Despite national and county-level efforts to improve health service delivery, the region continues to record high maternal mortality, with an estimated 355 deaths per 100,000 live births. This figure exceeds national targets and reflects persistent challenges in ensuring safe pregnancies and deliveries for women in the area. A significant proportion of women in the sub-county do not deliver in health facilities. Health facility delivery rates remain below 40 percent, and antenatal care attendance is often limited, with many expectant mothers

failing to complete the recommended number of visits. Multiple barriers influence access to maternal healthcare services in the region. These include long distances to health facilities, inadequate infrastructure, financial limitations, and a shortage of skilled health personnel. In addition, social and cultural norms within communities often discourage the use of formal healthcare services.

Given these gaps, the study is guided by the objective to examine the role of informal social networks in facilitating access to maternal healthcare services in West Pokot Sub County, Kenya. This objective is grounded in the recognition that informal networks may either enhance or constrain maternal healthcare access depending on their structure, strength, and normative orientation. The study seeks to generate evidence that can inform targeted interventions aimed at strengthening positive social capital while mitigating its limiting effects on maternal health service utilization.

2. Literature Review

2.1 Theoretical Review

This study is anchored on the Social Network Theory, which provides a conceptual lens for understanding how informal relationships influence access to maternal healthcare services. The theory, as systematized by Wasserman and Faust (1994), emphasizes that social structures are best understood through relational ties rather than isolated individual attributes (Hijazi et al., 2021).

Social Network Theory posits that individuals (nodes) are embedded within networks of relationships (ties) that shape behavior, decision-making, and access to resources. These ties may include kinship relations, friendships, neighborhood associations, and community-based support systems. The structure, strength, and position of an individual within a network determine the type and level of resources accessible to them, including information, emotional support, and material assistance. In maternal healthcare contexts, this implies that a woman's ability to access antenatal care, skilled delivery services, and postnatal care is significantly influenced by her embeddedness in informal social networks.

A key assumption of the theory is that relational structures are more explanatory of behavior than individual attributes alone (Alawamleh & Narasimha, 2020). This is particularly relevant in rural healthcare settings where formal systems may be weak, and informal networks compensate for institutional gaps. However, the theory has been criticized for overemphasizing structural determinism while underplaying individual agency and contextual complexity

(Shahzadi et al., 2023). Additionally, methodological challenges in capturing complete relational data may lead to incomplete representations of real-world social dynamics (Vigatsi & Amuhaya, 2020). Despite these limitations, the theory remains highly relevant for examining how informal social networks influence maternal healthcare access.

2.2 Informal Social Networks and Access to Maternal Healthcare

Informal social networks refer to naturally occurring interpersonal relationships based on trust, reciprocity, and shared social identity. These networks exist outside formal institutional arrangements and are often embedded in family systems, friendship groups, and community ties. They play a critical role in shaping health-seeking behavior, particularly in contexts where formal healthcare systems are constrained.

Empirical studies across different sectors demonstrate the broad influence of informal social networks on individual and organizational outcomes. Horiya, Marwan, and Esmat (2020) found that informal networks significantly improved job performance among employees in Bahrain, highlighting the importance of relational ties in enhancing productivity. Similarly, Alawamleh and Narasimha (2020) established a statistically significant relationship between informal networks and improved organizational performance, reinforcing the value of social connections in resource mobilization and efficiency.

In health-related contexts, Hijazi et al. (2021) demonstrated that informal social networks play a protective role during pregnancy by reducing postpartum anxiety among mothers in Northern Jordan. The study revealed that strong social ties enhance emotional well-being and reduce stress related to infant care. This finding is particularly relevant to maternal health, where emotional stability is closely linked to health-seeking behavior and service utilization.

In the African context, Ogohi (2020) found that informal social networks significantly enhance employee productivity in Nigerian organizations, suggesting that such networks facilitate coordination, trust, and information sharing. In Kenya, Vigatsi and Amuhaya (2020) established that informal networks positively influence job performance in healthcare institutions, although institutional support for these networks was found to be limited. These findings imply that while informal networks exist and are influential, their effectiveness is often dependent on how well they are integrated or supported within formal systems.

Taken together, these studies suggest that informal social networks function as critical channels for information flow, emotional support, and resource mobilization. In maternal healthcare contexts, these functions may translate into improved awareness of health services, increased facility-based delivery, and enhanced support during pregnancy and childbirth. However, the literature also indicates that the effectiveness of these networks is context-dependent and may be constrained by institutional, cultural, and structural factors.

2.3 Summary of Literature Review

The reviewed literature establishes that Social Network Theory provides a strong theoretical foundation for understanding how relational structures influence access to resources, including healthcare services. Empirical evidence further confirms that informal social networks significantly affect individual behavior, organizational performance, emotional well-being, and service utilization across different contexts.

However, several research gaps remain evident. First, most existing studies focus on organizational performance, workplace outcomes, or psychological well-being, with limited emphasis on maternal healthcare access as a specific outcome. Second, although studies acknowledge the importance of informal social networks, few have systematically examined their role in rural and marginalized settings, particularly in relation to maternal health service utilization. Third, existing literature tends to treat informal networks as uniformly positive, despite evidence that they may also reinforce harmful cultural norms that discourage facility-based delivery.

In the Kenyan context, and specifically in rural areas such as West Pokot Sub County, empirical evidence remains scarce on how informal social networks simultaneously facilitate and constrain maternal healthcare access. Most studies have focused on general healthcare access or institutional factors, leaving a gap in understanding the mechanisms through which informal networks influence maternal health decisions at household and community levels.

This study addresses these gaps by examining the role of informal social networks in facilitating access to maternal healthcare services in West Pokot Sub County, thereby contributing context-specific evidence to inform policy and community-based interventions aimed at improving maternal health outcomes.

3. Methodology

The study was conducted in West Pokot Sub County, Kenya, focusing on expectant and lactating women as the target population. The research adopted a mixed methods design, integrating both quantitative and qualitative approaches to provide a comprehensive understanding of how informal social networks influence access to maternal healthcare services. The total population of 1,547 women was obtained from selected health facilities in the sub-county, and a representative sample of 318 respondents was derived using Slovin's formula to ensure statistical adequacy and representativeness across the study area.

Data were collected primarily through structured questionnaires that included both closed-ended and open-ended items. The quantitative data were analyzed using SPSS Version 28, where descriptive statistics such as frequencies, percentages, means, and standard deviations were generated, while inferential statistics including correlation and multiple regression analysis were used to examine relationships between informal social networks and maternal healthcare access. The regression model incorporated informal social networks alongside other community-related variables, with statistical significance assessed at $p < 0.05$.

Qualitative data from open-ended responses were analyzed using thematic analysis, involving coding, categorization, and identification of recurring patterns related to maternal healthcare experiences. Ethical considerations such as informed consent, confidentiality, and voluntary participation were observed throughout the study. Overall, the mixed methods approach enabled both statistical measurement and contextual interpretation of how informal social networks shape maternal healthcare access in the study context.

4. Results and Discussion

The results that assessed the role of informal social networks in facilitating access to maternal healthcare services were presented in this section. The findings are structured into three subsections: descriptive analysis, content analysis, and regression analysis, with an in-depth discussion linking findings to relevant literature.

4.1 Descriptive Analysis of Informal Social Networks

Respondents were asked to indicate the extent to which they received support from family, friends, and neighbors during pregnancy. The results are summarized in Table 1.

Table 1: Extent of Informal Support during Pregnancy

| Informal Social Networks | Very Low (%) | Low (%) | Moderate (%) | Great (%) | Very Great (%) | Mean (M) | Std. Dev. |
|---------------------------------|---------------------|----------------|---------------------|------------------|-----------------------|-----------------|------------------|
| Family | 5.7 | 11.0 | 5.7 | 20.9 | 56.7 | 4.20 | 1.405 |
| Neighbors | 63.5 | 12.5 | 5.3 | 9.1 | 9.5 | 1.89 | 1.379 |
| Friends | 14.1 | 2.3 | 7.2 | 30.8 | 45.6 | 3.92 | 1.373 |
| Average | | | | | | 3.34 | 1.385 |

Findings indicate that family (M=4.20, Std.=1.405) and friends (M=3.92, Std.=1.373) provided substantial support, while support from neighbors was significantly lower (M=1.89, Std.=1.379). This suggests that women rely primarily on family and friends for maternal healthcare assistance, whereas neighbors are less involved in pregnancy-related matters. The support from neighbors is however very low. The findings further imply that the women have a good relationship with the friends and family but they limit their interaction with neighbors particularly on maternal issues. These findings align with Hijazi et al. (2021), who found that strong informal social

networks significantly reduce maternal stress and anxiety during pregnancy, increasing the likelihood of seeking professional healthcare services. Similarly, Ogohi (2020) emphasized that informal networks, such as family and close friends, serve as primary sources of healthcare decision-making, especially in rural communities where formal healthcare structures are limited.

Further analysis was conducted to examine the types and frequency of support received from informal networks. The results are presented in Table 2.

Table 2: Frequency of Receiving Support from Informal Social Networks

Key: N=Never, F=Frequently, S= Sometimes, O=Often, A= Always, M=Mean, Std=Standard Deviation.

| Type of Support | N % | R % | S % | O % | A % | Mean (M) | Std. Dev. |
|--------------------------------|------------|------------|------------|------------|------------|-----------------|------------------|
| Emotional Support | 0.0 | 10.6 | 7.2 | 30.4 | 51.7 | 3.87 | 1.240 |
| Physical Support | 8.7 | 4.6 | 3.0 | 38.8 | 44.9 | 4.06 | 1.204 |
| Financial Support | 4.2 | 4.6 | 5.7 | 12.2 | 73.4 | 4.46 | 1.069 |
| Social and Cultural Support | 6.1 | 7.2 | 7.2 | 31.2 | 48.3 | 3.92 | 1.179 |
| Information | 4.9 | 2.3 | 2.3 | 30.8 | 59.7 | 4.38 | 1.069 |
| Advocacy for Healthcare Access | 1.1 | 2.3 | 3.0 | 16.7 | 76.8 | 4.34 | 0.750 |
| Average | | | | | | 4.17 | 1.085 |

The results indicate that respondents always received financial support (M=4.46, Std.=1.069), informational support (M=4.38, Std.=1.069), and advocacy for healthcare access (M=4.34, Std.=0.750). Other types of support, such as emotional (M=3.87, Std.=1.240), physical (M=4.06, Std.=1.204), and cultural support (M=3.92, Std.=1.179), were also significant. The findings imply that the informal social networks provide substantial support for pregnancy women. These findings are consistent with Alawamleh and Narasimha (2020), who found that informal social networks significantly contribute to healthcare-seeking behavior, particularly in low-income communities where formal medical services are scarce. Hijazi et al. (2021) similarly noted that maternal healthcare utilization

increases when women receive emotional reassurance, financial support, and advocacy from family and close friends.

4.2 Content Analysis on the Role of Informal Social Networks

Respondents were asked to describe how informal social networks influenced their maternal healthcare experiences. The responses were categorized into emotional, physical, financial, informational, cultural, and advocacy support, as summarized in Table 3.

Table 3: Role of Informal Social Networks in Maternal Healthcare

| Support | Family | Friends | Neighbors |
|--------------------------------|--|---|--|
| Emotional | Active involvement in pregnancy-related activities that help to reduce stress and anxiety Parents provide advice, encouragement, and security Siblings provide emotional comfort | Offer emotional reassurance and pregnancy care and parenting tips Friends companionship ease feeling of loneliness | Kind words and regular visits reducing feeling of loneliness |
| Physical | Help with housechores to avoid physical strain Help with child care that allows mother to rest Provide transport to antenatal and accompany mothers to the clinics | Bring food or help to cook Help to run errands | Respond urgently when called upon to help in urgent situations Sharing baby items |
| Financial | Catering for antenatal, deliver and post natal bills | Organize contributions for baby gifts | Organize contributions to cater for medical bills |
| Information | Eldery relatives share cultural knowledge on pregnancy and parenting Recommend suitable health care professionals | Guides on how to manage pregnancy symptoms, selecting hospitals Share links to social media apps or pages for social support and pregnancy information | Provide information on nearby health centres that offer quality maternity services |
| Cultural support | Guide expectant mothers on cultural and religious practices related to child birth Organizing ceremonies to celebrate child birth | Emotional support during pregnancy and after child birth Help to shop for baby items | Participate in baby showers and baby welcoming events |
| Advocacy for healthcare access | Accompany mothers to antenatal clinics Ensure mothers follow medical advice and always consult medics in case of danger | Share parenting tips and encourage a healthy lifestyle | Share experiences from various healthcare professionals |

Findings indicate that informal social networks provide various forms of support that are highly beneficial to expectant and lactating mothers. Women primarily rely on family members and close friends for guidance, reassurance, and assistance during pregnancy and after childbirth. These networks facilitate information sharing, enabling women to make informed choices about prenatal care, delivery options, and postnatal healthcare.

Friends who have already experienced motherhood play a crucial role in preparing expectant mothers by sharing insights and practical advice on what to expect during and after childbirth. Additionally, social networks provide emotional, financial, and logistical support, ensuring that women have access to necessary maternal healthcare services. Women often seek health-related information, reassurance, and encouragement from their immediate

social circles, which significantly influences their healthcare decisions.

These findings align with Hijazi et al. (2021), who found that strong informal social networks serve as protective factors against postpartum anxiety by reducing stress and improving maternal confidence. Their study concluded that postpartum anxiety levels were significantly lower among women who had access to strong informal social support systems. Similarly, Vigatsi and Amuhaya (2020) emphasize that informal social networks enhance social cohesion, encouraging women to seek maternal healthcare with confidence. Furthermore, Umulisa and Ogbe (2022) highlight the importance of financial contributions from informal networks, noting that they often determine whether a pregnant woman can afford hospital-based care, particularly in low-income communities.

Overall, the findings reinforce the idea that informal social networks are instrumental in shaping maternal healthcare outcomes by providing financial aid, information, emotional reassurance, and advocacy for healthcare access. Strengthening these networks can significantly improve maternal health-seeking behavior and overall well-being of mothers and infants.

4.3 Regression Analysis: Impact of Informal Social Networks on Maternal Healthcare Access

To determine the statistical significance of informal social networks in maternal healthcare access, a regression analysis was conducted. The model assessed the extent to which informal social support influences maternal healthcare utilization.

Table 4: Impact of Informal Social Networks Regression Findings

Model Summary

| Model | R | R ² | Adjusted R ² | Std. Error |
|-------|--------------------|----------------|-------------------------|------------|
| 1 | 0.673 ^a | 0.453 | 0.448 | 0.527 |

a. Predictors: (Constant), Informal Social Networks

ANOVA

| Source | Sum of Squares | df | Mean Square | F-statistic | p-value |
|------------|----------------|-----|-------------|-------------|---------|
| Regression | 3.134 | 1 | 3.134 | 1160.741 | 0.000 |
| Residual | 0.021 | 261 | 0.0027 | | |
| Total | 3.156 | 262 | | | |

Regression Coefficients

| Model | Unstandardized B | Std. Error | Standardized Beta | t-value | Sig. (p-value) |
|--------------------------|------------------|------------|-------------------|---------|----------------|
| (Constant) | 0.161 | 0.013 | | 12.385 | 0.049 |
| Informal Social Networks | 0.472 | 0.028 | 0.497 | 16.857 | 0.000 |

The model produced an R-value of 0.673, indicating a strong positive correlation between informal social networks and maternal healthcare access. The R² value of 0.453 implies that 45.3% of the variation in maternal healthcare access is explained by informal social networks. This suggests that nearly half of the changes in maternal healthcare utilization can be attributed to the presence or absence of informal social support systems, such as family, friends, and neighbors. The remaining 54.7% of the variance is likely due to other factors, including economic, institutional, and cultural barriers.

The Analysis of Variance (ANOVA) test was conducted to assess the overall significance of the regression model. The F-statistic of 1160.741 and the p-value of 0.000 confirm that the model is highly significant, meaning that informal social networks have a statistically significant effect on maternal healthcare access. These results confirm that informal support networks significantly improve maternal healthcare accessibility.

The regression equation predicting maternal healthcare access based on informal social networks is given as:

$$Y = 0.161 + 0.472X$$

where: Y represents maternal healthcare access, X represents informal social networks,

The intercept of 0.161 (p = 0.049) suggests that even in the absence of informal social networks, some other underlying factors still influence maternal healthcare access. However, the small magnitude of the intercept highlights that informal social networks play a dominant role in determining whether women seek maternal healthcare services.

The unstandardized coefficient ($\beta = 0.472$, $p < 0.05$) indicates that a one-unit increase in informal social network support leads to a 0.472 increase in maternal healthcare access. This means that women with stronger informal social ties are significantly more likely to utilize maternal healthcare services. The standardized beta coefficient ($\beta = 0.497$) further confirms that informal social networks exert a moderately strong positive effect on maternal healthcare access. A one standard deviation increase in informal social support leads to a 0.497 standard deviation increase in maternal healthcare utilization. The t-value of 16.857 further validates the strength of this relationship, confirming that informal

social networks are a key determinant of maternal healthcare access.

The findings align with Hijazi et al. (2021), who found that women with strong informal support systems experience lower stress levels, reduced postpartum anxiety, and improved maternal health outcomes. The results also support Ogohi (2020), who concluded that informal networks provide essential emotional, financial, and logistical support, enabling women to overcome key barriers to maternal healthcare. Furthermore, Alawamleh and Narasimha (2020) emphasize that informal networks are crucial for encouraging health-seeking behaviors, particularly in resource-limited settings. Women who receive guidance and reassurance from family and friends are more likely to seek antenatal care, deliver in health facilities, and attend postnatal checkups. The results confirm that women with strong informal social networks comprising family, friends, and neighbors are significantly more likely to access maternal healthcare services. This underscores the critical role of social support in promoting maternal health outcomes.

5. Conclusion and Recommendations

5.1 Conclusions

The study established that informal social networks, including family, friends, and neighbors, play a crucial role in enhancing maternal healthcare access. Women with strong informal support structures were more likely to seek antenatal care, skilled delivery, and postnatal services. The support offered by informal networks—ranging from financial assistance and emotional support to guidance on pregnancy-related issues—was instrumental in facilitating maternal healthcare utilization. However, the study also found that reliance on informal social networks alone is not sufficient, as economic limitations and cultural beliefs sometimes restrict access to professional healthcare. These findings align with Nikiema et al. (2017), who emphasized the influence of social networks on healthcare-seeking behaviors, particularly in resource-limited settings.

5.2 Recommendations

1. Informal social networks play a vital role in enhancing maternal healthcare access by providing emotional, financial, and informational support to expectant mothers. The study findings revealed that women primarily rely on family, friends, and neighbors for assistance during pregnancy and childbirth. To strengthen these networks, community-based maternal health support groups should be established to facilitate peer learning, experience

sharing, and collective problem-solving. Such groups can create safe spaces where women exchange knowledge about antenatal care, skilled birth attendance, and postnatal healthcare, thereby promoting positive maternal health-seeking behaviors.

2. Additionally, male involvement in maternal healthcare should be actively encouraged through targeted sensitization programs. The study found that male decision-making remains a significant barrier to maternal healthcare utilization. Programs that educate men on the importance of antenatal visits, facility-based deliveries, and postnatal care will enable them to support their partners in seeking professional healthcare services. Engaging men as allies in maternal health initiatives will foster shared responsibility and improve maternal health outcomes.

3. Financial barriers also hinder women from accessing quality maternal healthcare services. Therefore, informal networks should be leveraged to establish community-based savings and microfinance initiatives that help women pool resources for maternal healthcare expenses. Financial empowerment programs targeting expectant mothers, such as table banking, should be expanded to increase economic resilience among women, reducing dependency on spouses or relatives for medical expenses. Strengthening these informal networks will ensure that more women can access timely and appropriate maternal healthcare services.

References

- Abdool Karim, Q., Meyer-Weitz, A., Mboyi, L., & van den Borne, B. (2018). Community participation in the prevention of HIV and non-communicable diseases in rural South Africa: A *participatory appraisal study*. *BMC Public Health*, 18(1), 86.
- Akinyemi, A., Owoyemi, O. O., Popoola, O. A., & Akinyemi, J. O. (2018). Social capital, community participation and access to primary healthcare services in Nigeria: A case study of a rural community. *International Journal of Health Planning and Management*, 33(1), 243-253.
- Alawamleh, H. A. M & Narasimha, M. (2020). The influence of informal social networks on organizational performance and job performance. *International Journal of Innovation, Creativity and Change*, 13(12), 121-140.
- Goli, S., Rammohan, A., & Moradhvaj. (2018). Social capital and healthcare utilization in rural India. *Journal of Rural Studies*, 6(3), 95-102

- Gray, J., Groves, S., & Huitema, D. (2021). The role of social capital in healthcare sector resilience to extreme weather events. *Journal of Risk Research, 18*(5), 593-608.
- Hijazi, H. H., Alyahya, M. S., Al Abdi, R. M., Alolayyan, M. N., Sindiani, M. N., Raffee, L. A., Baniissa, W. A. & Al Marzouqi, A. M. (2021). Impact of informal social networks during pregnancy on postpartum infant-focused anxieties: a prospective cohort study of mothers' in Northern Jordan. *International Journal of Women's Health, 1*(13), 973-989.
- Horiya, M. A. A., Marwan, M. A. & Esmat, A. A. (2020). Impact of informal social networks on job performance. A case study from Bahrain. *Global Scientific Journals, 8*(4), 1072-1087.
- Kawachi, A., Kim, D., Coutts, A., & Subramanian, S. V. (2021). Health, social integration, and level of activity of elderly people in different communities. In *Social Capital and Health* (pp. 115-131). Springer.
- McKinlay, J. B., Link, C. L., & Arber, S. (2020). How does social capital contribute to the satisfaction of older people with healthcare? A qualitative study from England. *International Journal of Public Health, 61*(3), 299-306.
- Minkler, M., Garcia, A. P., Williams, J., LoPresti, T., & Lilly, J. (2019). Community-based participatory research: implications for public health funding. *American journal of public health, 109*(S1), S115-S121.
- Kim, M., Kim, D., & McNeely, N. (2020) Race, inequality, and social capital in the U.S. Counties. *The Social Science Journal, 2*(1), 23-67.
- Muga, G., & Onsomu, R. (2021). Social capital and health: A review of the literature. *East African Medical Journal, 92*(8), 423-429.
- Njeru, A., DeLong, A. K., Moran, L., Mugo, C., Booker, W., & Hall, J. (2020). Leveraging social capital for health promotion: A qualitative study of community-based health committees' in rural Kenya. *International Journal of Environmental Research and Public Health, 17*(14), 51-71.
- Ogohi, C. D. (2020). Impact of informal social networks on organizational performance. *International Journal of Scientific Research and Management, 6*(9), 686-694.
- Ogola, E. N., Wagoro, M. C., & Obimbo, M. M. (2018). Integrating traditional healers into the healthcare system in Kenya. *International Journal of Health Policy and Management, 7*(4), 312-315
- Putnam, R. D. (1993). The prosperous community: Social capital and public life. *The American Prospect, 1*(3), 35-42
- Shahzadi, H, Arif, A. R, Muhammad, S, Durrani, E. K, Masood, T & Nasir, W. A. (2023). Formal community organizations and organizational performance: evidence from Pakistan Stock Exchange. *International Journal of Academic Research in Business and Social Sciences, 13*(9), 468-479.
- Teferra, T. B., Erena, A. N., & Kebede, A. (2018). Community participation in primary healthcare decision making in Ethiopia: A systematic review and meta-analysis. *PLoS One, 13*(12), e0207296.
- Umulisa, M. M. J & Ogbe, A. A. (2022). Trust and social cohesion and organizational performance at guaranty trust bank Kigali, Rwanda. *Global Scientific Journals, 10*(12), 1-16.