Impediments to Effective Healthcare Delivery Among Rural Women in Cross River State,Nigeria.

Abstract

Rural women often face unique challenges in accessing and utilizing healthcare services, including limited access to healthcare resources, geographic isolation, and cultural and social barriers. To better understand the factors that influence healthcare delivery among rural women in Cross River State, Nigeria, this theoretical literature draws on social determinants of health and social exchange theories. Social determinants of health highlight the importance of social and economic factors, such as income, education, andhousing, in shaping health outcomes. Social exchange theory, on the other hand, emphasizes the importance of interpersonal relationships and social interactions in shaping behavior and decision-making. Using these frameworks, we argue that healthcare utilization among rural women in Cross River State is influenced by a complex interplay of factors, including cultural beliefs about health and healthcare, socioeconomic status, gender roles, and access to healthcare resources. Our discussion, however, highlights the importance of social support networks and trust in healthcare providers in facilitating healthcare utilization among rural women. These factors can help mitigate the negative effects of geographic isolation and limited healthcare resources. Access to transportation is also critical in overcoming geographic barriers to healthcare utilization. Finally, we identify gender roles and cultural beliefs around healthcare as key barriers to access and utilization. To address these barriers and improve healthcare delivery for rural women, interventions may include community-based outreach programs, education on cultural competency for healthcare providers, and policies to address transportation barriers and other social determinants of health. In conclusion, this paper contributes to the understanding of factors affecting healthcare delivery in rural areas,emphasizing the importance of addressing social determinants of health and improving healthcare infrastructure to improve health outcomes for rural women. This paper however has implications for healthcare providers, policymakers, social workers and researchers seeking to develop effective interventions and policies to address healthcare disparities in rural communities.

Keywords: Rural women, impediments, Healthcare services, Healthcare resources, Cultural barriers.

1. Introduction

Social dynamics is a significant tool in studying human interactions, relationships and behaviors within a social context. It encompasses the patterns and processes of social change, the mechanisms that underlie these changes, and the implications for individuals and groups.Social dynamics can be understood

through various perspectives. Berger and Luckmann (1966) argue that social dynamics involve the processes of social construction of reality, where shared meanings are negotiated and reproduced through social interactions. Granovetter (1973)emphasizes the role of weak ties in social networks, which facilitate the transmission of information, resources, and influence across diverse groups. Giddens (1984) focuses on the interplay between social structures and individual agency, where individuals both shape and are shaped by the social systems they are part of. Coleman (1990) introduces the concept of social capital and highlights how the interplay of social, human, and physical capital influences the pursuit of individual and collective goals within and across social networks.

According to the various ideologies defined above, analyzing factors affecting healthcare delivery requires considering the influence of social interactions, relationships and structures on the accessibility, quality, and efficiency of healthcare services. Accordingly, factors such as people's beliefs about health, illness, and treatment are shaped by their social interactions and cultural backgrounds. These beliefs play significant role in healthcare-seeking behavior, compliance with treatment, and communication with healthcare providers. More so, as identified by Granvetter (1973), weak ties play a crucial role in connecting individuals to a diverse range of healthcare resources and information. Patients with more extensive weak-tie networks may be better informed about available treatments,healthcare providers, and support services. This could impact their ability to access appropriate care and make informed decisions. According to Giddens (1984), healthcare systems consist of institutional structures, such as insurance systems, regulations, and professional standards that shape the availability and accessibility of services. Individual healthcare providers and patients must navigate and sometimes challenge these structures in their pursuit of effective healthcare.While Coleman (1990) opinesthat, the availability of social capital, or the resources embedded within social networks, can significantly impact an individual's ability to access and benefit from healthcare services. Strong social support networks can help patients navigate complex healthcare systems, access necessary resources, and maintain adherence to treatment plans.Additionally,healthcare providers with robust social capital may have access to more knowledge and resources, which can ultimately impact the quality of care they provide.

Thus, healthcare delivery in rural areas is a multifaceted challenge that is influenced by various social, economic, and cultural factors. In Nigeria, access to quality healthcare remains particularly difficult for rural women, who often encounter unique barriers to accessing essential health services. Access to healthcare services among women in Nigeria is a significant public health concern, especially for those residing in rural areas. Women in Nigeria face various challenges in accessing healthcare, which include limited access to healthcare facilities,poor healthcare infrastructure, inadequate skilled healthcare providers, financial barriers and cultural factors (Babalola &Fatusi, 2009; Obiyan& Kumar, 2015; Udofia & Akwaowo, 2014).

Despite efforts to improve healthcare delivery in Cross River State,rural women continue to face challenges accessing quality healthcare services.These challenges are often influenced by factors, such as cultural beliefs, social norms and gender roles, which affect women's decision-making regarding their health and their ability to access and utilize healthcare services.

Studies have shown that rural women in Nigeria face additional barriers to healthcare services due to their geographic isolation, lower levels of education, and low socio-economic status (Ojikutu, 2013; Uchendu, Ilesanmi, & Olumide, 2017). Moreover, cultural beliefs and traditional practices can significantly influence women's decision-making about healthcare utilization, often leading to reliance on traditional healers and home-based care (Okeke,Okafor,&Uzochukwu, 2016).

To improve women's access to healthcare services in Nigeria, it is essential to address the various barriers they face. This may include investing in healthcare infrastructure, training healthcare providers in cultural competency, developing policies to address financial barriers,and promoting education among women to empower them in making informed decisions about their health (Babalola &Fatusi, 2009; Udofia & Akwaowo, 2014; WHO, 2018). This paper therefore analyses the factors that influence healthcare delivery among rural women in Cross River State, Nigeria, focusing on factors such as cultural norms and practices, and socioeconomic status. Specifically, the following objectives are significant:

(i) Review the various factors influencing healthcare utilization among rural women in Cross River State.
(ii) Examine the role of social support networks and trust in healthcare providers in facilitating healthcare utilization.
(iii) Identify interventions and policies to address the barriers to access and utilization of healthcare services among rural women.

2. Theoretical Framework

Two theories of healthcare were examined, which are the social determinants of health and social exchange theory.

Social determinants of health highlight the importance of social and economic factors, such as income,education, and housing, in shaping health outcomes.

Social exchange theory, on the other hand, emphasizes the importance of interpersonal relationships and social interactions in shaping behavior and decision-making.

The integration of SDH and SET offers a comprehensive framework to analyze social dynamics and healthcare delivery in rural areas.

By integrating these frameworks, we argue that healthcare utilization among rural women in Cross River State is influenced by a complex interplay of factors, including cultural beliefs about health and healthcare, socioeconomic status, gender roles, and access to healthcare resources.

Our discussion, however, highlights the importance of social support networks and trust in healthcare providers in facilitating healthcare utilization among rural women.

These factors can help mitigate the negative effects of geographic isolation and limited healthcare resources.

Access to transportation is also critical in overcoming geographic barriers to healthcare utilization.

Finally,we identify gender roles and cultural beliefs around healthcare as key barriers to access and utilization.

To address these barriers and improve healthcare delivery for rural women, interventions may include community-based outreach programs, education on cultural competency for healthcare providers, and policies to address transportation barriers and other social determinants of health, improved infrastructure, financial assistance,as well as empowering women.

2.1. Social Determinants of Health

Social Determinants of Health is a concept that has evolved over time through the work of numerous researchers, practitioners, and public health organizations. The idea that social conditions influence health outcomes can be traced back to early public health pioneers such as Rudolf Virchow and Friedrich Engels in the 19th century. However, the term "social determinants of health" and the current understanding of the concept began to gain prominence in the latter half of the 20th century and early 21st century. The Social Determinants of Health (SDOH) theory is a comprehensive approach to understanding how various social,economic,and environmental factors contribute to individual and population health outcomes. This theory recognizes that health is not solely determined by individual genetics or behaviors, but is also influenced by the broader social conditions in which people live, work, and interact.

According to the World Health Organization (WHO), the social determinants of health are "the conditions in which people are born, grow, live, work and age, and the wider set of forces and systems shaping the conditions of daily life." These determinants can be divided into several interconnected domains: (i) Economic Stability which impacts health through factors like income, employment, and financial resources, with lower socioeconomic status often leading to poorer health outcomes (Marmot, 2005). (ii) Education level which influences health via knowledge about healthy behaviors, better employment opportunities, and increased social support networks.Higher education is associated with improved health and longer life expectancy (Cutler

&Lleras-Muney (2006). (iii) Social and Community Context, including social relationships and community cohesion, which affects individual and public health; social exclusion, discrimination, and lack of support that lead to increased stress and poorer health outcomes (Berkman & Glass, 2000). (iv) Health and Healthcare access is crucial for health,with barriers like lack of insurance or culturally competent care contributing to health disparities (Smedley et al., 2003). (iv) Finally, the neighborhood and environment of residenceincluding housing quality,can significantly impact health behaviorsand outcomes (Diez Roux & Mair, 2010).

Thus, in rural areas (like in Cross River State), these various determinants of health significantly impact healthcare delivery, resulting in unique challenges and potential disparities. However, to address these challenges, healthcare delivery in rural areas should focus on improving economic opportunities, increasing access to education and resources, promoting community engagement and support, expanding access to healthcare services through telemedicine and mobile clinics, and investing in infrastructure to improve our housing.The Social Determinants of Health theory therefore emphasizes the importance of addressing these underlying social factors in order to reduce health disparities and promote health equity. Interventions that target the social determinants of health can lead to more effective and sustainable improvements in public health than those that focus solely on individual behaviors or medical treatments.

2.2. Social Exchange Theory

Social Exchange Theory (SET) is a sociological and psychological paradigm that focuses on understanding the interplay of human behavior and interactions through the analysis of costs and rewards.SET emerged as a dominant theory in the 1950s and 1960s, with significant contributions from various scholars, including George Homans (1958), Peter Blau (1964), and Richard Emerson (1972). Homans' work, "Social Behavior as Exchange" (Homans, 1958), is considered one of the seminal publications in this field, laying the groundwork for the theory's development. This theory has been widely utilized to explain various aspects of human behavior in diverse fields,including healthcare. SET posits that,human behavior is guided by a desire to maximize rewards and minimize costs (Blau, 1964). Social interactions are viewed as a series of exchanges, with individuals assessing the benefits and drawbacks of each relationship or situation. Key concepts in SET include: (i) Reciprocity: People expect something in return when they provide something to others (Gouldner, 1960). Reciprocal behavior strengthens social bonds and fosters cooperation. (ii) Trust: Individuals are more likely to engage in exchanges with those they trust (Mayer,Davis &Schoorman, 1995). Trust can be built through repeated interactions and positive experiences. (iii) Negotiation: People are continually negotiating and renegotiating the value of their exchanges to maintain a balance and achieve desired outcomes (Emerson, 1972). And (iv) Power: The ability to

influence others and control resources is an important aspect of social exchange (Emerson, 1962). Those with more power may have an advantage in exchanges.

However, SET has significant implications for understanding and improving healthcare delivery:

(i) Patient-provider relationship: SET can help explain the dynamics between healthcare providers and patients (Fottler, Ford, & Heaton, 2002). Effective communication, mutual trust, and a sense of fairness are crucial for successful exchanges, leading to better adherence to treatment plans and improved health outcomes.

(ii) Inter-professional collaboration: SET can provide insights into the factors affecting collaboration among healthcare professionals (Reeves, Lewin, Espin &Zwarenstein, 2010). Successful collaboration requires trust, reciprocity, and mutual benefit,which can enhance the quality ofcare and patient outcomes.

(iii) Resource satisfaction: SET can offer a framework for understanding how resources are allocated and distributed within healthcare organizations (Hindle, 1993). Power dynamics and negotiations play a significant role in shaping resources allocation decisions, which can impart the quality and equity of healthcare services.

(iv) Patient satisfaction: SET can be used to understand patient satisfaction, as patients assess the benefits and costs associated with their healthcare experiences (Siu, 1998). A positive balance of perceived benefits and costs can contribute to higher patient satisfaction and ultimately better health outcomes.

Despite its usefulness, SET has some limitations in the context of healthcare which include (i) Overemphasis on rationality; as SET assumes that individuals are rational actors seeking to maximize rewards and minimize costs. However, human behavior is complex and may not always align with this assumption, especially in emotionally charged contexts like healthcare.(ii) Cultural differences; since SET may not adequately capture cultural variations in social exchanges, which can significantly impact healthcare delivery and outcomes.

By integrating these frameworks, this paper argues that healthcare utilization among rural women in Cross River State is influenced by a complex interplay of factors, including cultural beliefs, socioeconomic status, gender roles, and access to healthcare resources. By considering both the broader social context and interpersonal interactions, this integrated approach can inform strategies to enhance access to healthcare, improve patient-provider relationships, and promote overall health equity in rural areas.

3. Factors Influencing Healthcare Utilization Among Rural Women in Cross River State

3.1. Cultural Beliefs about Health and Healthcare:

Cultural beliefs about health and healthcare in rural communities are diverse and can significantly influence the perception, utilization, and delivery of healthcare services. Some of these beliefs are rooted in tradition, while others are a result of limited access to healthcare resources or a mistrust of modern medicine. Cultural beliefs about health and healthcare, as well as gender roles, are crucial factors that can impact rural women's healthcare utilization. Traditional gender roles have over the years limited women's autonomy in decision-making, and restricting their access to healthcare services (Izugbara, 2008). Women who lack knowledge about their health or hold cultural beliefs that discourage seeking medical treatment may be less likely to utilize healthcare services (Njoku, et al., 2014). Additionally, cultural beliefs around healthcare may lead to a preference for traditional healers over formal healthcare services, reducing the utilization of modern healthcare facilities (Okeke et al., 2016). Some notable cultural beliefs about healthcare delivery in Cross River State are explained below:

(i) **Preference for traditional medicine**: Cultural beliefs surrounding health and illness can contribute to a preference for traditional healers over formal healthcare services. Many rural communities especially in Cross River State have a long history of relying on traditional medicine practices, which can include herbal remedies, spiritual healing, and other alternative therapies. The belief in these practices has led a lot of rural women to seek their care instead of utilizing modern healthcare facilities. In some of these societies, traditional healers play a central role in providing healthcare (Okeke et al., 2018). This is similar in other rural societies like China where the use of Traditional Chinese Medicine (TCM) is widespread (Gong et al., 2016). This preference may limit women's access to evidence-based treatments and preventive healthcare services.

(ii) **Religion and spirituality:** Religious beliefs can also shape health practices in rural communities. For instance, faith healing or seeking help from religious leaders is common in some rural areas in India (Sharma et al., 2015) and rural parts of the United States (Hodge, 2005). These beliefs can contribute to delay care-seeking, as individuals may prioritize spiritual healing over medical intervention.

(iii) **Mistrust of modern medicine:** In some rural communities, there is a deep-rooted mistrust of modern medicine, which can lead to a preference for traditional or alternative therapies. This mistrust can be driven by historical injustices or negative experiences with the healthcare system (Baldwin et al., 2016).

(iv) **Limited access to healthcare**: Rural areas often have limited access to healthcare resources, including fewer healthcare providers and facilities. This can lead to reliance on informal healthcare networks, self-medication, or home remedies, as people in these communities may have no other choice but to manage their health conditions on their own (Arcury& Quandt, 2007).

(v) **Cultural beliefs and reproductive health**: Cultural beliefs also have a significant impact on women's reproductive health especially in Cross River State rural communities (Udom, 2019; Udom, Iji, & Anam, 2020). In some communities, beliefs surrounding menstruation, pregnancy, and child birth may dictate the types of care women receive or restrict their access to essential healthcare services (Ngui et al., 2010). For example, in some cultures, women are expected to give birth at home with the help of traditional birth attendants, which can lead to increased maternal and infant mortality rates (Srivastava et al., 2016).

(vi) **Limited autonomy and decision making power:** Traditional gender roles in many rural communities especially in Cross River State restrict women's autonomy in making decision about their own health. For instance, they may need permission from their husbands or other male family members to seek healthcare services (Izugbara,2008).The limited autonomy can result in delayed care-seeking or the inability to access necessary healthcare services.

3.2. Socioeconomic Status and Access to Healthcare Resources:

Healthcare utilization among rural women in Cross River State, Nigeria is influenced by several factors, including socioeconomic status (SES) and access to healthcare resources. Essien et al., (2017) observed that rural women with higher SES have better access to healthcare facilities, such as hospitals and clinics, and may have better health insurance coverage, leading to increased healthcare utilization rates. Conversely,women with lower SES face financial barriers to healthcare, such as transportation costs or lack of health insurance, which can limit their utilization of healthcare services. Access to healthcare resources is also a significant factor influencing healthcare utilization among rural women in Cross River State. Areas with fewer healthcare facilities and medical professionals may limit women's access to healthcare services, resulting in lower utilization rates. Additionally,women in rural areas may face additional barriers to accessing healthcare resources, such as limited transportation options or lack of childcare, which can further limit their utilization of healthcare services (Okoro et al., 2017). Thus, Uzochukwu et al. (2013) proposed that to improve healthcare utilization among rural women in Cross River State, interventions that address socioeconomic disparities and improve access to healthcare resources are needed. Community-based healthcare initiatives, such as mobile clinics and community health workers, can increase access to healthcare services in rural areas. Moreover, programs aimed at increasing health literacy and educating women about the importance of seeking medical care can help address cultural barriers to healthcare utilization.

3.3. Gender roles:

Gender roles can have a significant impact on healthcare utilization and health outcomes among rural women. In many societies, women are primarily responsible for care giving and household tasks, which can limit their ability to access healthcare services or prioritize their own health needs (Njoku et al., 2014). Additionally,traditional gender roles may discourage women from seeking medical care due to stigma, cultural beliefs, or lack of social support (Izugbara, 2008). Moreover, women in rural areas of Cross River State often face cultural barriers to accessing healthcare services, such as gender-based stigma and taboos surrounding certain health issues (Okoro et al., 2017; Udom, et al., 2020). For

example, women may feel uncomfortable seeking medical care for reproductive health concerns due to cultural beliefs about sexuality and modesty. Moreover, traditional gender norms may discourage women from seeking medical care for certain conditions, such as reproductive health issues or mental health concerns, due to stigma or cultural taboos (Udom,et'al.,2020).

3.4. Access to Healthcare Resources:

Access to healthcare resources is an important factor that affects healthcare utilization and health outcomes among rural women. In Cross River State, Nigeria, rural women often face challenges in accessing healthcare resources due to limited availability of medical facilities and professionals in their communities (Okoro et'al.,2017). Limited healthcare infrastructure in rural areas, such as inadequate health facilities and equipment, exacerbates the challenges faced by rural women in accessing health care services (Adeloyeet'al., 2017). Moreover, women in rural areas of the state may face rural areas of the state may face additional barriers to accessing healthcare resources,such as lack of transportation or limited financial resources (Essien et'al., 2017). These barrierscan limit women's ability to seek medical care, particularly for chronic or complex healthissues that require specialized medical attention.

4. Role of Social Support Networks and Trust in Healthcare Providers

Social support networks and trust in health care providers are essential factors in facilitating healthcare utilization among rural women in Cross River State, Nigeria. Strong social support networks can help mitigate the negative effects of geographic isolation and limited healthcare resources by providing emotional, informational, and instrumental support (Cohen & Wills, 1985). Social support can provide women with emotional, financial and logistical assistance in seeking medical care, as well as with encouragement to prioritize their health needs (Okoro et al., 2017). Trust in healthcare providers is also crucial in overcoming barriers related to cultural beliefs and gender roles (Gilson, 2003).

4.1. Mitigating Negative Effects of Geographic Isolation and Limited Healthcare Resources

Geographic isolation and limited healthcare resources are significant challenges that can negatively impact healthcare utilization and health outcomes among rural women in Cross River State,Nigeria. However, there are several strategies that can be employed to mitigate these negative effects. Some communities' nay individuals could be isolated from healthcare infrastructure and facilities due to geographic isolation, caused by inaccessible roads, had topography or long-range distance to healthcare facilities. This emphasizes the sitting of health care institutions too far away from those who seek to use the services.

4.2.Transportation Access

In terms of transportation access to healthcare facilities, social support networks can help individuals who may not have access to transportation. For

example, familymembers, friends, or community organizations can provide rides to medical appointments, which can be particularly important for those who are elderly, disabled, or living in rural areas with limited transportation options. Trust in healthcare providers is also important for transportation access to healthcare facilities. Patients who trust their healthcare providers are more likely to follow their recommendations, including attending appointments, taking medication as prescribed, and following through with necessary medical tests. Additionally, patients who trust their healthcare providers may be more likely to disclose any transportation barriers they face, allowing healthcare providers to help connect them with resources for transportation assistance. Access to transportation is critical in overcoming geographic barriers to healthcare utilization and ensuring rural women can access necessary healthcare services (Syed et al., 2013).

5. Addressing Barriers to Access and Utilization

Inadequate access to healthcare facilities and resources has been a long-standing problem in Cross River State for women. The Nigerian government has implemented various policies and programs aimed at improving healthcare delivery, but significant gaps in access and utilization persist. To address the barriers faced by rural women in accessinghealthcare, interventions may include:

5.1. ***Community-Based Outreach Programs:*** Healthcare providers should engage with community leaders and local organizations using health education and services to address cultural beliefs and practices that may hinder women's access and utilization of healthcare services (Lehman et'al., 2009). Community outreach programs that emphasize the importance of preventive care and early detection can help to address stigma related to certain illnesses.

5.2. ***Cultural Competency Education for Healthcare Providers:*** Cultural competency education for healthcare providers can improve communication, build trust, and promote understanding of cultural beliefs and practices among healthcare professionals and rural women (Betancourt et al., 2003).

5.3. ***Policies Addressing Transportation Barriers and Social Determinants of Health:***Policies addressing transportation barriers and other social determinants of health, such as improving road networks and providing affordable transportation options, are essential for enhancing healthcare access for rural women (Syed et al., 2013).

5.4. ***Improving Infrastructure:*** Investments in healthcare infrastructure, including the construction of additional healthcare facilities and the provision of essential medical supplies and equipment, can improve access and the quality of care in rural areas.

5.5. ***Financial Assistance:*** Financial assistance programs, such as subsidies for transportation or medical care costs, can reduce the financial barriers that rural women face.

5.6. ***Empowering Women:*** Efforts to empower women, including education and economic programs, can help to address gender-related barriers to healthcare access and utilization. Empowered women may have more

decision-making power in their households and communities, allowing them to prioritize their health and wellbeing.

6. Conclusion and Implications

This paper contributes to the understanding of social dynamics and healthcare delivery in rural areas in Cross River State, Nigeria, emphasizing the importance of addressing social determinants of health and improving healthcare infrastructure to enhance health outcomes for rural women. The review has implications for healthcare providers, policymakers, social workers, and researchers seeking to develop effective interventions and policies to address healthcare disparities in rural communities.

6.1. Contributions to Understanding Social Dynamics and Healthcare Delivery in Rural Areas

This paper contributes to the understanding of social dynamics and healthcare delivery in rural areas by examining the factors that influence healthcare utilization among rural women in Cross River State, Nigeria. By integrating social determinants of health and social exchange theory, this study provides a comprehensive analysis of the complex interplay of factors, such as cultural beliefs, socioeconomic status, gender roles, and access to healthcare resources, that affect healthcare utilization among rural women.

6.2.Implications for Healthcare Providers, Policymakers, Social Workers, and Researchers

The findings of this study have implications for healthcare providers, policymakers, social workers, and researchers seeking to develop effective interventions and policies to address healthcare disparities in rural communities identifying the barriers faced by rural women and understanding the factors that inhibit healthcare utilization can inform the design and implementation of interventions and policies, such as community-based outreach programs, cultural competency education for healthcare providers, and policies addressing transportation barriers and social determinants of health. These efforts can help improve healthcare delivery and health outcomes for rural women in Cross River State and other rural communities facing similar challenges.

Summary

Social dynamics refers to the study of how people interact and behave in groups or societies. It involves examining the various social structures, processes, and relationships that exist within a society or group, and how they influence individuals' behavior and attitudes.

According to various defined ideologies, analyzing healthcare delivery using social dynamics requires considering the influence of social interactions, relationships, and structures on the accessibility, quality, and efficiency of healthcare services.

Accordingly, social dynamics recognizing that people's beliefs about health, illness, and treatment are shaped by their social interactions and cultural backgrounds.

These beliefs play significant role in healthcare-seeking behavior, compliance with treatment, and communication with healthcare providers.

Healthcare delivery in rural areas is a multifaceted challenge that is influenced by various social, economic, and cultural factors.

In Nigeria, access to quality healthcare remains particularly difficult for rural women, who often encounter unique barriers to accessing essential health services.

These include limited access to healthcare facilities, poor healthcare infrastructure, inadequate skilled healthcare providers, financial barriers, and cultural factors among others.

More so, despite efforts to improve healthcare delivery in Cross River State, rural women continue to face challenges accessing quality healthcare services.

These challenges are often influenced by social dynamics, such as cultural beliefs, social norms, and gender roles, which affect women's decision-making regarding their health and their ability to access and utilize healthcare services.

Studies have shown that rural women in Nigeria face severe barriers to healthcare services due to their geographic isolation, lower levels of education, and low socioeconomic status.

Moreover, cultural beliefs and traditional practices are significant influence to women's decision-making about healthcare utilization, which often leads to reliance on traditional healers and home-based care.

This paper therefore analyses the social dynamics that influence healthcare delivery among rural women in Cross River State, Nigeria, focusing on factors such as cultural norms and practices, and socioeconomic status. Specifically, the following objectives suffice:

(iv) Review the various factors influencing healthcare utilization among rural women in Cross River State.

(v) Examine the role of social support networks and trust in healthcare providers in facilitating healthcare utilization.

(vi) Identify interventions and policies to address the barriers to access and utilization of healthcare services among rural women.

In conclusion, this paper contributes to the understanding of social dynamics and healthcare delivery in rural areas, emphasizing the importance of addressing social determinants of health and improving healthcare infrastructure to improve health outcomes for rural women. This paper however has implications for healthcare providers, policymakers, social workers and researchers seeking to

develop effective interventions and policies to address healthcare disparities in rural communities.

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