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Barriers to Antenatal Care Uptake Among Migrant Populations in Urban Sub-Saharan Africa

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Abstract *— Rural-to-urban and cross-border migration in Sub-Saharan Africa has produced growing populations of migrant women whose access to antenatal care remains poorly characterized in routine health system data. This study explores the structural, financial, and social barriers that shape antenatal care uptake among migrant women residing in informal urban settlements. Using a qualitative design combining focus group discussions with migrant mothers and key informant interviews with clinic staff and community health workers, we trace how documentation requirements, unpredictable work schedules, language differences, and perceived discrimination interact to delay first antenatal visits and reduce visit frequency. Findings indicate that informal referral networks among migrant women often substitute for formal health information channels, sometimes reinforcing avoidance of facilities perceived as unwelcoming. Clinic-level factors, including inconsistent enforcement of identification requirements and limited interpreter availability, compound these barriers even where antenatal services are nominally free. We identify feasible facility-level adaptations, such as flexible walk-in scheduling and community health worker outreach embedded within migrant social networks, that participants perceived as most likely to improve engagement. The study contributes context-specific evidence to inform maternal health programming in rapidly urbanizing settings with substantial internal and cross-border migration.*

Index Terms *— antenatal care, migrant health, maternal health, health access, urban health*

I. Introduction

Rural-to-urban and cross-border migration across Sub-Saharan Africa has produced growing populations of migrant women whose maternal health service utilization remains poorly characterized within routine health information systems [1]. Antenatal care attendance, particularly first-trimester initiation and adequate visit frequency, is strongly associated with improved maternal and neonatal outcomes, yet migrant women in informal urban settlements frequently present later and less consistently than resident populations [2]. Facility-based statistics rarely disaggregate by migration status, obscuring the scale of this disparity from health system planners.

Existing barrier frameworks for antenatal care access emphasize distance, cost, and health literacy, but these frameworks were largely developed from settled populations and may inadequately capture the compounding effects of documentation uncertainty, unpredictable informal-sector work schedules, and perceived discrimination that migrant women describe [3]. Where these factors interact, delays in care initiation may reflect not a single dominant barrier but an accumulation of smaller frictions that settled-population frameworks treat as independent [4]. Understanding this interaction is necessary to design facility-level adaptations that migrant women themselves perceive as credible rather than nominal.

This study explores structural, financial, and social barriers shaping antenatal care uptake among migrant women in informal urban settlements, using a qualitative design that centers migrant women's own accounts of navigating care alongside clinic staff perspectives.

II. Related Work

Prior maternal health research on urban informal settlements has documented general access barriers including transport cost, facility overcrowding, and informal user fees, but has typically not distinguished migrant from long-term resident populations within the same settlements. Migration health scholarship, conversely, has examined documentation and legal status barriers extensively in cross-border contexts but has given comparatively less attention to internal rural-to-urban migrants who may lack formal residency proof even as citizens of the same country. Community health worker outreach models embedded within existing social networks have shown promise for other marginalized urban populations, suggesting a possible adaptation pathway for migrant maternal health engagement that this study investigates directly.

III. Methodology

The study employed a qualitative design combining focus group discussions with migrant mothers residing in informal urban settlements and key informant interviews with clinic staff and community health workers serving these settlements.

A. Focus Group and Key Informant Analysis

Focus group discussions were conducted in participants' preferred languages with the assistance of community interpreters, and transcripts were analyzed thematically to trace how documentation requirements, work schedule unpredictability, language differences, and perceived discrimination interacted across participants' described care-seeking trajectories. Key informant interviews with clinic staff were analyzed separately and then triangulated against migrant mother accounts to identify points of divergence between facility pol-

Table 1. Barrier themes reported across migrant mother focus groups

Barrier theme	Frequent	Occasional	Rare
Documentation requirements	62%	24%	14%
Unpredictable work schedule	58%	31%	11%
Language and interpretation	41%	33%	26%
Perceived discrimination	47%	29%	24%

icy as stated and facility policy as experienced.

IV. RESULTS

Table 1 summarizes the barrier themes identified, indicating the proportion of focus group participants who described each barrier as contributing to delayed or reduced antenatal attendance.

Informal referral networks among migrant women frequently substituted for formal health information channels, and in several accounts appeared to reinforce avoidance of facilities perceived as unwelcoming based on other women's prior experiences rather than participants' own direct encounters.

V. DISCUSSION

Findings indicate that clinic-level factors, including inconsistent enforcement of identification requirements and limited interpreter availability, compound documentation and scheduling barriers even where antenatal services are nominally free of charge. This inconsistency itself appeared to generate uncertainty among migrant women about whether they would be permitted to access care, independent of actual facility policy. Feasible facility-level adaptations identified by participants as most likely to improve engagement included flexible walk-in scheduling accommodating informal-sector work patterns and community health worker outreach embedded directly within existing migrant social networks rather than delivered through generic public health messaging.

VI. CONCLUSION

This study identified structural, financial, and social barriers shaping antenatal care uptake among migrant women in informal urban settlements, highlighting how documentation uncertainty and inconsistent facility enforcement compound with informal-sector work constraints. The findings contribute context-specific evidence to inform maternal health programming in rapidly urbanizing settings characterized by substantial internal and cross-border migration.

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