

The Experience of Pregnant Women in Doing Examination to the Traditional Birth Attendants: A Systematic Literature Review

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Abstract—1) **Background:** In the developing countries there were pregnant women who have examined their pregnancy four times but, there were still not reach the targets, such as Ghana 87.3%, Kenya 57.6% and Indonesia 83.5%. However, considering prenatal care to a traditional birth attendants is not done early detection and basic services occur complications cannot be resolved before death and pregnant women are approved by traditional birth attendants in choosing food, with occult matters can be disrupted. The purpose of this study was to investigate the experience of pregnant women and to find out the culture, costs, distance, family support and the attitudes of traditional birth attendants that can be affected to the pregnant women to examine their pregnancy to the traditional birth attendants. 2) **Method:** There were 9 literature reviews from 328. The articles that have been selected in the 2009-2018. 3) **Results:** Traditional birth attendants gave the time for pregnant women when they need, doing massage in a prenatal check-up and providing emotional support to the women, give influence to see the traditional birth attendants, low costs, place of the traditional birth attendants were easily accessible for babies and family support, especially husbands, as well as the birth attendants were patients, and women never angry. 4) **Conclusion:** The experience of pregnant women, culture, costs, distance, family support and attitudes of traditional birth attendants that can affect pregnant women in examining traditional birth attendants.

Keywords: *pregnant, belief, traditional birth attendants*

I. INTRODUCTION

Pregnancy is approximately nine months in which a woman carries embryo and fetus growing in the womb. In perode pregnancy, both the woman and the developing fetus is likely to occur various health risks such as anemia, hypertension (pre-eclampsia and eclampsia) [1]. So important that pregnant women should be monitored by health personnel in service antenatal care (ANC) [2].

Antenatal care is an indicator of access to and use of health care during pregnancy. Antenatal period provides an opportunity to reach out to pregnant women with interventions for the health and well-being of mothers and babies. Pregnant women receiving treatment antenatal care at least 4 times during pregnancy. It is one indicator of the SDGs [3]. There are 83 countries, only 75% of pregnant

women do at least four antenatal care visits to health services. Developing countries pregnant women who had antenatal visits as much as four times that still has not reached the target (100%) 37.2%, including Bangladesh, Ethiopia 31.8%, Ghana 87.3%, India 51.2%, 57.6% and Indonesia Kenya 83.5% [2]. Country Nepal pregnant women began a visit antenatal care after 3 months of pregnancy as much as 45% of pregnant women do not perform checks as much as 28% [4].

Pregnant women are limited in getting quality health care, especially in rural areas such as distance to health services, low economic status [5-6], and traditional beliefs [7-8]. This limitation can trigger pregnant women in getting treatment to traditional birth attendants. Developing countries still use traditional midwives in health care such as the State Indonesia pregnant woman doing births assisted by traditional birth attendants 6.82% [9] and the Indian State of pregnant women do births assisted by skilled health personnel as much as 85.7% [2]. Women are more comfortable with traditional birth attendants because traditional birth attendants are more experienced and understand the traditions of [6]. However, considering prenatal care to a traditional birth attendants is not done early detection and basic services occur complications cannot be resolved before death [1] and pregnant women are approved by traditional birth attendants in choosing food, with occult matters can be disrupted. The purpose of this study to uncover pregnant women experience and know the culture, cost, mileage, family support and attitude traditional birth attendants can affect pregnant women perform checks on traditional birth attendants.

II. METHOD

The strategy of literature searching to find out the materials describe as bellow: with steps, that is:

1. Making research framework to determine the criteria of inclusion
2. Composing research keywords
3. Inserting keyword into search engine in a database Pudmed. On database Pubmed set filter in web as well as filter Full Text, Data Publish in 10 years ago (2008-2018), Human, and English language
4. Record the results database as many as 329 articles that related to the keywords

5. Saving database web to storage machine in Zotero bibliography. In Zotero the data have been input on a folder.
6. The data saved and filtered based on framework. Articles that were not in accordance issued from folder "relevan"
7. Make a summary of the articles that would be discuss in the research using Prisma Flow Diagram.

In search of articles found as many as 329 articles last article mentioned identified duplications and found the same article so that the rest of the article is as many as 328 articles. From the number of articles, many articles are filtered or issued for titles that do not match framework, there is a language that does not speak English number one article, article in the form of review some 10 articles, not including the inclusion of a number of 311 articles so that the number was reduced to 17 articles. Seventeen article on access full text and filtered again in accordance framework and the results are in accordance with the number 9 articles will do sisntesis "critical appraisal". Results of "critical appraisal" is an invention which would then be extracted and prepared for discussion Prism Flow Chart :

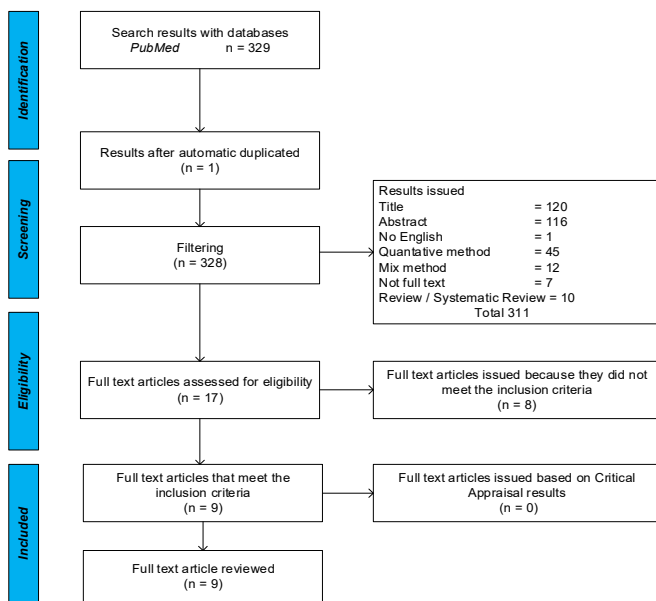


Fig 1. Prisma Flow Chart

After the feasibility study done was elected as many as 9 articles that meets the inclusion criteria in access to full text and filtered again based on the framework and suitable outcome will be conducted an extraction data analysis. Nine qualified articles will be indexed scopus by the standard Q1, Q2 dan Q3.

III. RESULT

A. The Experience Of Pregnant Women

Research conducted Byrne et al. 2016 describes the experiences of pregnant women in conducting checks on traditional birth attendants, pregnant women massaged by traditional birth attendants. Pregnant women get information about the state of traditional birth attendants healthy fetus,

fetal size and has entered the pelvis when pregnancy (third trimester). Pregnant women are advised traditional birth attendants to not do heavy work in the first trimester and plenty of rest in order to avoid a miscarriage. In the second trimester pregnant women are advised to perform activities back and should not sleep during the day because it will affect the fetus be great if violated [10].

B. Culture

a. Agus research results, Horiuchi, and Porter (2012) describes the traditional belief is a key factor in determining the choice of antenatal into traditional birth attendants. Results penenelitian showed that mothers pregnant women go to the traditional birth attendants checkups especially in the fourth and seventh, taking traditional medicine or jampe of traditional birth attendants, bringing amulets such as scissors, knives each out of the house (to protect from evil spirits), following the tradition of not eating / drinking and pregnant women have confidence that maternal and infant mortality in the will of god [11].

b. Research Rianga, Nangulu, and Broerse (2017) describes a culture in pregnant women about foods that may be consumed. The results showed that traditional birth attendants suggests that eating fruit, drinking traditional herbs and restrictions on eating avocados and oily foods [12].

C. Cost

a. Research Okafor et al. (2014) explains that the examination of pregnant women determined by the number of household finances. The results showed that pregnant women choose to traditional birth attendants in making health care because traditional birth attendants are paid according to the ability of pregnant women without a price benchmark [13].

b. Munguambe et al. (2016) describes the cost limitations of pregnant women. Research result show pregnant women have limited costs for healthcare (health workers) so choose traditional birth attendants to check her pregnancy [14].

D. Support Family

a. The research result Sychareun et al. Pregnant women can not determine health herself. The husband asked his wife checkups on traditional birth attendants, so as to placate wife of her husband [15].

b. The results of this study explained that the role of husband, mother and in-laws wanted checkups on traditional birth attendants, then pregnant women following orders from her husband and family [16].

E. Affordability Place

a. This study describes the traditional birth attendants into the selection of pregnant women examined pregnancy because the distance is closer [17].

b. The results showed that the distance is an obstacle for the expectant mother check their health services, so that pregnant women choose a midwife. traditional birth attendants are closer to home and not membuhkan transportation [18].

F. Attitude Traditional Birth Attendants

Research results Rahmani and Brekke pregnant women prefer traditional midwives in antenatal while health workers in providing health care to pregnant women in both the treatment and the rude words in pregnant women [19].

IV. DISCUSSION

A. *The Experience Of Pregnant Women*

Experience is something that is experienced and perceived by mothers in melkukan checks on traditional birth attendants. traditional birth attendants in examinations in pregnant women, traditional birth attendants do massage. Research Byrne et al. 2016 held in Kenya explains pregnant women experience in conducting checks on traditional birth attendants. traditional birth attendants in examinations in pregnant women traditional birth attendants do massage on the mother's abdomen. Tests done traditional birth attendants, pregnant women get information about the state of a healthy fetus, fetal size, fetal position and has entered the pelvis (Trimester III). If there is no appropriate fetal position, traditional birth attendants do massage to restore the position of the fetus [10]. Another study traditional birth attendants melakukan massage on pregnant women to stop bleeding [20].

Traditional birth attendants can treat all diseases and complaints of pregnant women. Research Byrne et al. 2016 pregnant women when experiencing complaints in pregnancy, such as pregnant women get headaches, a large fetal size traditional birth attendants provide potion (traditional medicine) are formulated and recited a prayer by traditional birth attendants, then drunk by pregnant women. Pregnant women after drinking a concoction of traditional birth attendants, feel healthy and normal fetal size [10]. This is consistent with research Akeju et al. traditional birth attendants in treatment gives the herb in pregnant women [21].

Traditional birth attendants are women who are very credible figure among the community, providing services in the period of pregnancy until parturition patiently [22]. Study Byrne et al. 2016 pregnant women are encouraged to not do heavy work in the first trimester and plenty of rest in order to avoid a miscarriage. In the second trimester pregnant women are advised to perform activities diperbolehkan back and did not sleep during the day, if it is violated will have an impact on the fetus becomes large. Other studies of pregnant women are not allowed to walk quickly, lifting heavy objects, jump and hug the kids and if it this violated it will happen miscarriage [23].

The role of traditional birth attendants in addition to perform checks on pregnant women, traditional birth attendants also act as an intermediary in conveying the wishes of the pregnant woman. Byrne et al. 2016 pregnant women if they want something (eg eat fruit) did not dare to say to the husband, the traditional birth attendants who submit to her husband and the husband to obey the words of traditional birth attendants [10]. traditional birth attendants are present at all times pregnant women in need. Another study Titaley et al. 2010 pregnant women are more comfortable with traditional birth attendants because traditional birth attendants are more experienced [6].

B. *Culture*

Culture is an intriguing concept. Culture is something that can not be separated in the health care of mothers and

children. Utilization of health care in pregnant women have failed because the influence of cultural beliefs and practices that impact on maternal and infant health [24]. Research conducted in West Java, Indonesia trust or confidence in the culture a key factor in antenatal [11]. Pregnant mother examination of her pregnancy in the fourth and seventh, it was a tradition in pregnancy. Another study of pregnant women in early pregnancy rely on traditional birth attendants in conducting examination and consultation. Early pregnancy should be kept secret from others. Pregnant woman examination antenatal care performed after three months of pregnancy, it is believed that if met another woman at the clinic may have an impact on pregnant women, where the evil spirits could endanger the pregnancy [25]. Pregnant mother examination of her pregnancy in the fourth and seventh, it was a tradition in pregnancy. Another study of pregnant women in early pregnancy rely on traditional birth attendants in conducting examination and consultation. Early pregnancy should be kept secret from others. Pregnant woman examination antenatal care performed after three months of pregnancy, it is believed that if met another woman at the clinic may have an impact on pregnant women, where the evil spirits could endanger the pregnancy [25].

Women in pregnancy has risks like death for mother and fetuses [26]. Research conducted in West Java, Indonesia pregnant women to have confidence that if there is a death in mothers and babies is the will of God and not because of the traditional birth attendants who made a mistake in giving treatment [11]. This concurs Downe et al. the death of pregnant women and fetuses will of God [27].

Traditional birth attendants are a woman aged \pm 40 years and above, are passed down through families or traditional birth attendants got the assignment through a dream (revelation) and has kebenarian of providing health care [28]. Traditional birth attendants provide fetish for pregnant women such as scissors, knives each out of the house (to protect from evil spirits) [11].

Research carried out in Kenya traditional birth attendants recommend eating fruits, traditional herbs, ugali (a dish made from corn flour, millet flour, or sorghum flour, sometimes mixed with cassava flour), porridge and liver and restrictions avocado and oily foods. Pregnant women refrain from eating is done because if breached will affect a large fetus, less blood (anemia), lack of strength during birth, miscarriage and maternal mortality [12]. The study, done in China, pregnant women are not allowed to eat watermelon and bananas because, if broken, the baby will come out by itself [29]. Another study also showed pregnant women believe that eating vegetables is better than meat and drink traditional herbal medicine and pregnant women have confidence did not attend the weddings and funerals if these traditions are violated will have an impact on the health of infants [30]. Research conducted in Bali, pregnant women believe that any food that may be consumed and should not be consumed and consuming traditional herbal medicine [31].

C. *Cost*

Pregnant women in examinations antenatal care costs. Low economic status in the household may affect the family in determining the health service [32] [33]. Research conducted

in Nigeria and Mozambique are carried out in the South suggests that women opt for traditional midwives in health care because traditional birth attendants are paid in accordance with the ability of pregnant women [13-14]. Another study conducted in Tanzania and Kenya suggests traditional birth attendants could be paid with goods other than money and cheaper, so that pregnant women more pick traditional birth attendants [34-36]. The lack of economic a reason to use traditional midwives in health care [37]. Pregnant women do not have the money as a barrier to obtaining health services [38].

D. Family Support

Husband and wife is a companion during pregnancy. Husband's role is not just to make a living but also as an educator, protector and giver of safety, as the head of the family, as a member of a social group as well as members of the community environmental wife during her pregnancy. A husband who gives assistance to the wife when antenatal would increase confidence that the pregnancy will go well. Based on research Sychareun et al. 2016 husband wants his wife to go to the traditional birth attendants in the examination of her pregnancy, the expectant mothers do pregnancy checks on traditional birth attendants [15]. This concurs with research conducted in Pakistan preferring traditional birth attendants husband to check his wife's pregnancy [16]. Another study husband's involvement in determining health care in pregnant women [39-40].

Pregnant women who still resides with the mother or the law, pregnant women get support from them. Mother in-laws were actively involved in caring for pregnant women and ensure a healthy pregnancy. Mother in-laws also participate in making decisions that a pregnant woman to get health services [25]. Research Sychareun et al. 2016 if the husband was not at home (work), then the decision makers conducted by the mother or mother-in-law [15]. This concurs with Qureshi et al. 2016 pregnant woman or a mother-in-law approved the decision in determining the checkpoints [16]. Other studies support of older people (mother or father or in-laws), which dominates the health services to pregnant women [41]. Pregnant women who still resides with the mother or the law, pregnant women get support from them. Mother in-laws were actively involved in caring for pregnant women and ensure a healthy pregnancy. Mother in-laws also participate in making decisions that a pregnant woman to get health services [25]. Research Sychareun et al. 2016 if the husband was not at home (work), then the decision makers conducted by the mother or mother-in-law [15]. This concurs with Qureshi et al. 2016 pregnant woman or a mother-in-law approved the decision in determining the checkpoints [16]. Other studies support of older people (mother or father or in-laws), which dominates the health services to pregnant women [41].

E. Affordability Place

Affordability is the location or distance between one place to another. Affordability of health services is essential in determining the examination of pregnant women. Based on research in Kenya and in Ghana election traditional birth attendants for medical examinations in pregnant women because of the distance near the house [17-18]. Practice traditional birth attendants still in demand by pregnant women because in getting the services within easy reach

than health workers who still use transport. Pregnant women to get health care using public transport (bus). If pregnant women crowded bus stand and time of inspection in the health service is too long (half-day). Pregnant women feel uncomfortable at the thought of the situation of children and husbands at home if it is too long in health care [18]. Research conducted in rural Indonesia, Bangladesh and the countryside rural Cambodia also showed that the mileage and condition of the road is the main obstacle to health services so choose traditional birth attendants in health care [6;43-44]. Another study found that a shaman can be accessed at any time and affordable [45]. Distance to health services that are affordable and through the woods (no beast) so that pregnant women choose traditional birth attendants in health care [46].

F. Attitude Traditional Birth Attendants

Traditional birth attendants are an integral part of a woman who did care during pregnancy, childbirth and referral to health units for treatment if potentially cause problems [47]. Communication is needed in providing health care. traditional birth attendants open attitude and does not discriminate against pregnant women in providing health services, making pregnant women tend to do checks on traditional birth attendants. The study was conducted in Afghanistan pregnant woman perform checks on traditional birth attendants because traditional birth attendants are more impatient, rude and pamper the expectant mother. Meanwhile, health officials if the inspection act and using abusive language, so that pregnant women traumatized checks on the health workers [19]. Case this Also found on research in Vietnam and Indonesia, rude attitude of health workers and discrimination in providing health services [48] as well as the lack of attention from midwives [20]. Research conducted in Afghanistan the poor in obtaining health services treated by health workers [49]. Health workers and insulting discrimination in providing health services to the poor [50]. Society does not choose midwives because they think midwives are young and inexperienced in providing health services [32].

V. CONCLUSION

Based on literature review found the author there are some pregnant women experience in conducting checks on traditional birth attendants :

1. Culture is the main factor affecting the inspections on traditional birth attendants. Traditional birth attendants provide information on food that should not be consumed by pregnant women. traditional birth attendants can cure all diseases by using drugs tradisioanal (jampe).
2. The cost is cheap, where traditional birth attendants easily accessible by pregnant women, and family support especially my husband asks pregnant women perform checks on TBAs, as well as the attitude of the traditional birth attendants who are patient, indulgent pregnant women and never get angry in the treatment. Traditional birth attendants give time to any time pregnant women in need, do massage in antenatal and provide emotional support to pregnant women.

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REFERENCES

- [1] WHO, "10 facts on maternal health," 2015.
- [2] WHO, "WHO Pregnancy," WHO, 2018.
- [3] WHO, "GHO | Visualizations | Indicator Metadata Registry," WHO, 2016.
- [4] S. Neupane and D. T. Doku, "Determinants of Time of Start of Prenatal Care and Number of Prenatal Care Visits During Pregnancy Among Nepalese Women," *J. Community Health*, vol. 37, no. 4, pp. 865–873, Aug. 2012.
- [5] T. Adair, J. F. Pardosi, C. Rao, S. Kosen, and I. U. Tarigan, "Access to Health Services and Early Age Mortality in Ende, Indonesia," *Indian J. Pediatr.*, vol. 79, no. 5, pp. 612–618, May 2012.
- [6] C. R. Titaley, C. L. Hunter, M. J. Dibley, and P. Heywood, "Why do some women still prefer traditional birth attendants and home delivery?: a qualitative study on delivery care services in West Java Province, Indonesia," *BMC Pregnancy Childbirth*, vol. 10, no. 1, p. 43, Dec. 2010.
- [7] E. Anastasi et al., "Losing women along the path to safe motherhood: why is there such a gap between women's use of antenatal care and skilled birth attendance? A mixed methods study in northern Uganda," *BMC Pregnancy Childbirth*, vol. 15, p. 287, Nov. 2015.
- [8] Y. Agus and S. Horiuchi, "Factors influencing the use of antenatal care in rural West Sumatra, Indonesia," *BMC Pregnancy Childbirth*, vol. 12, p. 9, Feb. 2012.
- [9] Badan Pusat Statistik Indonesia. Indonesia: Badan Pusat Statistik, 2017.
- [10] A. Byrne and A. Morgan, "How the integration of traditional birth attendants with formal health systems can increase skilled birth attendance," *Int. J. Gynecol. Obstet.*, vol. 115, no. 2, pp. 127–134, Nov. 2011.
- [11] Y. Agus, S. Horiuchi, and S. E. Porter, "Rural Indonesia women's traditional beliefs about antenatal care," *BMC Res. Notes*, vol. 5, p. 589, Oct. 2012.
- [12] R. M. Riang'a, A. K. Nangulu, and J. E. W. Broerse, "When a woman is pregnant, her grave is open": health beliefs concerning dietary practices among pregnant Kalenjin women in rural Uasin Gishu County, Kenya," *J. Health. Popul. Nutr.*, vol. 36, no. 1, p. 53, Dec. 2017.
- [13] I. P. Okafor, A. O. Sekoni, S. S. Ezeiru, J. O. Ugboaja, and V. Inem, "Orthodox versus unorthodox care: A qualitative study on where rural women seek healthcare during pregnancy and childbirth in Southwest, Nigeria," *Malawi Med. J.*, vol. 26, no. 2, pp. 45–9, Jun. 2014.
- [14] K. Mungambe et al., "Barriers and facilitators to health care seeking behaviours in pregnancy in rural communities of southern Mozambique," *Reprod. Health*, vol. 13 Suppl 1, no. Suppl 1, p. 31, Jun. 2016.
- [15] V. Sychareun et al., "Perceptions and understandings of pregnancy, antenatal care and postpartum care among rural Lao women and their families," *BMC Pregnancy Childbirth*, vol. 16, no. 1, p. 245, 2016.
- [16] R. N. Qureshi et al., "Health care seeking behaviours in pregnancy in rural Sindh, Pakistan: a qualitative study," *Reprod. Health*, vol. 13 Suppl 1, no. Suppl 1, p. 34, Jun. 2016.
- [17] A. Byrne et al., "Community and provider perceptions of traditional and skilled birth attendants providing maternal health care for pastoralist communities in Kenya: a qualitative study," *BMC Pregnancy Childbirth*, vol. 16, no. 1, p. 43, Dec. 2016.
- [18] P. Dako-Gyeke, M. Aikins, R. Aryeetey, L. McCough, and P. B. Adongo, "The influence of socio-cultural interpretations of pregnancy threats on health-seeking behavior among pregnant women in urban Accra, Ghana," *BMC Pregnancy Childbirth*, vol. 13, p. 211, Nov. 2013.
- [19] Z. Rahmani and M. Brekke, "Antenatal and obstetric care in Afghanistan—a qualitative study among health care receivers and health care providers," *BMC Health Serv. Res.*, vol. 13, p. 166, May 2013.
- [20] J. F. Pardosi, N. Parr, and S. Muhidin, "Inequity Issues And Mothers' Pregnancy, Delivery And Early-Age Survival Experiences In Ende District, Indonesia," *J. Biosoc. Sci.*, vol. 47, no. 6, pp. 780–802, Nov. 2015.
- [21] D. O. Akeju et al., "Determinants of health care seeking behaviour during pregnancy in Ogun State, Nigeria," *Reprod. Health*, vol. 13 Suppl 1, no. Suppl 1, p. 32, Jun. 2016.
- [22] Meilani; Niken dkk, *Kebidanan Komunitas*. Yogyakarta: Fitramaya, 2009.
- [23] L. C. Callister, M. N. Eads, and J. P. S. Yeung Diehl, "Perceptions of Giving Birth and Adherence to Cultural Practices in Chinese Women," *MCN, Am. J. Matern. Nurs.*, vol. 36, no. 6, pp. 387–394, Nov. 2011.
- [24] A. Sawyer, S. Ayers, H. Smith, L. Sidibeh, O. Nyan, and J. Dale, "Women's experiences of pregnancy, childbirth, and the postnatal period in The Gambia: A qualitative study," *Br. J. Health Psychol.*, vol. 16, no. 3, pp. 528–541, Sep. 2011.
- [25] S. Ngomane and F. M. Mulaudzi, "Indigenous beliefs and practices that influence the delayed attendance of antenatal clinics by women in the Bohlabele district in Limpopo, South Africa," *Midwifery*, vol. 28, no. 1, pp. 30–38, Feb. 2012.
- [26] "WHO | Why do so many women still die in pregnancy or childbirth?," WHO, 2015.
- [27] S. Downe, K. Finlayson, Ö Tunçalp, and A. Metin Gülmezoglu, "What matters to women: a systematic scoping review to identify the processes and outcomes of antenatal care provision that are important to healthy pregnant women," *BJOG An Int. J. Obstet. Gynaecol.*, vol. 123, no. 4, pp. 529–539, Mar. 2016.
- [28] S. Rudrum, "Traditional Birth Attendants in Rural Northern Uganda: Policy, Practice, and Ethics," *Health Care Women Int.*, vol. 37, no. 2, pp. 250–269, Feb. 2016.
- [29] D. T. S. Lee, I. S. L. Ngai, M. M. T. Ng, I. H. Lok, A. S. K. Yip, and T. K. H. Chung, "Antenatal taboos among Chinese women in Hong Kong," *Midwifery*, vol. 25, no. 2, pp. 104–113, Apr. 2009.
- [30] L. P. L. Wulandari and A. Klinken Whelan, "Beliefs, attitudes and behaviours of pregnant women in Bali," *Midwifery*, vol. 27, no. 6, pp. 867–871, Dec. 2011.
- [31] K. Peltzer, N. Phaswana-Mafuya, and L. Treger, "Use of traditional and complementary health practices in prenatal, delivery and postnatal care in the context of HIV transmission from mother to child (PMTCT) in the Eastern Cape, South Africa," *African J. Tradit. Complement. Altern. Med. AJTCAM*, vol. 6, no. 2, pp. 155–62, Mar. 2009.
- [32] J. Ahmed, S. Ur Rehman, and M. Shahab, "Community midwives' acceptability in their communities: A qualitative study from two provinces of Pakistan," *Midwifery*, vol. 47, pp. 53–59, Apr. 2017.
- [33] S. Ahmed, A. A. Creanga, D. G. Gillespie, and A. O. Tsui, "Economic status, education and empowerment: implications for maternal health service utilization in developing countries," *PLoS One*, vol. 5, no. 6, p. e11190, Jun. 2010.
- [34] C. Pfeiffer and R. Mwaipopo, "Delivering at home or in a health facility? health-seeking behaviour of women and the role of traditional birth attendants in Tanzania," *BMC Pregnancy Childbirth*, vol. 13, p. 55, Feb. 2013.
- [35] G. M. Mubyazi et al., "Women's experiences and views about costs of seeking malaria chemoprevention and other antenatal services: a qualitative study from two districts in rural Tanzania," *Malar. J.*, vol. 9, p. 54, Feb. 2010.
- [36] M. Perkins et al., "Out-of-pocket costs for facility-based maternity care in three African countries," *Health Policy Plan.*, vol. 24, no. 4, pp. 289–300, Jul. 2009.
- [37] J. F. Pardosi, N. Parr, and S. Muhidin, "Local Government And Community Leaders' Perspectives On Child Health And Mortality And Inequity Issues In Rural Eastern Indonesia," *J. Biosoc. Sci.*, vol. 49, no. 01, pp. 123–146, Jan. 2017.
- [38] L. Atuyambe, F. Mirembe, J. Annika, E. K. Kirumira, and E. Faxelid, "Seeking safety and empathy: Adolescent health seeking behavior during pregnancy and early motherhood in central Uganda," *J.*

- Adolesc., vol. 32, no. 4, pp. 781–796, Aug. 2009.
- [39] L. I. Kululanga, J. Sundby, A. Malata, and E. Chirwa, “Striving to promote male involvement in maternal health care in rural and urban settings in Malawi - a qualitative study,” *Reprod. Health*, vol. 8, p. 36, Dec. 2011.
- [40] M. Lowe, “Social and cultural barriers to husbands’ involvement in maternal health in rural Gambia,” *Pan Afr. Med. J.*, vol. 27, p. 255, 2017.
- [41] Z. Mumtaz and S. M. Salway, “Gender, pregnancy and the uptake of antenatal care services in Pakistan,” *Sociol. Health Illn.*, vol. 29, no. 1, pp. 1–26, Feb. 2007.
- [42] T. K. S. Ravindran, “Universal access: making health systems work for women,” *BMC Public Health*, vol. 12 Suppl 1, no. Suppl 1, p. S4, 2012.
- [43] B. K. Sarker, M. Rahman, T. Rahman, J. Hossain, L. Reichenbach, and D. K. Mitra, “Reasons for Preference of Home Delivery with Traditional Birth Attendants (TBAs) in Rural Bangladesh: A Qualitative Exploration,” *PLoS One*, vol. 11, no. 1, p. e0146161, 2016.
- [44] S. Matsuoka, H. Aiga, L. C. Rasmey, T. Rathavy, and A. Okitsu, “Perceived barriers to utilization of maternal health services in rural Cambodia,” *Health Policy (New York)*, vol. 95, no. 2–3, pp. 255–263, May 2010.
- [45] J. Ana, “Are traditional birth attendants good for improving maternal and perinatal health? Yes,” *BMJ*, vol. 342, no. jun14 1, p. d3310, Jun. 2011.
- [46] M. Mrisho et al., “The use of antenatal and postnatal care: perspectives and experiences of women and health care providers in rural southern Tanzania,” *BMC Pregnancy Childbirth*, vol. 9, p. 10, Mar. 2009.
- [47] M. Magoma, J. Requejo, O. M. R. Campbell, S. Cousens, and V. Filippi, “High ANC coverage and low skilled attendance in a rural Tanzanian district: a case for implementing a birth plan intervention,” *BMC Pregnancy Childbirth*, vol. 10, p. 13, Mar. 2010.
- [48] M. Målqvist, D. T. P. Hoa, and S. Thomsen, “Causes and determinants of inequity in maternal and child health in Vietnam,” *BMC Public Health*, vol. 12, p. 641, Aug. 2012.
- [49] A. Cockcroft, A. Khan, N. Md Ansari, K. Omer, C. Hamel, and N. Andersson, “Does contracting of health care in Afghanistan work? Public and service-users’ perceptions and experience,” *BMC Health Serv. Res.*, vol. 11 Suppl 2, no. Suppl 2, p. S11, Dec. 2011.
- [50] A. Pfeiffer, B. H. Noden, Z. A. Walker, R. Aarts, and J. Ferro, “General population and medical student perceptions of good and bad doctors in Mozambique,” *Educ. Health (Abingdon)*, vol. 24, no. 1, p. 387, Apr. 2011.