

Influence Culturalin Utilization Of Healthcare Facilities Pregnancy: A Literature Review

Muhammad Syarifudin^{1*}, Esti Yunitasari², Ilya Krisnana³, Domingos Soares⁴

Universitas Airlangga, Indonesia^{1,2,3,4}

Instituto Superior Cristal, East Timor^{1,4}

Corresponding Author: syarifudin.unair2019@gmail.com

Abstract. A health facility is a facility providing health services that are used to organize individual health service efforts. The health of pregnant women is one indicator of public health status. Birth and pregnancy problems are closely related to cultural elements in society.

Literature searches via Scopus, PubMed, ProQuest, Science Direct, and SAGE within the last 5 years. The results were 15 journals selected from 2493 journal articles found.

Overall, the review consisted of 15 articles (table 2). In this review, the suboptimal use of maternal health services is *affected* by the socioeconomic characteristics of pregnant women, limited knowledge about maternal care, the distance from the place of residence to health services, and the low status of women are the main barriers to seeking care.

Efforts to reduce maternal mortality are fundamental in overcoming socio-cultural practices in certain areas, which create tension for women seeking maternal care. Focus on reducing poverty and increasing the opportunity for decision-making is important to support women's rights to medical care

Keywords: Cultural influences, health facilities, pregnancy

1. Introduction

Health facilities are facilities that provide health services that are used to organize efforts to service the health of individuals, good promotion, preventive, curative, and rehabilitative activities carried out by the government, local government, and the community. Health facilities consist of two, namely first-level health services and advanced-level referral health services. First-level health facilities are in the form of Public health centers, doctor's practices, dental practices, primary clinics, and primary class D hospitals, while advanced level referral health facilities are the main clinic, general hospital, and special hospital (Rabbaniyah et al., 2019).

Socio-cultural roles are conditions that are inherent in certain societies. This condition requires local specific intervention methods and cannot be generalized nationally. The health of

pregnant women is one indicator of public health status. Birth and pregnancy problems are closely related to cultural elements in society. When viewed from the expanse of the region, almost all cultures from Sabang to Merauke have traditions in the process of pregnancy, childbirth, and the birth of a baby (Ketut & Mubasyiroh, 2019).

Efforts to accelerate the decline in the MMR and IMR are carried out to ensure that each mother can get to quality maternal well-being administrations, such as well-being administrations for pregnant ladies, conveyance help by prepared well-being laborers in well-being care offices, postnatal care for moms and babies, extraordinary care and referrals on the off chance that required. complications happen, ease of getting maternity and maternity take off and family arranging administrations (Sitorus et al., 2020)

2. Methods

A literature review aims to find out about the influence of culture in the application of health care facilities by pregnant women. A literature search was conducted in several databases such as Scopus, PubMed, ProQuest, Science Direct, and SAGE by entering several keywords (Table 1). The use of the limited year is 5 years (2016-2021) which is research articles, news, government policies, and some grey literature about knowing cultural influences on the use of health care facilities by pregnant women. All articles are in English. Articles will be excluded if the results do not explain the purpose of this systematic review. The search results based on these criteria obtained 16 articles selected from the 2493 articles found (Figure 1).

3. Results

From 2493 searches, 2419 were excluded based on the limit to year, study area, document type, and language so that 129 articles were obtained. From 129 articles, the inclusion and exclusion criteria were carried out so that 16 journal articles were reviewed. Overall, the review consisted of 16 articles (table 2). In this review, cultural and socioeconomic factors show an influence on outcomes of pregnancy including maternal mortality. The determinants include health status, women's reproductive status, access to health care facilities, and healthy behavior including the use of health service facilities.

Table 1 : The initial keywords used to find a previous study

cultural influences	utilization of health facilities	pregnant women
Effect Indigenous OR habit Impact OR Due to tradition	Utilization of health facilities OR Health facilities usage OR Usage means women's Health	Pregnant OR Women two body OR Mrs. containing

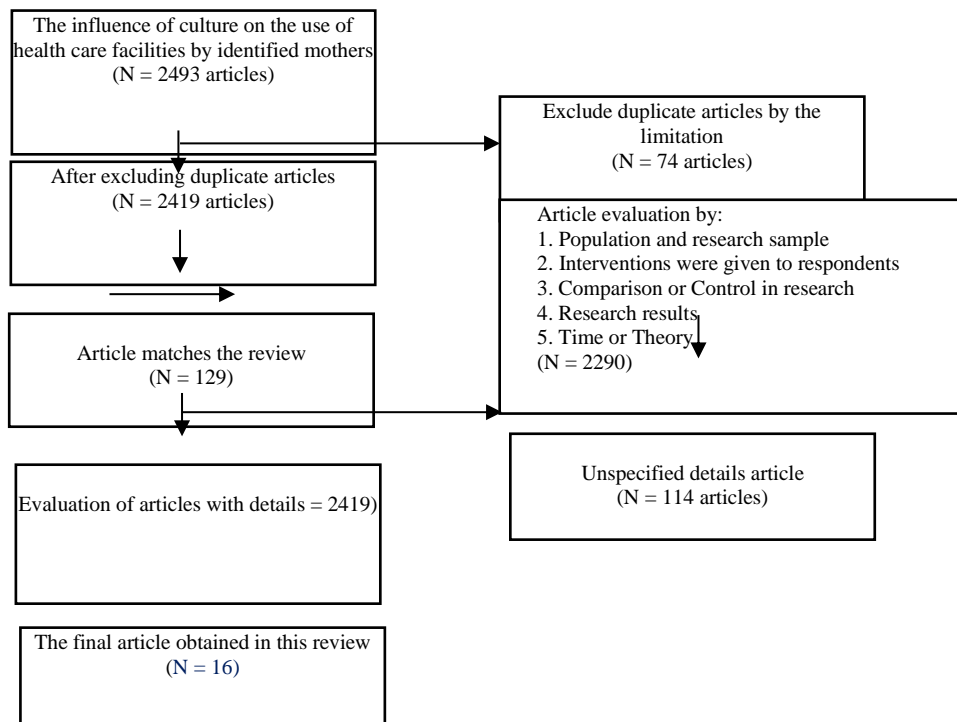


Figure 1.Flow used

Table 2. Journal articles reviewed

No	Title	Research Design	Sample and Sampling Technique	Results
1	The influence of social and cultural practices on maternal mortality: a qualitative study from South Punjab, Pakistan (Omer et al., 2021)	Qualitative	performed three sorts of information collection with distinctive target bunches: (1) 60 key source interviews with gynecologists, (2) four centerbunchtalks with WomanWellbeingLaborers (LHWs), and (3) ten case ponders among family individuals of expiredmoms. The consideration was conducted in Dera Ghazi Khan, arranged in South Punjab, Pakistan.	The think distinguished that delay in looking for care—and the possible coming about maternal mortality—is more likely to happen in Pakistan due to certain social and socialvariables. Destitutefinancial status, constrainedinformationaround maternal care, and money-relatedlimitations among countryindividuals were the mostboundaries to looking for care. The moo status of ladies and male mastery keeps ladies less engaged. The inclination for conventional birth goes to- ants come about in maternal passings. In expansion, early relational unions and the need for family arranging, which are profoundlysettled insocial values, religion, and traditionse.g. the impact of conventional or otherworldly healers—prevented youthfullyoung ladies from getting maternal healthcare
2	Religion-cultural variables contributing to perinatal mortality and horribleness in mountain villages of Nepal: Suggestions for future healthcare provision (Paudel et al., 2018)	Qualitative	Two mountain towns were chosen for this subjectiveconsideration to supplydiffering qualities of settinginside an exceedinglydistraughtlo cale. Individual in-depth interviews were conducted with 42 women of childbearing age and their family people, 15 prosperityadvantageproviders, and 5 partners. The information was analyzed utilizing a	Three key subjectscreated from the consider: (1) 'Everyone has gone through it': perinatal passing as a typicaloccasion; (2) Dewata (God) as a calculate in prosperity and tribulation: a cause and infers to overcome torment in mother and newborn child; and (3) Karma (Past deeds), Bhagya (Predetermination) or Lekhanta (Destiny): ways of rationalizing perinatal passings

			topical examination methodology with a comprehensive coding handle	
3	Cultural beliefs and practices of women influencing home births in rural Northern Ghana (Ricks & Mini., 2019)	A qualitative approach, using an explorative and descriptive design,	Purposive examining was specifically used to choose 20 ladies from rustic communities in a locale within the northern portion of Ghana.	Four major subjects risen from the information examination which affected rural women's choices to allow birth at domestic are specifically: the opportunity to get psychological support through family individuals, the opportunity to get socially worthy nourishment, the opportunity to receive a birthing position of choice, and opportunity for secure and socially accepted disposal of the placenta
4	Determinants of maternal health care and birth outcome in the Health and Demographic Surveillance System area, Angola (Carmo et al., 2019)	Quantitative	Information was collected for 10,289 pregnancies comes about from 8,066 ladies. The information collection was carried out amid nine upgrade rounds, performed between Prominent 2009 and December 2015, utilizing organized overview overseen at each family (S1 and S2 Text)	Of the 10,289 pregnancies comes about, 98.5%, were in live births, 96.8% went to antenatal care and 82.5% had four or more visits. Be that as it may, 50.7% of the women passed on outside a well-being office. Antenatal care cooperation was a determinant of birth comes about (stillbirth: unadjusted OR = 0.34 95% CI = 0.16–0.70; baby evacuation: OR = 0.07 95% CI = 0.04–0.12). More seasoned ladies, with lower instruction, living at a more conspicuous expel of a prosperity office and in rustic zones were less likely to utilize maternal prosperity care. Having had past pregnancies, coming about in live births, as well lessened the likelihood of prosperity care utilization by pregnant ladies
5	Predominance and variables related with beneath utilization of antenatal care administrations in Nigeria: A comparative consider of rustic and urban homes based on the	design of the survey	include up to of 19652 mothers were included in this think approximately of which 64.9% were a nation and the rest were urban tenants	The prevalence of underneath utilization of ANC was 46.5% in Nigeria, 61.1% in rural homes, and 22.4% in urban homes. The North-West region had the foremost hoisted prevalence of ANC beneath utilizing in Nigeria at 69.3%, 76.6%, and 44.8% for the by and large, national and urban homes

	2013 Nigeria statistic and wellbeing overview (Adewuyi et al., 2018)			separately. Components related with more conspicuous chances of ANC underneath utilize in common domestic were maternal non-working status, birth between times < 24 months, single birth sort, not tuning in to the radio at all, require of companionship to prosperity workplaces, and not getting cash for prosperity administrations. In urban domestic, mothers pronouncing Islam, those who did not inspect everyday papers at all, and those who required prosperity assurances, had more essential chances of ANC underneath utilize. In both rustic and urban domestic, maternal and husband's instruction level, region of domestic, wealth record, maternal age, a repeat of watching tv, partitioned to- and assent to visit wellbeing workplaces were inside and out related with ANC underneath utilize
6	Determinants of patterns of maternal and child health service utilization in a rural community in southeastern Nigeria (Agunwa et al., 2017)	Cross-sectional analytic design	This cross-sectional illustrative consideration was carried out in 2013 with 610 women of reproductive age who lived in Natural communities of Enugu State	The think approximately revealed that extending age, educator level, month-to-month compensation, number of children, and occupation of both women and their life partners were related to extended MCH advantage utilization. Ordinary month to month wage (OR: 1.317, $p = 0.048$, CI: 0.073–0.986) and number of children (OR: 1.196, $p < 0.01$, CI: 1.563–7,000) were determinants of extended utilize of child care organizations while teacher level (OR: 0.495, $p < 0.001$, CI: 1.244–2.164) and age (OR: 0.115, $p < 0.001$, CI: 0.838–0.948) chosen more better utilize of movement and family organizing organizations, independently

7	<p>The quality of maternal-fetal and infant care administrations in Jordan: a subjective centergather consider (Alyahya et al., 2019)</p>	Qualitative	<p>We conducted 12 centerbunchdiscourses (FGD) with pregnant and postpartum ladies who have gone to maternal-child care administrations in three major clinics in Jordan</p>	<p>The substance examination of the FGDs revealed an understanding among the discussants concerning the importance of ANC and PNC organizations for the prosperity of mothers and their newborns. Be that because it may, the sharingwomen see ANC be much more imperative than PNC. With regards to the choice between open and private antenatal care organizations, some of the discussants were orchestrated towards the private portion. Reasons for this included longer assembly time, then another quality of organizations, prevalent interpersonal and communication capacities of healthcare providers, prevalent treatment, more advancedequipment, and contraptions, the openness of female obstetricians, and more versatilecourse of action timesThe substance examination of the FGDs revealed an understanding among the discussants about the importance of ANC and PNC organizations for the prosperity of mothers and their newborns. Be that because it may, the sharingwomen see ANC be much more imperative than PNC. With regards to the choice between open and private antenatal care organizations, some of the discussants were orchestrated towards the private portion. Reasons for this included longer assembly time, then another quality of organizations, prevalent interpersonal and communication capacities of healthcare providers, prevalent treatment, more advancedequipment, and contraptions, the openness of female obstetricians, and more versatilecourse of action times.</p>
---	---	-------------	--	---

				These women-only seen open recuperating center organizations to be crucial in cases of pregnancy-related complications and work, as the costs of private portion organizations in such cases are as well tall. The revelations as well revealed that mothers a run the show because it was sought for PNC organizations to check up on their newborn's prosperity and not their claim.
8	Determinants of Health Facility Utilization at Birth in South Sudan (Tongun et al., 2019)	This was a cross-sectional consideration carried out among moms of children matured 0–23 months	This thinks around was carried out from October 2016–to December 2016 in four locales in Jubek State, South Sudan. Jubek State has 12 Locale and one city chamber (Juba) with a masses of around 500,000	As it were a quarter of the moms had given birth at well-being offices, 209/810 (25.8%; 95% CI 18.2–35.3) and 207/810 had a talented birth orderly (characterized as either nurture, birthing specialist, clinical officer, or specialist). Component emphatically related to well-being office births were four or more antenatal visits (balanced chances proportion (AOR) 19; 95% CI 6.2, 61), auxiliary or higher instruction (AOR 7.9; 95% CI 3, 21), tall financial status (AOR 4.5; 95% CI 2.2, 9.4), and being primiparous (AOR 2.9; 95% CI 1.5, 5.4). These discoveries highlight the require for endeavor to extend well-being office births in South Sudan.
9	Factors influencing utilization of health facilities for labor and childbirth: a case A study from rural Uganda (Dantas et al., 2020)	This cross-sectional exploratory case study	This cross-sectional exploratory case ponders utilizing was attempted in two towns within the southeastern locale of the nation, Maligita, and Kibibi. Both towns are around 30 km exterior of Jinja (on inverse sides of the Nile Stream and both roughly 6 km from the nearest Health Center IV)	For men and ladies within the towns, social and community pat administrations behavior has the most grounded effect on conveyance alternatives. Whereas ladies with no complications might regularly discover choices to convey securely, the need for emergency obstetric care remains a solid calculate in maternal deaths
10	Factors Affecting the Accessibility of	This consider utilized two	This ponders utilized two distinctive sets of information to compare	Information from maternal well-being benefit studies conducted in Battambang, Cambodia in 2012

	Maternal Health Service in Cambodia (Hwang & Park, 2020)	diverse sets of information to compare the status of healthcare	the status of healthcare in Battambang sometime recently and after the usage of the coordinates, maternal wellbeing care extends. Particularly, this ponderutilizedpatterninf or mation from the WellbeingAdministratio nDivision of Seoul National College, which was collected in 2012, to arrange for the maternal and child healthcare changes	and 2015 was compared and analyzed. Numerousrelapseexamination was conducted to recognizecomponents related to the availability of coordinated maternal healthcare administrations. The travel time to wellbeing centre was found to be related to separate from the wellbeing center ($\beta = 0.031$, $p < 0.001$), travel time amid the stormy season ($\beta = 0.166$, $p < 0.001$), and travel fetched ($\beta = 0.001$, $p < 0.001$), with an informativecontrol of 27% ($R^2 = 0.274$). Based on these discoveries, future inquiries about and arrangements ought tocenter on progressingopenness to compelling maternal and child healthcare administrations, to diminish maternally and child mortality. This ponder is aiming to contribute to creating a multi-directional and coordinated procedure for getting to maternal wellbeingadministrations in creating countries
11	Intercession to provide culturally appropriate maternity care services: factorsinfluencing implementation (Jones et al., 2017)	As it were one ponderutiliz ed a testplan, whereas all Others utilizeddiffer entshapes of the observationa l plan.	We based our examination on 15 papers included within thepreciseaudit	Women's and other stakeholders' points of view on the mediations were by and large positive. Four key topics have risen in our investigation of facilitators and boundaries to usage. To begin with, intercessions must consider broader financial, topographical, and social variables that influence ethnic minority groups' get to administrations, nearbygiving culturally-appropriate care. Besides, community support is critical in understanding problems with existing administrations and potential arrangements from the community point of view, and within theimprovement and execution of intercessions. Thirdly, aware, person-centered care ought to be at the center of these intercessions. At last, cohesiveness

				is basic between the culturally-appropriate benefit and other wellbeing care suppliers experienced by ladies and their families along the continuum of care from pregnancy until after birth
12	The impact of maternal instruction on infant mortality in Ethiopia: A precise audit and meta-analysis (Tsegay et al., 2019)	Systematic Review	Recovered 441 records after evacuating duplications. Amid the screening, 31 articles were completely gotten to for information extraction. Medline Embase, CINAHL, Scopus, and Maternity and Newborn child Care databases were searched between November 15, 2017, and February 20, 2018. All articles distributed until February 20, 2018 were included in the study	At long last, five articles were included for examination. The by and large pooled assessment has shown that going to essential instruction was related to a 28% lessening in the chances of newborn child mortality compared to those newborn children born to ignorant moms, OR: 0.72 (95% CI = 0.66, 0.78). Another pooled appraisal demonstrated that going to auxiliary instruction and over was related to a 45% decrease in the chances of newborn child mortality compared to that uneducated derecho were ignorant, OR: 0.55 (95% CI = 0.47, 0.64).
13	Trends and inequities in the use of maternal health care services in Indonesia, 1986–2012 (Press, 2018)		included 104.220 ladies within the last examination who gave birth between 1986 and 2012	From 1986 to 2012, the organization's birth rate extended from 22-73 %, and the c-section rate from 2-16%. The private division was dynamically contributing to maternal prosperity. There were basic get-to incongruities by asset quintile, parental instruction, the locale of the domestic, and topographical district. The wealthiest women were 5.45 times (95% CI: 4.75–6.25) more likely to permit birth in a prosperity office and 2.83 times (95% CI: 2.23–3.60) more likely to supply birth by c-section than their poorest accomplices. Urban women were 3 times more likely to utilize control of birth and 1.45 times more likely to supply birth by c-section than provincial women. The utilization of all organizations was higher in Java and Bali than in other locales. Getting to awkwardness was

				narrowing overtime for the utilize of ANC and organization birth but not for a c-section birth
14	The Role of Culture in Maternal Healthcare Utilization (Aryastami & Mubasyiroh, 2019)	Descriptive analysis and logistic regression	Essential wellbeinginvest igates collected information from 33 areas and 440 districts/municipalities in Indonesia. A mapping of the conventional birth orderly (TBA) proportionper 1,000 populace was conducted based on the 2008 Town Potential (Podes) Information. The overalltest included 14,798 ladies ages 15–49 a long time who conveyed between January 2005 and Eminent 2010.	Financial and socialvariablesimpact pregnancy results, counting maternal passing. Halfway determinants incorporate women's well-being status and regenerative status, getting to a healthcare office, and well-being behavior, counting utilization of healthcare
15	Affiliation of sort of birth specialist and put of conveyance on newborn child mortality in sub-Saharan Africa. (Stanley et al., 2016)		This cross-sectional ponderutilized self-reported information from the StatisticWellbeingOverv iews for ladies in Sierra Leone, Kenya, and Ghana. Calculatedrelapseevalua tedchancesproportions (OR) and 95% certaintyinterims	In Sierra Leone and Ghana, chances of IM were higher for women who passed on at a prosperity office versus women who passed on at a family domestic (OR=3.18, 95% certainty between times, CI: 1.29-7.83, p=0.01 and OR=1.62, 95% CI: 1.15-2.28, p=0.01, separately). Compared to the utilize of prosperityspecialists, the utilize of birth orderlies to offer assistance with the movement was not inside and out related to IM for women in Ghana or Sierra Leone (OR=2.17, 95% CI: 0.83-5.69, p=0.12 and OR=1.25, 95% CI: 0.92–1.70, p=0.15, independently). In Kenya, chances of IM, in show disdain toward the reality that non-basic, were lower for women who utilized birth masters than those who utilized prosperityspecialiststo assist with movement (OR=0.85, 95% CI: 0.51-1.41, p=0.46), and higher with

				movement at a prosperity office versus a family domestic (OR=1.29, 95% CI: 0.81-2.03, p=0.28)
16	Get to and utilization of maternal healthcare in a provincial area within the woodland belt of Ghana (Nuamah et al., 2019)	An explanatory cross-sectional ponder	counting 720 pregnant women methodically inspected from antenatal clinics in 5 sub-districts was conducted from February to May 2015 inside the Amansie-West region	68.5, 83.6 and 33.6% of the ladies had > 3 antenatal care visits, and utilized talented conveyance and postnatal care administrations individually. The mothers' information level of pregnancy crises and infant peril signs was moo. Financial characteristics and healthcare get to affect the utilization of maternal healthcare. Compared to the most reduced riches quintile, being within the most elevated riches quintile was related to higher chances of accepting postnatal care (balanced chances proportion [an OR]; 95% CI: 2.84; 1.63, 4.94). The utilization of wellbeing offices as a fundamental source of healthcare was moreover related to higher chances of antenatal care and talented conveyance.

4. Discussion

Behavior can be formed because of the norms and culture adopted by a society. Pregnancy is a risk to the mother's health.

In the study by Omer, Sonia Zakar, Rubeena Zakar, Muhammad Zakria Fischer, Florian entitled The impact of social and cultural practices on maternal mortality, a qualitative study from southern Punjab, Pakistan showed that delays in seeking care were associated with poor socioeconomic status, knowledge of limited access to maternal care, and low incomes in rural communities. The low status of women and the dominance of men make women less empowered. In addition, early marriage and lack of family planning due to cultural, religious, and traditional values have resulted in young girls not receiving maternal health care. (Omer et al., 2021)

In expansion, Nuamah, Gladys Buruwaa, Agyei-Baffour, Diminish Mensah, Kofi Akohene Boateng, Daniel Quansah, Dan Yedu Dobin, Dominic Addai-Donkor, Kwasi investigate entitled Get to and utilization of maternal healthcare in a country locale within the timberland belt of Ghana appear that get to and utilization of maternal wellbeing administrations isn't ideal in rustic districts/cities of Ghana which is affected by the socio-economic characteristics of pregnant ladies. This indicates the requirement for custom-made intercession to extend the utilization of maternal wellbeing administrations for moms in this and other comparative settings (Nuamah et al., 2019)

The influence of the family on maternal pregnancy status, in general, is still strong in rural communities in Indonesia. The results of

the ethnographic study show that the role of the family (not only the husband) in decision-making, pregnancy check-ups, and childbirth is still strong in the Acehese, Dayak tribes (Landak Regency), and Rote tribes (Rote Ndao Regency). However, for the Rote Tribe, the direction is more positive because of the KIA revolutionary policy implemented by the local government so that families participate in determining the choice of available delivery facilities (not shamans). The results of the Riskesdas data analysis show that the role of the extended family has a positive influence on mothers to carry out ANC to give birth with health workers in health care facilities (Aryastami & Mubasyiroh, 2019).

Based on an analysis of 16 journals, the authors report that the normal delay in looking for care and the likelihood of maternal passing is inferable to certain social and social variables. Socio-economic status, restricted information around maternal care, and separation from home to wellbeing administrations are the most obstructions to looking for care. The mood status of ladies and the mastery of men make ladies less engaged. The inclination for conventional birth specialists leads to maternal mortality. In expansion, early marriage and the need of family arranging, which are profoundly established in social, devout, and conventional values, for illustration, the impact of conventional healers or otherworldly healers anticipates youthful moms from maternal wellbeing administrations.

Conclusion

Efforts to reduce maternal mortality are a fundamental goal in overcoming socio-cultural practices in an area, which makes challenges for ladies looking for maternal care. Focusing on alleviating poverty or creating a policy that can ease the economic burden of people seeking maternal care and increase decision-making opportunities are essential to support women's rights to medical care and the use of health care facilities.

References

1. Abdiana, A. (2017). Determinants of Infant Mortality in Payakumbuh City. *Andalas Public Health Journal*, 9(2), 88. <https://doi.org/10.24893/jkma.v9i2.193>
2. Adewuyi, EO, Auta, A., Khanal, V., Bamidele, D., Akuoko, CP, Adefemi, K., Tapshak, SJ, & Zhao, Y. (2018). Prevalence and factors associated with underutilization of antenatal care services in Nigeria: A comparative study of rural and urban residences based on the 2013 Nigeria demographic and health survey. 1–21.
3. Agunwa, CC, Obi, IE, Ndu, AC, Omotowo, IB, Idoko, CA, Umeobieri, AK, & Aniwada, EC (2017). Determinants of patterns of maternal and child health service utilization in a rural community in southeastern Nigeria. 1–8. <https://doi.org/10.1186/s12913-017-2653-x>
4. Alyahya, MS, Khader, YS, Batieha, A., & Asad, M. (2019). The quality of maternal-fetal and newborn care services in Jordan: a qualitative focus group study. 9, 1–16.
5. Aryastami, NK, & Mubasyiroh, R. (2019). The Role of Culture in Maternal Healthcare Utilization. Ministry of Health of the Republic of Indonesia, November.
6. Carmo, M., Id, G., Brito, M., & Costa, D. (2019). Determinants of maternal health care and birth outcomes in the Dande Health and Demographic Surveillance System area. 1–19.
7. Dantas, JAR, Singh, D., & Lample, M. (2020). Factors affecting the utilization of health facilities for labour and childbirth: a case study from rural Uganda. 1–10.
8. Hwang, WJ, & Park, YM (2020).

- Factors Influencing the Accessibility of Maternal Health Service in Cambodia.
9. Jones, E., Lattof, SR, & Coast, E. (2017). Interventions to provide culturally-appropriate maternity care services: factors affecting implementation. 1–10. <https://doi.org/10.1186/s12884-017-1449-7>
 10. Ketut, N., & Mubasyiroh, R. (2019). The Role of Culture in the Utilization of Maternal Health Services. Ministry of Health RI, 11, 7.
 11. Nuamah, GB, Agyei-Baffour, P., Mensah, KA, Boateng, D., Quansah, DY, Dobin, D., & Addai-Donkor, K. (2019). Access and utilization of maternal healthcare in a rural district in the forest belt of Ghana. *BMC Pregnancy and Childbirth*, 19(1), 1–11. <https://doi.org/10.1186/s12884-018-2159-5>
 12. Omer, S., Zakar, R., Zakar, MZ, & Fischer, F. (2021). The influence of social and cultural practices on maternal mortality: a qualitative study from South Punjab, Pakistan. *Reproductive Health*, 18(1), 1–12. <https://doi.org/10.1186/s12978-021-01151-6>
 13. Paudel, M., Javanparast, S., Dasvarma, G., & Newman, L. (2018). Religio-cultural factors contributing to perinatal mortality and morbidity in mountain villages of Nepal: Implications for future healthcare provision. 1–22.
 14. Press, D. (2018). Trends and inequities in use of maternal health care services in Indonesia, 1986 – 2012. 11–24.
 15. Rabbaniyah, F., Nadjib, M., Society, FK, & Indonesia, U. (2019). Socio-Economic Analysis in Utilizing Health Facilities for Outpatient Treatment in West Java Province: 2017 Susenas Data Analysis Social Economic Analysis in Utilizing Health Facilities for Outpatient Treatment in West Java Province: Susenas Da. 15(1), 73–80.
 16. Ricks, E., & Mini-, PP (2019). Cultural beliefs and practices of women influencing home births in rural Northern Ghana. 353–361.
 17. Stanley, WA, Huber, LRB, Laditka, SB, Racine, EF, & Stanley, WA (2016). Association of type of birth attendant and place of delivery on infant mortality in sub-Saharan Africa. 16(1), 1–9.
 18. Tongun, JB, Mukunya, D., Tylleskar, T., Sebit, MB, Tumwine, JK, & Ndeezi, G. (2019). Determinants of Health Facility Utilization at Birth in South Sudan.
 19. Tsegay, G., Id, K., Chojenta, C., Barker, D., Tiruye, TY, & Loxton, D. (2019). The effect of maternal education on infant mortality in Ethiopia: A systematic review and meta-analysis. 72, 1–12.