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Review Paper

Sociocultural barriers to maternity services delivery: a qualitative meta-synthesis of the literature

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ABSTRACT

Objectives: Maternal and neonatal healthcare outcomes in Sub-Saharan Africa (SSA) remain poor despite decades of different health service delivery interventions and stakeholder investments. Qualitative studies have attributed these results, at least in part, to sociocultural beliefs and practices. Thus there is a need to understand, from an overarching perspective, how these sociocultural beliefs affect maternal and neonatal health (MNH) outcomes.

Study design: A qualitative meta-synthesis of primary studies on cultural beliefs and practices associated with maternal and neonatal health care was carried out, incorporating research conducted in any country within SSA, using data from men, women and health professionals gathered through focus group discussions, structured and semistructured interviews.

Methods: A systematic search was carried out on seven electronic databases, Scopus, Ovid Medline, PubMed, CINAHL Plus, Humanities and Social Sciences (Informit), EMBASE and Web of Science, and on Google Scholar, using both manual and electronic methods, between 1st January 1990 and 1st January 2017. The terms 'cultural beliefs'; 'cultural beliefs AND maternal health'; 'cultural beliefs OR maternal health'; 'traditional practices' and 'maternal health' were used in the search.

Results: Key components of cultural beliefs and practices associated with adverse health outcomes on pregnancy, labour and the postnatal period were identified in five overarching factors: (a) pregnancy secrecy; (b) labour complications attributed to infidelity; (c) mothers' autonomy and reproductive services; (d) marital status, trust in traditional medicines and traditional birth attendants; and (e) intergenerational beliefs attached to the 'ordeal' of giving birth.

Conclusion: Cultural beliefs and practices related to maternal and neonatal health care are intergenerational. Therefore, intensive community-specific education strategies to facilitate behaviour changes are required for improved MNH outcomes. Adopting practical approaches such as involving husbands/partners and communities in antenatal care services in a health facility and community settings can enhance improved MNH outcomes.

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Introduction

Access to maternal and neonatal health (MNH) services is a basic human right. Provision of services, including antenatal care, family planning, postnatal care, appropriate skilled care during complications and ready access to skilled attendance at birth, and their utilisation are essential pillars for enhanced health outcomes.[1–4] Despite the potential of these 'central pillars' to ensure improved maternal and newborn care, many expectant mothers in Sub-Saharan Africa (SSA) are deprived of access to timely,[5] skilled and appropriate health services in the prenatal, delivery and postdelivery care as a result of the mismatch of cultural and traditional norms and practices with modern practices and services.[6,7] Sociocultural beliefs can shape health behaviours and perceptions of modern MNH services delivery,[5,7–9] and the disconnect between age-old rituals and use of current medicine is often wide. Thus, understanding traditions can be helpful in addressing healthcare challenges.[10–12] While there exists a vast array of traditional beliefs and practices pertaining to MNH services delivery, there are few syntheses of their impact on global initiatives during the Millennium Development Goals Era.

Objective

A review of literature for a related study identified that utilisation of maternity services was impacted upon by cultural factors in SSA, thereby affecting MNH service uptake and delivery outcomes.[5] Therefore, the aim of this study was to explore the different social and cultural barriers to maternity service delivery in the SSA region.

Research question

What are the social and cultural beliefs and practices influencing maternity service delivery and utilisation outcomes in SSA?

Methods

Study design

We adopted the technique of meta-synthesis as the most appropriate methodology for synthesising the published qualitative data sets,[13] and to present the perspectives and life experiences of the women and the communities on the cultural barriers to and enablers of improved maternal and neonatal healthcare delivery and outcomes.

Methods

A systematic search was carried out on seven electronic databases: Scopus, Ovid Medline, PubMed, CINAHL Plus, Humanities and Social Sciences (Informit), EMBASE and Web of Science between 1st January 1990 and 1st January 2017 publications (Fig. 1). We also searched qualitative health research and social science and medical grey literature on Google Scholar using both manual and electronic methods. Hand searching of the references complemented the electronic search, thereby increasing the coverage of journals related to cultural factors impacting on maternal health care. The Medical Subject Headings (MeSH) terms 'cultural beliefs'; 'cultural beliefs AND maternal health'; 'cultural beliefs OR maternal health'; 'traditional practices' and 'maternal health' were used in the databases searched. A total of 33,835 articles were retrieved from the search of the databases and the hand search of relevant manuscripts. A search of titles found 598 duplicates. The titles and abstracts were imported into a reference manager (Endnote X7), and a review of full title and abstracts were conducted based on the predefined criteria. These abstracts were further grouped into the World Bank's seven world geographical classifications.[14] The essence here was to identify the different cultural and traditional normative beliefs and practices inherent in each region and their influence on maternal health outcomes. Studies which did not meet the inclusion criteria were sorted into a separate folder for later assessment of relevance. Globally, a total of 713 articles met the criteria for the title and abstract reviews, with 37 qualitative manuscripts meeting the criteria for SSA; the latter form the data set for this study.

Definition of inclusion criteria

The data set for the synthesis includes qualitative studies from semistructured interviews and focus group discussions involving men, women, healthcare professionals and communities on cultural beliefs/practices and maternal health services in SSA. All were primary research works exhibiting contextual and conceptual richness and published in peer-reviewed journals.[15] Qualitative studies were selected because they contain lived experiences in relation to cultural beliefs and practices in pregnancy, childbirth and the postpartum period. The process was guided by the criteria for meta-synthesis by Booth et al.[13] and Tong et al.[16]

Study selection

Studies were screened through a two-stage process. First, the database-imported publications were assessed against the following criteria based on their titles and abstracts: (a) study conducted in SSA; (b) solely primary, qualitative studies; (c) must be explicitly on 'maternal health' and 'cultural beliefs and practices'; (d) be written in English; and (e) have full text accessible through the databases searched and downloadable.

Secondly, articles that met the first set of criteria were screened for quality (Table 1).

An in-depth review was conducted on studies meeting these criteria based the title, abstract and the full paper. JS selected 43 articles and JC and SW identified 39 studies from the same articles imported. All related articles were double screened, scored individually and conflicts and unclear contents were discussed and resolved by consensus. The three authors agreed on the 37 articles. This approach draws on Booth's and colleagues guideline for qualitative synthesis.[13,16]

Included studies were further grouped by regions, thereby providing a manageable sample of articles for in-depth data extraction.