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Review Article

Cultural Beliefs and Traditional Practices Affecting Maternal Healthcare: Implications for Maternal Health Outcomes in Low- and Middle-Income Countries

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Abstract

Maternal healthcare decisions, experiences of pregnancy and birthing outcomes are influenced by cultural beliefs and traditional practices notably in low and middle income countries. Cultural traditions can give emotional support, social cohesiveness and community-based care, but some beliefs and practices can hinder the prompt use of expert maternity services or contribute to delays in recognising and managing obstetric problems. This review explores the influence of cultural beliefs, traditional birth attendants, herbal treatments, dietary restrictions, spiritual interpretations of pregnancy problems, gender relations and family decision-making on maternal healthcare utilisation. It also looks at the relationship between cultural practices and socio-economic disadvantage, healthcare access and the quality of maternity services. Family expectations, religious views, prior experiences with health care and community attitudes of childbirth shape maternal health care decisions in Nigeria and other culturally varied settings. However, cultural behaviours should not be viewed as universally negative, since many provide vital social support and can help people to participate with health care. Therefore, an effective intervention should include a combination of respectful maternity care, culturally sensitive health education, community engagement and working together with traditional birth attendants and community leaders. The review indicates that to enhance maternal health, measures that are sensitive to cultural variety, while addressing practices that may expose women to preventable hazards are needed. Integrating community knowledge with evidence-based obstetric care may enhance trust, prompt referral, and mother health outcomes.

Keywords: *Maternal healthcare, traditional birth attendants, pregnancy, delivery, maternal mortality, Nigeria, cultural beliefs, traditional practices.*

Introduction

Maternal health care is an important component of public health because the health and survival of women during pregnancy, childbirth and the postpartum period have an impact on families, communities and population development. Maternal mortality and morbidity remain a serious worldwide health problem even with improvements in obstetric care, especially in low and middle-income nations. Most maternal deaths are preventable if women have timely access to appropriate, high-quality health care before, during and after childbirth [1], stresses the World Health Organization. Clinical, economic, environmental and cultural factors shape maternal outcomes. Cultural attitudes influence how pregnancy is perceived, how birthing is approached, who is trusted as a healthcare professional and when to seek medical help. They may affect decisions on antenatal care attendance, delivery location, nutrition, medication, birth preparedness and management of pregnancy related complications [2].

Pregnancy and childbirth, in many African societies, are not considered as purely biological phenomena. They may also be linked to spiritual beliefs, familial expectations, traditional knowledge and communal obligations. In addition, or instead of formally qualified health care providers, pregnant women may seek counsel from family, religious leaders,

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traditional healers and traditional birth attendants. These factors can impact when and what type of care women receive [3].

However, it is vital to differentiate between cultural traditions that give social support and those that may endanger maternal safety. help around family issues, postnatal help, culturally acceptable dietary practices and emotional reassurance may benefit women's wellbeing. In contrast, strategies that delay emergency treatment, discourage expert birth attendance, or promote potentially toxic medications may increase risks if they replace effective medical care [4]. These differences are important to understand in establishing culturally sensitive, clinically appropriate interventions for mother health. This review assesses the impact of cultural beliefs and traditional practices on maternal healthcare, their implications on maternal outcomes and approaches for strengthening culturally responsive maternity services. It is of particular relevance to Nigeria and other resource constrained settings.

Conceptualisations of culture and maternal health care

Culture is the collection of common values, beliefs, knowledge, rituals, social expectations, and practices that groups use to interpret experiences and organise their everyday lives. Cultural beliefs are shared or transmitted within a community notion about health, disease, reproduction and appropriate action. Traditional practices are behaviours or habits preserved throughout generations including those concerning pregnancy, delivery and post-partum recovery [5].

Maternal health care includes preventative, promotive and clinical services during pregnancy, labour, delivery and the postpartum period. The services include antenatal assessment, screening and management of pregnancy problems, skilled delivery attendance, emergency obstetric care, postnatal monitoring and family planning.

The relationship between maternal health and culture is complex. Beliefs influence women's interpretation of symptoms, the assessment of the significance of consequences and the decision to seek professional help. These decisions are also influenced by household resources, education, geographic access, healthcare expenses and perceived quality of accessible services [6].

The illness model offers a valuable framework to comprehend these relationships. It acknowledges that patients, families and healthcare professionals may have various views on the causes of illness, its severity and the proper treatment. In maternity care a woman may explain a difficulty through a scientific explanation or a spiritual interpretation or both. Healthcare providers need to grasp these viewpoints to communicate effectively without sacrificing evidence-based treatment [7].

The WHO recommendations on antenatal care also call for person-centred care that takes into account women's needs, choices and circumstances [8]. Cultural sensitivity, therefore, is not only about accommodating ancient rituals, but also about understanding women's viewpoints, identifying harmful practices and developing services that respect dignity, autonomy and safety.

Cultural Beliefs Affecting Use of Maternal Health Care

In several communities, pregnancy is viewed as a religious or spiritual phenomenon. A healthy pregnancy is considered a boon and miscarriage, lengthy labour or other issues are considered to be caused by spiritual forces, displeasure of ancestors, witchcraft or divine tests.

Religious beliefs may offer emotional comfort, hope and social support during pregnancy. . Women can seek help for doubt and anxiety through prayer, religious counselling and community support. Religious institutions can also spread maternal health information and motivate women to visit antenatal clinics[9].

Problems occur when families reject medical assessment, or delay emergency care, on the basis of spiritual reasoning. The spiritual aspect can be considered to be the main difficulty in cases of serious bleeding, convulsions or prolonged labour when families seek spiritual intervention before accessing urgent obstetric care[10].

These traditions should not be generalised to all religious communities. Religious leaders are often supportive of hospital deliveries, and often collaborate with health professionals. The objective of public health is to advocate for practices that offer emotional and spiritual support, with timely clinical assessment for potentially life-threatening problems. Pregnancy is a natural process that does not require frequent monitoring by a specialist unless symptoms appear. In societies where childbirth has always been at home, prenatal checkups may seem unnecessary to women who feel well [11].

These misconceptions can lead to lower use of preventive therapy such as blood pressure monitoring, screening for anaemia and infections, identification of foetal problems and birth readiness advice. Some issues are asymptomatic until they are serious. Therefore, periodic antenatal examination is crucial even in a woman who feels well. In some groups, hospital delivery is perceived as being sick, losing privacy, unwanted interventions or separation from

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family members. These anxieties can be bolstered by past bad experiences, being treated disrespectfully or poor communication.

The answer is not to ignore community knowledge but to clarify the preventive goal of maternity services, increase communication and guarantee that facilities offer respectful, affordable and accessible care [12]. Gender relations can affect women's ability to independently determine what to do about pregnancy and childbirth. In some households, husbands, mothers-in-law or older relatives affected whether a lady attended antenatal clinics, chose a delivery facility or sought emergency treatment.

Without financial independence or control over home resources, women may be unable to afford transportation or procure critical medical supplies without help. Permission may need to be acquired from another household member before seeking care and this can cause delays [13].

This is explained by the Three Delays Model. The first delay is deciding to seek care, the second is getting to the health facility and the third is receiving proper treatment once at the health facility.

The first delay may be a result of decision making inside the household, but the second may also be a result of gendered control over resources. Interventions should therefore engage partners and families as necessary, while safeguarding women's autonomy, confidentiality and right to make informed healthcare decisions [14].

Caesarean section is an important obstetric procedure which may save mother and perinatal lives when vaginal birth is associated with high risk. However, cultural attitudes, fear of surgery and community perceptions may impact women's acceptance of the treatment.

In some societies, caesarean delivery is considered a symbol of weakness, inability to birth naturally, lower social position, or fear of future fertility. Women may also dread anaesthesia, postoperative pain, financial costs and the chance of complications. Such fears could lead to postponing medically required interventions [15]. [16], conducted a systematic integrative evaluation of qualitative data and found stigma associated with caesarean section, traditional birth attendance, herbal medication and home delivery among the cultural determinants impacting maternal health service use in sub-Saharan Africa.

Healthcare professionals should respond with straightforward communication, prenatal counselling and shared decision-making. Women should be given understandable reasons for why an intervention is advised, the advantages, potential hazards and alternatives. Respectful counselling may help to lessen fear and support informed consent and the woman's right to involvement in decisions regarding her care.

Traditional birth attendants (TBAs) are those who assist women throughout pregnancy and child birth, using mostly traditional knowledge and experience, rather than standardised professional midwifery education. They continue to be key sources of maternal help in some communities as their services may be economical, familiar, accessible and culturally acceptable.

TBAs may provide emotional support, massage, companionship, traditional positions for birth and practical support during labour. They understand local languages and customs and can be a reliable source of guidance. However, typical training may not equip them with the abilities needed to recognise and manage significant obstetric crises like severe haemorrhage, eclampsia, obstructed labour and sepsis [17].

A qualitative study of TBAs in south-eastern Nigeria detailed participants' views on normal delivery, culturally sensitive care and referral procedures. The study also stressed the necessity of viewing teamwork between TBAs and formally qualified midwives rather than believing that traditional attendants are invariably unwilling to refer women [18]. The difficulty, therefore, is to guarantee that women who want traditional attendants are not cut off from expert maternity services. Collaboration can take many forms depending on national policy and local context and may include: training TBAs to know danger indicators, supporting early prenatal booking, developing referral channels and promoting delivery with experienced birth attendants. Such collaboration does not mean untrained attendants may substitute specialists who are competent to offer full emergency obstetric care [19].

Traditional Practices of Pregnancy and Childbirth

Some pregnant women utilise traditional herbal medicines to treat nausea, discomfort, weakness, imagined spiritual dangers and other pregnancy-related problems. Some women utilise them because they are cheap, easily available or advised by trusted relatives and traditional practitioners.

However, herbal remedies should not be presumed to be safe in pregnancy. "We don't know their chemical composition, dosage, purity, and potential interactions with prescribed medicines. Some preparations may induce adverse reactions whereas the effects of others on uterine activity, maternal blood pressure, liver function or foetal development may not be properly understood [20].

A large variance in the prevalence of usage has been reported among included research in a comprehensive evaluation of traditional medicine use among pregnant women in sub-Saharan Africa . They raised concerns about safety and the need for more research concerning the effects of specific preparations in pregnancy. A recent systematic evaluation of unfavourable maternal and foetal outcomes related with the use of traditional herbal medicine also pointed out the necessity to examine the safety of regularly used preparations instead of treating all traditional medicines as equivalent [21].

Healthcare providers should ask about herbal medicine use in a non-judgmental way, including the preparation, source, frequency and reason for use. Women should be cautioned not to replace unproven therapies for important prenatal care or postpone emergency care. Studies of commonly used local preparations may be valuable in separating potentially useful cures from those with unacceptable hazards.

Cultural dietary attitudes affect the diets of pregnant women, what they avoid and how their families prepare meals. Some constraints are based on concerns about the foetus's size, tough labour, birthmarks or supposed spiritual implications. Other customs advocate certain foods that are said to enhance maternal strength or ensure successful childbirth.
When they offer a diversified, nutritious diet, culturally acceptable dietary habits can promote mother wellbeing. But the risk of nutritional shortages can grow if key sources of protein, iron, calcium or other nutrients are eliminated without proper alternatives.

A systematic review and meta-analysis of dietary taboos in sub-Saharan Africa showed a pooled prevalence of 41% among 58 studies included 20,262 pregnant women. The review also found that maternal education, prenatal follow-up and nutrition knowledge are linked with for food taboo practices however there were major variances between the included research. [22]

Dietary views should be explored at antenatal visits and practical guidance given on the use of affordable foods available within the community by health care personnel. Nutrition therapy should not ignore traditional eating customs but should explain which limits may be harmful, provide appropriate alternatives and involve family members where appropriate. In certain tribes women conceal early pregnancy because they fear miscarriage, spiritual harm, envy, stigma or unwelcome revelation. Such practices may be a manifestation of a desire for privacy and emotional protection but may also result in a delay in registration for antenatal care.

Delaying care may diminish the opportunity for early examination, recognition of existing health problems, counselling, and prevention interventions. But confidentiality should not be confused with automatic refusal of health care. Privacy concerns of women may be genuine, especially where pregnancy is a delicate societal issue. Confidential, accessible and non-judgmental antenatal services can help women get care without feeling forced to disclose their pregnancy in public. Community education needs to stress the importance of early assessment and respect for women's privacy [23].

The postpartum phase is accompanied by several cultural traditions like as periods of rest, particular meals, family support, massage, bathing rituals and restrictions on mobility. Some of these activities may be beneficial for maternal recovery by offering practical help, lowering home chores and encouraging emotional support. However, when postpartum difficulties occur, prolonged confinement or prohibitions against obtaining expert treatment may be detrimental. Severe bleeding, fever, severe headache, trouble breathing and other warning signals should be promptly evaluated by a medical Women should not be refused postnatal care or emergency treatment due to cultural expectations.

Therefore, postpartum customs should be assessed on their effect on mother health and not labelled as good or bad immediately. Families can be urged to continue to practise safety while ensuring that women get required postnatal examinations, nutrition and emergency treatment when needed [24].

Implications for Maternal Health Outcomes

Cultural attitudes and traditional behaviours can influence maternal outcomes through multiple, interrelated paths. First, they may influence the time of antenatal attendance and the probability of skilled birth attendance. Second, they may affect recognition of danger symptoms and decisions about referral for emergency care. Third, they can influence nutrition, medicine use and adherence to therapy. Finally, they can influence women's faith in health care providers and their comfort obtaining care in formal health facilities. Not always directly related. Cultural views often intersect with poverty, distance, understaffing, travel challenges and past experience of disrespectful care. A woman may opt for a traditional attendant not just because to cultural preference but also because the local hospital is expensive, far away or regarded to be unwelcoming.

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An ethnographic study in Nigeria focused on cultural and religious institutions that differentially influence maternal service utilisation. Potential barriers to facility treatment included the usage of prayer houses and limited autonomy for women, while herbal medicine could be a supporting practice or a hindrance that limits access to official services, the researchers stated. The study also pointed out the importance of culturally relevant health education in a familiar language [25]

This underscores the necessity of interventions to target cultural understandings and structural impediments. Increasing access to hospitals without addressing lack of respect may not create trust. Also, community education alone may not be enough if women cannot afford transportation or get to a well-equipped facility.

Improving Culturally Responsive Maternal Health Care: Strategies

Maternal health education should be in local language, beliefs and information needs. Healthcare providers should use real-life scenarios relevant to the community to convey the need of antenatal care, competent delivery and birth preparedness and early management of problems.

Education should neither stigmatise traditional ideas or assume that all community members have the same opinions. Participatory conversations can help to discover which activities are safe, which need change and which may represent major risks [26].

Traditional authorities, religious leaders, women's groups and community organisations can play a role in disseminating accurate information and encouraging prompt referral. Their input may be particularly useful when spiritual views or family expectations are involved in decision making about pregnancy and childbirth.

Community engagement should be used to promote evidence-based treatment, not to give a voice to non-clinical authorities in women’s medical decisions. Women should maintain the right to seek care confidentially and to accept or decline interventions through informed decision-making.

Where TBAs remain vital in community maternal health care, formal teamwork can increase communication and referral. Appropriate actions include education on danger indications, early referral, emergency contact arrangements and explicit information on the limits of non-professional obstetric care.

Health authorities should guarantee that partnership corresponds with national maternal health policies and does not impede access to competent birth attendance. The goal is linking women to the right resources, not to replace informal care with emergency obstetric care [27].

Healthcare facilities must respect the dignity, privacy, informed consent and freedom from discrimination or abuse of women. Poor communication, verbal abuse, excessive limits and disrespectful treatment can erode trust and discourage future use of the facility.

Caring, empathetic treatment, explanation of procedures and respect for safe cultural practices may enhance the maternity experience. Where clinically acceptable, women’s preferences on friendship, modesty, communication and delivery position should be considered [28].

If women cannot access culturally relevant services, they will have little impact. Governments and health organisations should improve transport and referral systems, remove financial barriers, increase readiness of remote facilities and assure availability of professional maternity services when needed.

These efforts should be complemented by culturally relevant counselling in so that women may make informed decisions and get care without needless delay.

Conclusion

Cultural ideas and traditional practices have a significant influence on the use of maternal health care, experiences of pregnancy and choices of birthing. Traditional knowledge, family support, spiritual practices and postpartum customs may have a good contribution to maternal wellness. Certain beliefs and practices may enhance the risks by discouraging antenatal examination, promoting hazardous therapies, restricting dietary intake or delaying emergency obstetric care. Evidence suggests that maternal healthcare interventions are more likely to be acceptable and effective when they are developed with consideration of the cultural environment in which women make decisions. Therefore, health care providers should integrate respectful maternity care, community participation, culturally relevant health education and effective referral mechanisms with reliable access to expert obstetric services.

Ultimately, to improve maternal outcomes, there will be no need for the unqualified rejection of existing practices or their unquestioning embrace. Careful evaluation of its advantages and hazards, respect for women’s autonomy and inclusion of safe cultural preferences with evidence-based health care are needed.

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