



International Journal of Humanities & Social Science Studies (IJHSSS)

A Peer-Reviewed Bi-monthly Bi-lingual Research Journal

ISSN: 2349-6959 (Online), ISSN: 2349-6711 (Print)

ISJN: A4372-3142 (Online) ISJN: A4372-3143 (Print)

Volume-IV, Issue-VI, May 2018, Page No. 53-64

Published by Scholar Publications, Karimganj, Assam, India, 788711

Website: <http://www.ijhsss.com>

Traditional Belief Systems and Maternal Health in Kilifi South Sub-County, Kilifi County, Kenya

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Abstract

Approximately 830 women die each day worldwide from pregnancy related complications, 99% of them in developing countries and more than 50% in sub-Saharan Africa. Despite increasing global and national attention on safe motherhood, a recent study by the relevant agencies and the World Bank identified Kenya as one of eight countries in Africa that have made very little progress in reducing maternal deaths. The study sought to assess the influence of belief systems on maternal health in Kilifi South sub-county. The objectives of the study included; to examine the existing Cultural beliefs that women hold during pregnancy in Kilifi South Sub County; to establish the factors contributing to the continued beliefs and practices regarding maternal health in Kilifi South Sub County and to examine the perceptions and attitudes of women on the beliefs held regarding maternal health in Kilifi South Sub county. This study was based on the Theory of Planned Behaviour one of a closely inter-related family of theories which adopt a cognitive approach to explaining behaviour as propounded by be able to perform or carry out the behaviour, and is very similar to notions of self-efficacy. The researcher used descriptive research design using both quantitative and qualitative approaches. The study targeted women of Kilifi County, health practitioners and opinion leaders. The sample population of the study was 397 women, these were sampled using disproportionate stratified sampling. Both questionnaires and interview schedule were used as data collection tools. Quantitative data was coded and analyzed using SPSS version 21. Descriptive statistics were used for quantitative data with frequency distribution tables developed and categorized using a non-normal scale while qualitative data was transcribed, coded and analyzed. Inferential statistics were further used to reach conclusions of the research. The study established that 73.3% of the women of reproductive age are aware of the traditional beliefs and practices that affect maternal health. These range from diet taboos that deny women the nutrients required by

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their bodies, beliefs that restrict women from accessing health services due to restriction in movements prior to and after delivery and those that demand they seek assistance from traditional birth attendants. The study also established that several factors contribute to continuity of the belief systems including preservation of culture being rated first at 36.8%, ignorance at 35.9%, fear of rejection at 14.9%, past experiences at 10% among other factors. Based on the findings of this study the following conclusion was drawn that ; traditional beliefs held by the community presents a threat to the health of the women and their babies and action needs to be taken to ensure that a healthy society is attained. To address the dominance of harmful traditional beliefs and practices regarding maternal health, sensitization to women and the community at large on basic knowledge on dangers associated with unskilled service uptake is essential to enable women be aware of the consequences of unskilled delivery and lack of adherence to post-natal and prenatal care. To address the issue of continued harmful beliefs and practices as a result of ignorance the study calls for the focus on girl child education to the highest level in Kilifi South Sub County. By ensuring that women get educated to the highest level they will be able to make informed decisions regarding their health and shun from beliefs that are harmful. The TBAs need to be sensitized and linked to facilities where they can refer clients for skilled services.
Keywords: Maternal Health, Kilifi County, Traditional Birth Attendants, Traditional Beliefs and practices

DOI: 10.29032/ijhsss.v4.i6.2018.53-64

Background to the study: According to World Health Organization about 830 women die from pregnancy or childbirth-related complications around the world every day. It was estimated that in 2015, roughly 303 000 women died during and following pregnancy and childbirth. Almost all of these deaths occurred in low-resource settings, and most could have been prevented. In sub-Saharan Africa, a number of countries halved their levels of maternal mortality since 1990. In other regions, including Asia and North Africa, even greater headway was made. Between 1990 and 2015, the global maternal mortality ratio (the number of maternal deaths per 100 000 live births) declined by only 2.3% per year between 1990 and 2015. However, increased rates of accelerated decline in maternal mortality were observed from 2000 onwards (WHO, 2015).

Maternal health improvement attracted global attention at the 1987 Safe Motherhood Conference held in Nairobi, Kenya. Since then, improving women's health issues pertaining to pregnancy and delivery has become the centerpiece of national development efforts in developing countries. However, despite this significant stride, there is little evidence to prove that maternal mortality has declined significantly in African countries. Despite increasing global and national attention on safe motherhood, a recent study by the relevant agencies and the World Bank identified Kenya as one of eight countries in Africa that have made little progress in improving maternal health. (UNFPA, 2014). In Kenya only 58% of women have at least 4 antenatal clinic during pregnancy, 62% of births are attended to by a skilled professional, 61% of deliveries take place in a health facility and 57 % receive postnatal care (KDHS, 2014).

Research Objectives: The overall objective of this study was to assess the influence of traditional belief systems on maternal health in Kilifi South Sub-county. The following were the specific objectives of the study:

1. Examine the existing traditional beliefs and practices that women hold during pregnancy in Kilifi South Sub County
2. To establish the factors contributing to the continued beliefs and practices during pre and post-delivery by women in Kilifi South Sub County
3. To examine the perceptions and attitudes of women on the beliefs held regarding maternal health in Kilifi South Sub County.

Research methodology: The study was conducted in Kilifi South Constituency. The constituency has a total population of 171,607. The administrative areas in Kilifi South Constituency where the study was conducted include; Junju ward, Mwarakaya, Shimo la Tewa. The population of interest was Kilifi South women of reproductive age, public health service providers, traditional birth attendants and opinion leaders. According to KDHS the total population of women of reproductive age in Kilifi South Sub County is 46,123. The study used both qualitative and quantitative approaches. The study employed descriptive research design. The sample size of the study was 397 women of reproductive age based on the total population size (N) of 46123 (KDHS 2014). Purposive sampling was used to identify 1 opinion leader from the 5 wards, 1 traditional birth attendant from the 5 wards and 1 nursing in charge from a facility from the 5 wards in Kilifi South. The sample size for the study was based on Taro Yamane's (1967) formula: $n = N / (1 + Ne^2)$

$$n = 46,123 / (1 + 46,123 * 0.05^2) = 397$$

Data collection was done through the use of a questionnaire, interviews schedules, and participant observation. The data collected was analyzed using both qualitative and quantitative techniques. The quantitative data was coded and analyzed using SPSS version 21, descriptive statistics were used for quantitative data with frequency distribution tables developed and categorized using a non-normal scale while, qualitative data was transcribed, coded and analyzed. Results were displayed in tables, graphs, charts and frequencies used in interpreting the respondent's perception on issues raised in the questionnaires so as to answer the research questions. Frequencies easily show the number of subjects in a given category. Analysis was done according to the nature of the response and inferential statistics used to reach conclusions of the research.

Presentation and discussion of research findings:

Response rate, age and general characteristics of respondents

The study interviewed women of reproductive age of between 15-49 years. A total of 397 questionnaires were administered to respondents in Kilifi South Sub-County, 372 completed translating to 93% response rate. Of the interviewed women 84.7% were married, 4.1% single, 1.4% divorced, 3.8% widowed and 6% separated. The study indicated that of the women who sought advice from the traditional healers or TBAs, 14% were married, 0.3% single, 0.6% divorced and 0.9% widowed and separated. This was an indication that marriage could be having an influence on choices the women make.

The study established that 75.7% of the respondents had received formal education while, 24% did not receive formal education. Of the respondents who received formal education, the highest education levels were as follows; 70.7% attended primary school, 20.4% secondary school, 3.5% vocational and 1.7% tertiary. Most of the respondents who attended primary school had reached the lower primary level indicating that majority of them had not acquired the primary school education certificates. Determining the education level was important because it helps understand whether this contributes to traditional belief systems that affect maternal health.

A study conducted in Indonesia by Sari (2009), posits that educated mothers have a greater awareness of the existence of maternal healthcare services and benefit in using such services. They are also likely to have better knowledge and information on modern medical treatment and have greater capacity to recognize specific illnesses. Findings from this study indicate that majority of the women holding to the traditional beliefs that affect maternal health are those who had acquired the lowest level of formal education. The beliefs they hold include shunning away from certain nutritive foods, not attending ante natal and post-natal care and believing in traditional birth attendant's delivery services other than going for skilled deliveries at the health centers. The study indicates that traditional birth attendants play a critical role among women who had a lower level of education or did not attend school. The same was also influenced by beliefs and maternal health support system. Of the women interviewed 34% went to TBAs for massage services and believed that this ensured that the baby was well positioned.

The study established that 16.6% of women who attended school sought advice from TBAs or traditional healers of the women interviewed and sought TBAs or traditional healers advice and attended school, 13.4% had primary school education, 1.5% secondary education, 0.4% had vocational training and 0.8% had tertiary education cumulatively those attended school and sought healers advice represented 16%.

The findings indicate that 86.8% of the women had attended antenatal care during previous pregnancy while 13.2% did not. Attendance of ANC is one of the indicators of maternal health. This is the regular medical and nursing care recommended for women during pregnancy which ensures that a pregnant woman is attended to in case she has any complications prior to delivery. From the interviews conducted most of the respondents are aware that attending the antenatal clinic is crucial for the safety of the child and the mother. However, most of them did not attend at least four ANC visits as recommended. Some confessed that they went for one visit to ensure that ANC profile is done so that when they experience difficulties during delivery they can be accepted by the healthcare workers. 86.8% of the women interviewed attended at least one ANC visit during the previous pregnancy while 13.2% did not attend because they believe in seeking advice from the unskilled traditional birth attendants.

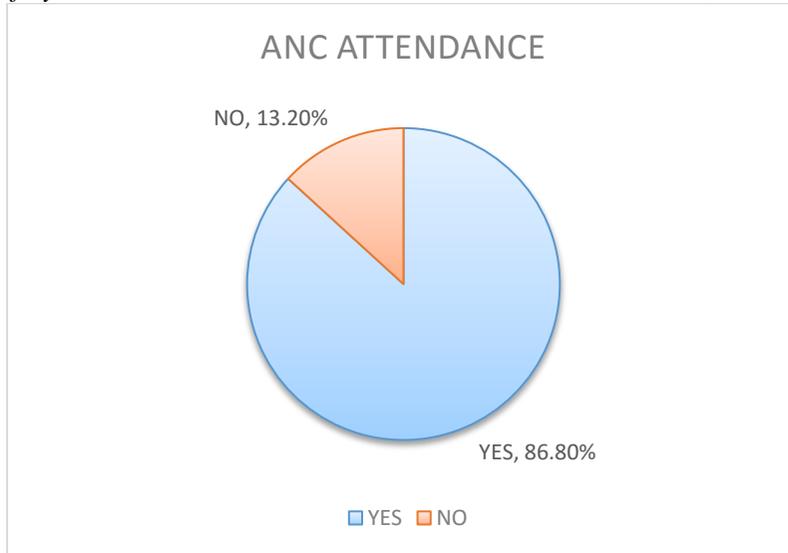


Figure 1: Women attending ANC

Source: Author, 2018

On issues that influence individual decision, the women were asked if they had to seek for permission before choosing to attend ANC; 56% said yes they sought for permission while 44% said they did not have to seek permission. The researcher was interested in finding out whether the commonly known ‘Mwenye’ syndrome is still evident among residents in Kilifi South Sub County. The findings indicate that half the respondents had to do what is supported by their husbands and in instances where the husband was against the wife attending health services or delivering from the health facility they had to abide. The study also sought to find out the aspect of male involvement in supporting their wives attend clinics. It was noted that 16.7% of the respondents were accompanied to the hospitals by spouses during ANC while 83.35 were not. This was because most men felt that they had no responsibility in terms of taking their wives to the hospital as this may affect them but their key role is providing the resources required at the hospital.

When asked where majority of the women deliver in the community, majority 95.5% indicated they deliver in a hospital/health facility, 4.5% of the women delivered at home through the assistance of TBAs. To quote one respondent,

“Few years back most of us delivered from home with the help of Traditional birth attendants but nowadays we are educated by the community health volunteers who insist that we go to the hospitals which has helped many of us in this village, the cost of delivering in a hospital is also cheaper compared to the items required by the TBAs”

In relation to the number of children that the respondents had, they were asked how many of them were delivered through TBA assistance. Table 1 below shows the findings of TBA assisted delivery. The results indicated that, those women who attended school, 29.3% did not deliver any of their children through TBAs, 13.9% had one child through TBA

Traditional Belief Systems and Maternal Health in... P. Akisa Wabwire, E. Okuto, M. T. Okuku assistance, 4.8% two children, 8.7% three children, 4.3% four children and more than four children were represented by 11.1%. Similarly women who did not attend school at 3.4% had none through TBAs, 7.7% one child, 4.8% two children, 1.4% three children, 1.9% four children and 8.7% more than four children. The results indicate that women who at least attended school have a higher percentage in TBA assisted delivery s compared with women who did not attend school.

Table 1: TBA Assisted Delivery

No of children born through TBAs/attended school	Percentage	Percentage
	YES	NO
None	29.3	3.4
One	13.9	7.7
Two	4.8	4.8
Three	8.7	1.4
Four	4.3	1.9
More than Four	11.1	8.7
TOTAL	72.1	27.9

Source: Author, 2018

Existing traditional beliefs that women hold during pregnancy in Kilifi South Sub County

The study had sought out to examine the existing traditional beliefs and practices that women hold during pregnancy in Kilifi South Sub County. Study findings indicated that there were a number of traditional beliefs and practices that affect maternal health, 73.3% of the respondents were aware of, and mentioned some of the traditional beliefs practiced in their communities. However, 26.7% of them admitted having practiced these beliefs. The study findings further revealed that, education does not prevent women from holding to the beliefs and practices regarding maternal health.

The study highlighted a number of traditional beliefs and practices that influence maternal health among the communities in Kilifi South Sub County these beliefs range from food taboos, religious beliefs and other beliefs that prevent the women from attending Ante natal care, skilled deliveries and post-natal services. The study revealed that when a woman becomes pregnant she is advised to avoid certain foods during pregnancy period because they are believed to cause complications during birth. This advice is passed from one generation to another through the elderly women in the village, neighbors, friends and close relatives based on their experiences during pregnancy. Among the foods prohibited during pregnancy include most protein, vitamin and some carbohydrate foods locally available. These include; Eggs during pregnancy which they believe result in baldness and this applies to coconut and greens referred to as ‘Munavu’. Pregnant women were warned against taking eggs to avoid having babies with no hair. To quote one of the respondent,

“During my second Son’s pregnancy I ate a lot of eggs ignorantly despite being advised not to take and my sons hair refused to grow, having experienced that I avoided eggs for the other pregnancies and all the other babies had no baldness”. ‘I fully support the idea of believing in what the elderly say”.

The findings of the study also found out that fish is to be avoided as it affects the baby resulting in delayed walking/crawling, it also makes a breastfeeding mother not to have enough milk for the baby, chicken when taken by pregnant women it is believed that the baby will get tetanus thus this should be avoided as much as possible. The observations about animals and birds foods being the major taboo foods concur with the findings by other investigators. Most of the women believed that Groundnuts are to be avoided because the baby’s teeth won’t grow early, vegetables like kales are believed to bring wounds in the stomach during pregnancy, beans and green grams leads to digestion problems and fruits like pawpaw result in miscarriages. Taking too much porridge, Irish potatoes and sweet potatoes lead to difficulties in delivering due to overweight babies. These beliefs have caused women to be very selective on the foods consumed and to have little variety of foods to choose from. This also limits them from benefiting from the nutritive value in the mentioned foods some of which are easily available within their locality. This to some extent has a cost implication because women have to source for alternative foods that can provide nutrients.

Other beliefs practiced that affect maternal health includes the belief in seeking the services of the traditional birth attendants. Of the respondents, 35% admitted that they sort massaging services from the TBAs to ensure that the baby is well positioned and to avoid pain. Some also believe in seeking Advice from the herbalists and traditional healers so as to protect their babies from witchcraft. Some of the advice given include; boiling herbs, smearing oil and tying the child with beads to avoid getting ill.

Other beliefs restrict women from seeking services during the early months of pregnancy and forty days after delivery. Women are required to stay indoors for forty days after delivery to avoid evil eyes and this result in some not attending postnatal clinics or seeking medical attention within the stipulated period.

Other beliefs held during pre and post-delivery that indirectly affect the health of the mother and the baby include; you should not stay outdoors till very late while pregnant as it brings prolonged labor. Women also believe that a pregnant woman should not prepare or approach fire as this can result in miscarriage. A pregnant woman is not expected to tie cloth around the chest/neck because it would result in a baby being choked by the umbilical cord during delivery. Many also explained that having extra marital affairs while pregnant leads to delivery of an abnormal baby. To quote one respondent,

“In our community if you want to deliver an abnormal child dare having an extra marital affair while pregnant, those who

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escape this have to go for cleansing upon having a sexual affair with a different man”.

Factors contributing to the continued beliefs and practices during pre and post-delivery by women in Kilifi South Sub County

The study sought to find out factors contributing to the continued beliefs and practices. It was established that 26.7% of the women said there are traditional practices that they observe during pregnancy and postpartum while 73.3% said they don't observe the beliefs. Of the women who observed the beliefs 22.9% were affected by them while, 77.1% were not affected in any way by the beliefs practiced.

When interrogated further, the women were asked why they thought women hold on to the beliefs that affect maternal health, 14.9% said because of fear of rejection or isolation by the community members. This was evident from a number of respondents who asserted that when married in a community the family and community members have high expectation of them among them following what they believe and the traditions that they follow. Failure to do this one faces rejection and some cases forcing the woman to leave the community. The following answer was from one of the respondents,

“I have been married in this home for over 35 years and I had to follow the traditional believes for me to be accepted by the community, at first I had it rough but with time I now mentor the newly married women to abide by the beliefs.”

The respondents reported that ignorance was a major factor contributing to continuity of the beliefs and practices of which 35.9% of the respondents affirmed this. They felt that those who hold to the beliefs influencing maternal health do that as a result of lack of knowledge and understanding of what they are expected to do. Majority of the women having not attained a higher level of education fail to respond to maternal health needs due to lack of knowledge on the importance of seeking the services from qualified health practitioners. This is worsened by the fact that they trust and seek advice from the old women within their communities who have not fully embraced modern healthcare services.

Preservation of culture was also highlighted as a factor contributing to the continuity of harmful beliefs .Of the women who responded 36.8% associated the continuity of beliefs and practices to preservation of culture. The older women in the community strive to teach the young women on what their ancestors did and how they overcame maternal health challenges and as a result of this the beliefs and practices are passed from one generation to another. This was evident as explained by one of the traditional birth attendants who noted that;

“My grandmother was a very famous traditional birth attendant who helped almost all the women in the village deliver successfully. She had to empower me to take up the task after she's gone so that women in my community can continue benefiting from the services. If I fail to teach one of my daughters the same I'll be failing and a curse will befall

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 me. I'm happy that one of my daughters is competent in the task and even if God takes me now I'll leave at peace''

A smaller percentage 10.2% of the women who responded attributed the continuity of harmful beliefs and practices to past experiences. They explained that having seen other women in the neighborhood facing the consequences of not practicing the beliefs held they had to practice them to avoid what happened to others from happening to them. Figure 2 below shows factors contributing to continued beliefs and practices

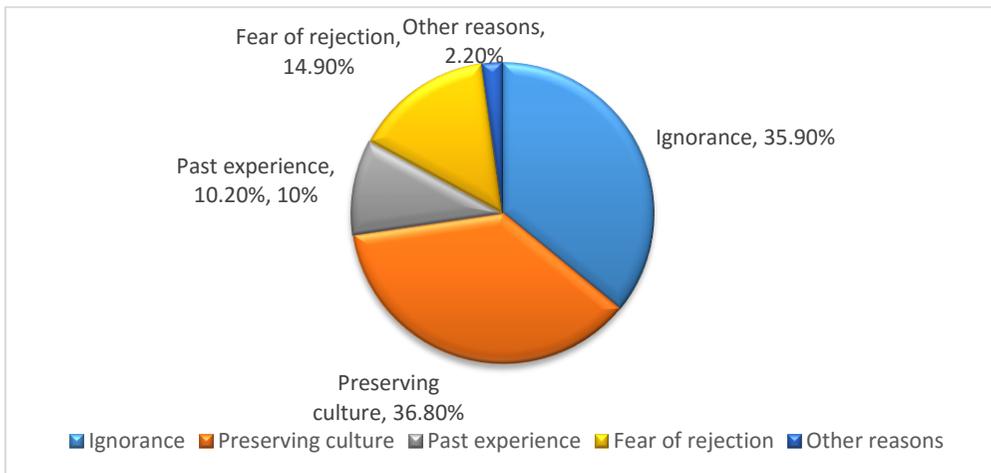


Figure 2: Factors contributing to continued beliefs and practices, Source, *Author* (2018)

Other factors that make women hold to the traditional practices that affect maternal health as established from the study include the challenges women face at the health facilities. It was established that a number of women prefer delivering from their home with the assistance of a TBA due to a number of reasons including staff attitude which makes them prefer the TBAs who are friendly and their understanding of what they believe in. A study By Berry (2006) has similarly document that women were unwilling to use formal health services because of impersonal treatment, lack of social support, poor communication and attitude of the personnel. Health personnel's lack of knowledge of their cultural context and their lack of comprehension of and involvement in decisions regarding treatment prevented women from seeking health services.

Distance to the facilities some of which are too far and not accessible discourages pregnant women from attending ANC and delivering from the hospitals. Despite the fact that the government has constructed a number of health facilities in the wards some respondents stay very far from the hospitals and cannot afford the transport cost forcing them to seek other alternatives. Cost of medication was also raised as a challenge whereby some said the service charge is affordable but the supply of medicines in the facilities is not consistent forcing them to incur costs on purchasing the medicine among other reasons. These challenges are illustrated in the table 3 below;

Table 1: Challenges Delivering at Health Center

	Frequency	Percent
Cost is expensive	35	9.4
Staff attitude	137	51.1
Distance to facilities	86	32.1
Lack cultural practices	3	1.1
Others	7	2.6
Total	268	100

Source: Researcher, 2018

However, of the women who delivered in health center or hospitals 81.6% felt that they received good care while, 18.4% were not satisfied with the services given. On general perception, when the same women were asked whether women receive good care at the health facilities, 89.1% said yes while 5.6% said no.

The study indicated that in terms of attending ante natal and post-natal care religious beliefs do not influence the uptake of these services as a higher percent of respondents attended ANC and PNC regardless of their religion.

Perceptions and attitudes of women on the beliefs held regarding maternal health in Kilifi South Sub County

The study finally sought out to assess the perceptions and attitudes of women on the beliefs held regarding maternal health. The respondents were asked how they perceive the beliefs and practices held that affect maternal health. 61% of the women felt that some beliefs are not useful to the society whereas a few were of the opinion that the beliefs were important and need to be adhered to. One respondent when asked about beliefs held regarding maternal health and whether these beliefs are useful had this to say,

“In my community pregnant women are restricted from eating lots of nutritious foods but for me I eat most of them and nothing happened, My babies are healthy and I doubt whether such believes are useful in our villages”.

Despite the fact that majority of the women said that some beliefs are not beneficial they practice these believes. A number of women seek advice from TBAs whom they perceive to offer better services as compared to skilled birth attendants. They go for massaging, medical advice and delivery services. Despite several capability gaps with TBAs to manage complications, women express more positive experiences with them than the formal health facilities. They not only prefer them because of their friendliness but also their ability to preserve their culture and their attitude.

Findings of the study further indicate that some women perceive traditional healers to be useful in protecting the baby from witchcraft. This makes them seek advice and herbal treatment from them to ensure maximum protection for the unborn. By staying in the house

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for up to 2 months after delivery the women perceive this belief to be useful as it helps the mother fully recover and also prevents the child from evil eyes that might harm the baby.

Conclusion: Based on the findings of this study the following conclusion was drawn; Maternal and child health remain a priority to the nation and Kilifi South Sub County as a whole. However the traditional beliefs held by the community presents a threat to the health of the women and their babies and action needs to be taken to ensure that a healthy society is attained. Failure to deal with these belief systems will worsen the health indicators and result in increased maternal and infant mortalities. Other challenges faced by women in accessing health services also contribute greatly to the poor maternal health status including staff attitude, distance to the health facilities and the cost of medication among other factors.

Recommendations : The study established that beliefs and practices that the community hold affects maternal health outcomes. These range from food taboos, beliefs that encourage women to deliver from home and those that discourage them from attending ANC. To address the dominance of these harmful traditional beliefs and practices regarding maternal health, sensitization to women and the community at large on basic knowledge on dangers associated with unskilled service uptake is essential to enable women be aware of the consequences of unskilled delivery and in adherence to post-natal and prenatal care. This can be done through the hospitals, women groups, churches and mosques, local administration, cultural groups and any platforms that bring people together for knowledge sharing. During these sessions the beliefs affecting maternal health can be discouraged by giving facts and the consequences of the same. Men involvement is necessary. They need to be involved in health issues regarding their wives and children and doing so they will help their wives overcome the beliefs that are not useful and adhere to sound health practices.

Collaborations between traditional and religious leaders and health ministry clinicians could improve outcomes for everyone. Traditional and religious leaders need to be informed of the health services required for women and be engaged in advocacy against harmful traditional practices.

Ignorance stood out as one of the key factors contributing to continuity of the traditional beliefs and practices according to the study findings. To address this, the study calls for the focus on girl child education to the highest level in Kilifi South Sub County. It was clear that majority of the women interviewed had attained the lowest level of education most of them having not completed primary school. 70.7% attended primary school, 20.4% attended secondary school, 3.5% vocational and 1.7% tertiary. By ensuring that women get educated to the highest level they will be able to make informed decisions regarding their health and shun from beliefs that are harmful and their perception towards the same will change.

The government should come up with a policy that allows the traditional birth attendants to undergo formal training and empower them to minimize maternal deaths because from the study findings the community has faith in the TBAs irrespective of their inability to deliver skilled services. The TBAs play a critical role in assisting women deliver

Traditional Belief Systems and Maternal Health in... P. Akisa Wabwire, E. Okuto, M. T. Okuku during the health service provider's strikes and for those who can't make it to the facilities. This makes the community rely on them more than the skilled health service providers.

The study has indicated a number of foods avoided during pregnancy and after delivery ,it's a recommendation that a nutritional cohort study be conducted amongst pregnant women who hold to these beliefs and those not practicing the beliefs to establish the nutritional content being missed out as a result of the held beliefs.

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