Chapter 2 – Review of Literatures

2. Review of Literatures

In this section, we provide an overview of the literature on topic closely related to the thesis. We first discuss some related papers on the topic. Finally we mention literature relative to topic.

2.1 State level Studies:

Shelah S. Bloom, and et. Al. (2001), “Dimensions of Women's Autonomy and the Influence on Maternal Health Care Utilization in a North Indian City” in this study she found that most of the (things that decide other things) of women's independence examined here are unlikely to change very much, a real effort must be made to examine the effects of different types of (getting or giving power) programs. The success of some credit and loan programs in changing the pattern of behaviors of women's social position has been recorded/supported (Schuler and Hashemi 1994), but more work is needed to examine how the negative effects of strong (male/female status) separation (into clear layers) can be helped/reduced. However, another study did by Akash Acharya (2008), “Acess and Utilisation of Health Care Services in Urban Low-Income Settlements in Surat, India” in this study he found that RCH module of this survey of 544 household from 22 poor settlements in Surat, are just like that of National Family Health Survey (NFHS-3) results which point towards the larger need for (actions that help bad situations) to prevent skipping ante (related to the birth of a baby) care, pregnancy difficulties, delayed introduction of complimentary food etc. Moreover, another study did by Dr. Miteshkumar N Bhanderi (2008), “Access To Reproductive Health Services in Urban Slums Of Rajkot City, Gujarat” in this study he found that household level useful things supplies, (related to social pressure, how people act toward each other, etc.) factors, availability of health services and health related behavior, were the (things that decide other things) of access to (health of one's sex organs) care. Studies like this give an idea that explained (act of asking questions and trying to find the truth about something) in each one of the findings will help the policy makers to plan the health plans based on community perceived need rather than service provider perceived need.
Dileep V. Mavalankar, and et. Al. (2009), “Maternal Health In Gujarat, India: A Case Study” in this study he found that recent inventions of new things in mother-based health in Gujarat have been driven by a pattern of behavior, health Commissioner trained in public health and with long experience in the health area. Chiranjeevi Yojana, training of MBBS doctors, and other inventions of new things to fill the staff vacancies. However, another study did by T. Natrajan, (2011), “Public Health Management-A Study of Reproductive & Child Helath Programme in Gujarat” in this study, the study tells about that Gujarat has a soico-money-based (surrounding conditions) which leads to (accomplish or gain with effort) these goals. Significant gains have been made in improving the health care indicators in the State by increasing money-based help, a planned approach to improve the health care system and involvement of all (people who are interested in a project or business) to reach the desired goals. This needs an approach in which the (related to how much money and power people have) and (facts about people, like their age, race, income, etc.) of the target population must be understood and incorporated in creating policy and figuring out the action plan.

Priya Sinoj, and et. Al. (2012) “Status Of Maternal Health And Its Services In Gujarat: Some Observations” in this study she found that certain challenges still Gujarat government has to deal with reference to maternal health service . The key problems are inadequate infrastructure and equipment, shortage of human resources, lack of supplies, and inadequate monitoring and supervision. Lastly Government of Gujarat should constantly strives towards the awareness among policy-makers, implementing evidence-based interventions for reduction in maternal mortality, and through mobilization of civil society and professional bodies. Moreover, another study did by Prakash V. Kotecha, and et. Al. (2012), “Health Seeking Behavior And Utilization Of Health Services By Pregnant Mothers In Vadodara Slums” in this study it was found that majority of women preferred private hospital for delivery in spite of being from lower socio money-based group and most of the mothers ignored (after the birth of a child) care. (Creation and group of objects) of self-help groups and use of the existing (raised, flat supporting surface) of Mahila Mandals should be used for health education including (related to the first month of a baby's life) care in health and sickness.
Hitesh Shah, Binita Desai, and et. Al. (2013), “A Study Of Assessment Of Maternal Health Service Utilization In Rural Area Of Surat District By Multi Indicator Cluster Survey” in this study he found that in spite of availability and (how easy something is to get to, use, or understand) of mother-based health services in Surat district, use of few parts like iron folic acid consumption and promotion of institutional delivery still remain key issues. Though mother-based health care services are used, its quality should be strengthened to improve mother-based indicators in the district. Post (related to the birth of a baby) Care (PNC) should be strengthened in the district. Moreover, another study did by Kranti Suresh Vora, and et. Al. (2015), “Predictors Of Maternal Health Services Utilization By Poor, Rural Women: A Comparative Study In Indian States Of Gujarat And Tamil Nadu” in this study he found that overall, help from health financing big plans, good road access to health facilities, and socio-(related to information about people) and obstetric factors were connected with differential use of motherhood health services by poor, (away from cities) women in the two states. Policymakers and (professionals or skilled people) should (help increase in a good way) financing big plans to increase access, including (serious thought to think respect) of (rewards or reasons for doing something) for antenatal care, and address health system and social factors in designing state-level (actions that help bad situations) to (help increase in a good way) safe motherhood.

Miteshkumar Narshinbhai Bhanderi, and et. Al. (2015), “Utilization Of Maternal Health Services And Determinants Of Skilled Care During Delivery In Slums Of Gujarat, India” in this study he found that the factors figure out skilled delivery care were social class association, education, service availability, equality, perceived utility of services and health looking (for) behaviors. Government institutions were lying (used much less than expected) as women do not prefer them for delivery. However, another study did by Shreyash J Gandhi and et. Al. (2015), “Assessment Of Maternal And Child Health Services During Mamta Days In Urban Areas Of Surat City” in this study he found that mother-based and child health services are not given in many session places, therefore, training and retraining of all female health workers, ANMs, and Anganwadi workers at regular period of time (or space) is demanded for better result. Regular supervision and supervising of all sessions held at the healthcare facilities is needed according to the supervision plan.
Parimal Patel, and et. Al. (2015), “Study to Assess the Extent of Maternal Health Care Utilization by Women Residing in Urban Slum Area in Ahmedabad” in this study he found that the results shows a high level of association between certain (previously) influencing and enabling factors and use of mother-based health services. The strong influence of mother's education on the use of health care services is agreeing matching up working regularly with the findings from other studies. However another study did by Lalit Kumar Rawat, and et. Al. (2015), “Maternal Health Care Services and Its Utilization in Bihar, India” in this study he found that there is a stable need to focus on capable of being hurt section of the community (Poor and SC/ST groups) and (related to a large area)-level (actions that help bad situations). There is a need of future (act of asking questions and trying to find the truth about something) of those (things that decide other things) that account the unexplained community and (related to a large area) differences/different versions in the usage of mother-based health services. Moreover, another study did by Ankit M. Sheth, and et. Al. (2017), “A Score-Based Performance Assessment Of Maternal And Child Health Services Provided By Usha Of Rajkot City” in this study he found that those (people who receive something valuable) living in areas regularly visited by the USHAs had better health (knowing about something) and use of MCH services. The use was even more in the areas, which were served by the USHAs having (compared to something else) better knowledge and counseling skills. Induction training received by the USHAs helped them to improve knowledge and counseling skills.

Anita Gupta, and et. Al. (2010), “Determinants of Utilization Pattern of Antenatal and Delivery Services in an Urbanized Village of East Delhi” in this study, she found that availability of health centre in the village was connected with better use of motherhood services in a study from Haryana while improvement in use was followed in semi-wandering Arab population after establishment of a local MCH clinic. A recent review on (states where two things are not the same) in motherhood care has shown that the poor- rich differentials are much larger in professional delivery care as compared to antenatal care and procedure (that protects people from disease). However, another study did by Digambar A. Chimankar and et. Al. (2011), “Factors Influencing The Utilization Of Maternal Health Care Services In Uttarakhand” in this study he found that the result shows/tells about that the house
location, educational level of women, exposure to (TV, the Internet, etc.), birth order and wealth index are significant (describe a possible future event) in explaining the use of mother-based health care services. Although, the use of any antenatal care (both partial and full) is high in Uttarakhand, the use of full ANC is still rather low. Both knowledge of the need for institutional delivery and the ability to go to a medical institutions are important.

Victor Ogala, and et. Al. (2012), “Women’s Level of Satisfaction with Maternal Health Services in Jharkhand” in this study he found that lot still needs to be done towards improving the use of institutional services in Jharkhand and securing/making sure of women receive the quality of care they desire and actually need, will make a difference. Efforts at eliminating (things that block or stop other things) to institutional deliveries are to be stepped up and wider application of the findings of this study throughout India should be explored. However, another study did by Sharmistha Bhattacherjee, and el. At. (2013), “Maternal Health Care Services Utilization In Tea Gardens Of Darjeeling, India” in this study she found that showed about an unexpected low use of mother-based health care use among the study population; especially in case of antenatal care. The finding scan helps health managers to identify bottlenecks in the put into operation of services and can provide new (understanding of deep things) for policy makers to give useful valuable supplies for (accomplishing or gaining with effort) the best possible quality of mother-based and child health services as per the felt need of community.

Tej Ram Jat (2014), “Maternal Health and Health Care in Madhya Pradesh State of India: An Exploration Using A Human Rights Lens” in this study he was found that corrective measures by health departments alone will not be good enough; therefore, coordinated efforts by different departments and (services businesses/government units) are needed to deal with to speak to the social (things that decide other things) of mother-based health in the state. Total (of everything or everyone) action from the government, the private medical area, (a community of people living well together) organisations, human rights groups and the community is extremely importantly needed for (accomplishing or gaining with effort) significant positive changes in mother-based health and health care in Madhya Pradesh state. However, another study did by Vidler M, and et. Al. (2016), “Utilization Of Maternal Health Care Services
And Their Determinants In Karnataka State, India” in this study he found that (away from cities) south Indian communities reported regular use of health care services during pregnancy and for delivery. Community-based attempts (to begin something new) should be improved to encourage early (telling to people known) of pregnancies and to provide the community information (related to thinking about) the importance of facility-based care.

_**Krishna Kumar Pandey and et. Al. (2016), “Women’s Status, Household Structure And The Utilization Of Maternal Health Services In Haryana (India)” in this study he found that to increase women’s use of basic health care services and improve mother-based health in Haryana some extremely important steps should be taken on educating women and strengthening antenatal care services. Great attention should be given to the most capable of being hurt group of women in the state this includes those who are living in areas away from cities with no education and in the low money-based status group. However, another study did by **Pandurang Sontakke (2017), “Utilization Of Maternal Health Care Services In Two Districts Of Maharashtra: A Right-Based Approach To Public Health” in this study he found that there is Lack of availability and quality of health care was seen as a major concern in the hilly area of Nandurbar. In Satara district availability of public and (good) enough private health care was reflected in higher use of private health care with advance socio money-based condition of the group. In Nandurbar district most women used public health facility due to the low money-based condition. Moreover, another study did by **Sabyasachi Roy, and et. Al. (2017), “Factors Affecting Utilization Of Maternal Health Care Services In Urban Area Of Bhubnaneswar, India” in this study she found that community had high level of use of selected parts of mother-based health care and high level of happiness (from meeting a need or reaching a goal) with the used services and most of them are used from government run health system._
2.2 National level Studies:

Pavalavalli Govindasamy and et. Al. (1997), “Maternal Education and the Utilization of Maternal and Child Health Services in India” in this study he found that reinforce the call for continued investments in female education, which are extremely important for (accomplishing or gaining with effort) reduced infant and child death and deadliness and possibly affect factors that reduce mother-based death. This research also confirms that, while the (machines/methods/ways) of influence change across different cultural settings, education (by in and of itself) (puts into action) a most in control common influence. However, another study did by K. Navaneetham, and et. Al. (2002), “Utilization of Maternal Health Care Services in South India” in this study, he found that (things that decide other things) of mother-based health care services are not same across states and for different mother-based health care indicators. Although unable to read and write women are less likely to use mother-based health care services, there was no difference among the educated. The differential in access to health care facilities between (away from cities)-city-based areas is an important factor for lower use of mother-based health care services. Also, the health workers in the areas away from cities are playing an important role in providing antenatal care in south India. It was also found the level of use of mother-based health care services was highest in Tamil Nadu, followed by Andhra Pradesh and Karnataka. Part of the interstate differences in use could be due to differences in availability and (how easy something is to get to, use, or understand). Moreover, another study did by Kulkarni M.S., and et. Al. (2008), “Influence of Socio-Demographic Factors on the Use of Antenatal Care” in this study he found that the important factors connected with the use of antenatal care were women's education, religion, distance to health centre from home, quality of care and exposure to (TV, the Internet, etc.). The quality of care has an independent and significant effect on the use of antenatal care pointing showing special draw attention to should be laid for providing good quality of care in order to improve the health of the (having a baby developing inside the body) women.

Kranti S. Vora, and et. Al. (2009), “Maternal Health Situation in India: A Case Study” in this study he found that India has moved along quickly on the (how money affects people's lives) front but progress in the improvement of mother-based health
has been slow. Review of safe motherhood efforts in India shows that, (even though there is the existence of) major attempts (to begin something new) taken by the Government in the last 10 years, till (not very long ago), nearly half of all deliveries happen at home, and the coverage of antenatal care services is low. It will take at least 10-15 years of consistent, planned-together and committed efforts towards improving mother-based health to show results. Moreover another study did by Praveen Kumar Pathak, and et. Al. (2010), “Economic Inequalities in Maternal Health Care: Prenatal Care and Skilled Birth Attendance in India, 1992–2006” in this study he found that the use of PNC and SBA remains (surprisingly more than you would expect) lower among poor mothers in India ignoring area of residence and area of control/area of land. (Even though there is the existence of) (more than two, but not a lot of) governmental efforts to increase access and coverage of delivery services to poor, it is clear that the poor (a) do not use SBA and (b) even if they had SBA, they were more likely to use the private providers.

Harish Nair, and (2011), “Quality of Maternal Healthcare In India: Has The National Rural Health Mission Made A Difference?” in this study he found that quality is a more significant (describe a possible future event) or of use of mother-based health care than access. The second CRM report echoes the general finding in the high focus states that, "given the problems of the past, expectations of providers and even of the public had been set at very modest levels. India is still a long way off from the standards in most newly appearing (processes of people making, selling, and buying things) leave alone developed countries. Moreover, another study did by Sandhya Rani Mahapatro, (2012), “Utilization of Maternal and Child Health Care Services in India: Does Women’s Autonomy Matter?” in this study she found that the importance of education and income as important (things that decide other things) of health care use. Living in city-based area improves the chance of using motherhood services. Like education, women living in city-based area are more likely to use mother-based and child health care services especially institutional delivery as well as antenatal care. However, another study did by Dr. Manisha A.Mehrotra, and et. Al. (2012), “An Evaluation of Major Determinants of Health Care Facilities for Women in India” in this study she found that only through action to fix (for a disease), (unfair treatment based on skin color, age, etc.) against women can be destroyed/permanently removed, which was the vision of India's Independence - an India where all people
have the equal chance to live, reach healthy and productive lives - happen/be made real. There is a need to raise the voice against (treating people unfairly based on their sex) in health care facilities and to improve the status of women at the every possible level and should it not be stopped until and unless this problem is totally removed from the (community of people/all good people in the world).

Tiziana Leone, and et. Al. (2013), “The Burden of Maternal Health Care Expenditure in India: Multilevel Analysis of National Data” in this study he found that mother-based health care services in India are offered free at the point of delivery, yet many families face significant out-of-pocket expenses. The recent governmental policy (actions that help bad situations) to encourage institutional births by providing (in name only/very small amount) (related to managing money) help are a welcome step but this might not help to pay mothers for other indirect expenses, especially those living in areas away from cities and poorer communities who are more and more looking (for) care in private facilities. Moreover, another study did by Prashant Kumar Singh, and et. Al. (2013), “Factors Associated With Maternal Healthcare Services Utilization In Nine High Focus States In India: A Multilevel Analysis Based On 14385 Communities In 292 Districts” in this study he found that the role of strengthening public health (basic equipment needed for a business or society to operate) at district level in the study area, and (helping showing in a good way) knowledge about available healthcare services and partially paid-for big plans in the community. To reach out to (away from cities) and poor communities and to apply a (related to demanding or permitting the joining of club, group, etc.) approach from the programme (people in charge of something) are issues to research/dig into.

Shreyash R. Mehta, (2014), “Does Maternal Education Affect Maternal And Child Health Care Utilization?: A Community Based Study In A Urban Slum Area Of Western India” in this study he found that mother-based education was independently connected with different parts of mother-based health care services like receiving antenatal checkup, (good) enough TT injection, (good) enough consumption of iron and folic acid tablets, place of delivery, current use of family planning service. In addition to this mother-based education was also independently connected with different parts of care of an infant like weighing the baby at birth, not giving bath on the day of birth and not giving prelacteal feed. However, another study did by Kumar
Chiman Sinha (2014), “Male Involvement and Utilization of Maternal Health Services in India” in this study he found that husband can significantly influence the women's health care use. Education, age, house location, number of living children, social class, religion are some of the major factors which reduce husbands presence at the time of ANC visit and also restrict women into the house hold and leads non institutional delivery. This result also shows that until or unless the women are able takes decision alone the institutional delivery does not increase.

Aditya Singh, and et. Al. (2014), “Utilization Of Maternal Health Care Among Adolescent Mothers In Urban India: Evidence From DLHS-3” in this study he found that use of family planning, female education and higher age at marriage, targeting capable of being hurt groups such as poor, unable to read and write, high equality women, involving media and grass root level workers and working team effort between community leaders and health care system could be some important policy level (actions that help bad situations) to deal with to speak to the unmet need of motherhood services among city-based teens. However, another study did by Sonal Katyal, (2015), “Patterns Of Utilization Of Maternal Healthcare Services In Haryana” in this study she found that the odds of receiving antenatal care were highest for women belonging to other backward classes in comparison to women belonging to scheduled social classes or scheduled tribes. The low use of mother-based health care among certain groups shows the lack of access to health care services among socially backward communities. This is proved by a study that women with high money-based status were more likely to receive (good) enough and early ANC than those with low money-based status.

Arabinda Ghosh (2015), “Inequality In Maternal Health-Care Services And Safe Delivery In Eastern India” in this study she found that dealing with (states where two things are not the same) in mother-based health should be viewed as a central policy goal together with the (action of accomplishing or completing something challenging) of targets. Women's education has a strong possible ability to improve access for poor (having a baby developing inside the body) women to safe delivery services and to reduce unexpected differences in mother-based health results in useful valuable supply-poor (processes of people making, selling, and buying things). Moreover, another study did by Prakash B. Patel, and et. Al. (2015), “Sociodemographic and
Obstetrical Factors Associated with Low Birth Weight: Community Based Retrospective Study in an Urban Slum of Western India” in this study he found that high risk pregnancies and mothers with 2 years of birth spacing could be good (describe a possible future event) or of LBW. Mothers having these two factors during pregnancy should be focused during antenatal period for mother-based nutrition. Factors connected with high risk pregnancy should be handled effectively. There is a need to put efforts in direction to increase birth spacing.

Ranjan Kumar Prusty, and et. Al. (2015), “Inequality in The Utilization of Maternal Healthcare Services in Odisha, India” in this study he found that results tell about wide (related to a large area) different version in the use of mother-based healthcare services. Money-based (state where two things are not the same) in safe delivery is high. Improving reading and writing ability among women and improving of health and its quality in (away from cities) and (not having money or education) areas may be put in order of importance to improve the mother-based health in Odisha. Moreover, another study did by Atreyee Sinha and et. Al. (2016), “Utilization of Maternal and Child Health Care Services in North and South India: Does Spousal Violence Matter?” in this study she found that the holding back effects of (related to a husband or wife) violence on the uptake of mother-based and child health care services among young married women in India and so the issue of (related to a husband or wife) violence calls for attention from the policy makers and (people who are interested in a project or business) on priority basis. Involvement of men in the (related to the process of making children) and child health programs and counselling them can also be a key in reducing intimate partner violence.

Gulnawaz Usmani (2016), “Maternal Healthcare Services And Its Effect On Child Health In India” in this study he found that there are different causes of the high IMR, NNM, U5MR, and MMR such as, low birth weight, unsafe delivery, (related to the first month of a baby's life) (dangerous disease), and high child-producing rate. That's the reason for there is a need to (help increase in a good way) mother-based healthcare services which will speed up the (lowering in getting worse) of the rate of the child death indicators.
2.3 International level Studies:

Benter Owino, (2001), “The Use Of Maternal Health Care Services Socio-Economic And Demographic Factors—Nyanza, Kenya” in this study he found that the effect for these (instances of watching, noticing, or making statements) is that more effort should be (put into action) in making sure of education of couples, increasing in areas away from cities and creation of policies and programmes to improve the money-based status of people of Nyanza area of control of land. From the results received, the end result drawn is that women in Nyanza area of control of land receive some mother-based health care, but a large percentage is not acceptably covered. However, another study did by Caroline C. Wang, and et. Al. (2004), “Family, Maternal, and Child Health Through Photovoice” in this study he found that MCH professionals can apply photovoice as a new and interesting (related to demanding or permitting the joining of club, group, etc.) research way(s) of doing things to engage community members in needs test/evaluation, valuable thing mapping, and program planning, and in reaching policymakers to fight for (success plans/ways of reaching goals) (helping increase/showing in a good way) family, maternal, and child health as informed from a basic (by ordinary people) (way of seeing things / sensible view of what is and is not important).

Margaret E Kruk, and et. Al. (2007), “Health Care Financing and Utilization of Maternal Health Services in Developing Countries” in this study he found that the greater government participation in health financing and higher levels of health spending are related to increased use of two mother-based health services: skilled birth attendants and Caesarean section. While government financing is related to better access to some extremely important mother-based health services, greater complete and total levels of health spending will be needed/demanded if developing countries are to (accomplish or gain with effort) the Millennium Development Goal on mother-based death. Moreover, another study did by Anuja Jayaraman S. and et. Al. (2008) “Factors Affecting Maternal Health Care Seeking Behavior In Rwanda” in this study she found that without a big increase in the percentage of women who look (for) and receive antenatal and delivery care, it is unlikely that Rwanda will meet the United Nations Millennium Development Goals (MDG) relating to (related to the process of making children) and child health by 2015. The
fact that the country's gross domestic product has been growing (not very long ago) at over 6% per year, there is feelings of hope that divided portions (of valuable things) to the social part can increase.

Eyewear Dagne (2010), “Role Of Socio-Demographic Factors On Utilization Of Maternal Health Care Services In Ethiopia” in this study he found that some extremely important steps should be taken on educating women and strengthening antenatal care services. Great attention should be given to the most capable of being hurt group of women in the country this includes those who are living in areas away from cities with no education and in the low money-based status group. Moreover, another study did by Saifuddin Ahmed, and et. Al. (2010), “Economic Status, Education And Empowerment: Implications For Maternal Health Service Utilization In Developing Countries” in this study he found that big increase in the use of mother-based health services can be (accomplished or gained with effort) by speeding up (how money affects people's lives) development and effectively dealing with basic human needs of schooling, money-based welfare, and (male/female status)-based (unfair treatment based on skin color, age, etc.). The study shows that there are possibly large benefits to be gained with improved, which will also reduce health inequalities.

Moreover, another study did by Hauwa Suleiman Adamu (2011), “Utilization Of Maternal Health Care Services In Nigeria: An Analysis Of Regional Differences In The Patterns And Determinants Of Maternal Health Care Use” in this study he found that educational level, employment, FWI and house location were found to be strong (describe a possible future event) of use of MHCS in the northern area of Nigeria. On the other hand, mother's age, educational level, FWI, house location and religion were found to strongly (describe a possible future event) use in the southern area. However, another study did by Regassa N. (2011), “Antenatal and Postnatal Care Service Utilization in Southern Ethiopia: A Population-Based Study” in this study he found that antenatal care service use was generally good while the (after the birth of a child) care given to new born children was very low compared to other population groups in the area. Women's education and behavioural change communication at grass root level, put into operation of the services at both home and health facilities, and improving the quality and ability (do something) of the health providers are some of
the recommendations forwarded. Moreover, another study did by **Toan K Tran, et. Al. (2012)**, “Factors Associated With Antenatal Care Adequacy In Rural And Urban Contexts-Results From Two Health And Demographic Surveillance Sites In Vietnam” in this study he found that low education, low money-based status, exclusive use of private ANC and living in areas away from cities were main factors connected with risk for overall not enough ANC use as related to the national recommendations. Therefore, focussing on poor and less educated women, especially in areas away from cities should be put in order of importance

**Azuh Dominic (2012)**, “Socio-Demographic Factors Influencing Health Programme Usage By Pregnant Mothers In Nigeria: Implications For Policy Action” in this study he found that Socio-money-based change and 'cultural revolution' should be produced happen for better healthcare use among (having a baby developing inside the body) women. However, a more nationally representative sample survey study including city-based and areas away from cities is needed to help examine a lot the socio- (related to information about people) and cultural factors limiting mother-based use of health services in Nigeria for wider application of findings. However, another study did by **Gwamaka Samson and et. Al. (2012)**, “Utilization And Factors Affecting Delivery In Health Facility Among Recent Delivered Women In Nkasi District” in this study he found that increase the use of health facility for delivery by improving education among girls, increase (how easy something is to get to, use, or understand) to health facility and (help increase in a good way) early reserving and regular visits to ANC by women have been recommended.

**Ebere Zepherinus Obasi (2013)**, “A Review Of The Barriers And Socio-Cultural Factors Influencing The Access To Maternal Health Care Services In Nigeria” in this study he found that for women living in the areas away from cities, it is also necessary to develop a more reliable means of improving availability and (how easy something is to get to, use, or understand) to mother-based healthcare services since reducing mother-based death and difficulty arising from childbirth is dependent on detecting and improving the services that are necessary to the (health of one's sex organs) of women in Nigeria. Moreover, another study did by **Akpenpuun Joyce Rumun (2013)**, “The Socio-Cultural Factors Influencing The Utilization Of Maternal And Child Healthcare Services In Kwande Local Government Area Of Benue State,
Nigeria” in this study he found that culture, ways of thinking and money-based conditions are very important factors in figuring out health use services which can form the major concern of those who plan and put into use government health policies. In order to fight the problem of mother-based and child death and deadliness, the standard of living of the Nigerian population must be raised.

Anita Anima Daniels, and et. Al. (2013) “Factors Influencing the Utilisation of Maternal Health Services: The Perspective of Rural Women in Ghana” in this study, he found that some of the people who responded attended antenatal visit on the information that a (having a baby developing inside the body) woman is expected to attend without taking into account the timing of the visit. Findings from the current study though not thorough suggest some institutional factors as influencing the use of the MHS. However, another study did by Patience Aseweh Abor, and et. Al. (2013), “The Socio-Economic Determinants of Maternal Health Care Utilisation in Ghana” in this study he found that What seem equally clear from the findings is the fact that (numbers that change that change) like education, residence and the substitute for access to health facilities were regularly (all the time) significant for all the periods. This study therefore becomes (raised, flat supporting surface) for (event(s) or object(s) that prove something) on the current levels of use of mother-based health services in Ghana as well as factors influencing usage and strength of use.

Ishmael Kalule-Sabiti, and et. Al. (2014), “The Effect Of Socio-Demographic Factors On The Utilization Of Maternal Health Care Services In Uganda” in this study, he found that three measures of mother-based health care services, namely, visits to antenatal clinic, (dangerous disease) toxoid injection and place of delivery were examined to see how they are (affected by) such socio-(related to information about people) factors as house location, educational accomplishment, birth order, religion, wealth index, (whether someone is single, married, divorced, etc.), and age. However, another study did by Srijana Pandey, and et. Al. (2014), “Socio-Economic and Demographic Determinants of Antenatal Care Services Utilization in Central Nepal” in this study she found that, more than half of the women were unaware of the benefits or punishes of antenatal care visits. The importance of the results of this study is that mother-based age, mother-based education, occupation of both parents, higher household money-based status and type of family all increase chance of use of
mother-based health care services during pregnancy. Big difference was also watched between the religion and attendance of antenatal care services.

**Stella O. Babalola (2014),** “Factors Associated with Use of Maternal Health Services in Haiti: A Multilevel Analysis” in this study she found that efforts to (help show in a good way) use of MHS should pay special attention to the needs of multiparous, lowly-educated and poor women. Finally, findings from this study point to the relevance of community getting (something) ready for action efforts to identify and address community normal behaviors and (related to what's near the object or word being studied) factors interfering with the use of MHS. However, another study did by **Owoseni Joseph Sina, and et. Al. (2014),** “Socio-Economic Status and Utilization of Healthcare Facilities in Rural Ekiti, Nigeria” in this study, he found that the study has been able to show about the importance of cultural, (the social level people are at based on how much money they have) of the women and community as well as how availability and (how easy something is to get to, use, or understand) affect the use of healthcare and has equally reinforced the need for the (process by which something becomes stronger or worse) of (knowing about something) that is geared toward attitude-related change for better health of the people and mothers at large.

**Joao Paulo Souza, e.t. Al. (2014),** “Maternal And Perinatal Health Research Priorities Beyond 2015: An International Survey And Prioritization Exercise” in this study, he found the resulting ranked list of research questions provides a valuable useful thing supply for health research (people or businesses who give money to help start businesses), (people who work to find information) and other (people who are interested in a project or business). To invest in research that will (in the end) make the biggest difference in the lives of mothers and babies. Moreover, another study did by **Desalew Zelalem Ayele, and et. Al. (2014),** “Factors Affecting Utilization Of Maternal Health Care Services In Kombolcha District, Eastern Hararghe Zone, Oromia Regional State, Eastern Ethiopia” in this study, she found that education of women and their husbands remained strong (describe a possible future event) or of mother-based health care services use and these results are agreeing matching up working regularly with the findings in other places.

**Babker El Shiek and et. Al. (2015),** “Factors Influencing the Utilization of Maternal Health Care Services by Nomads in Sudan” in this study he found that there are many
factors influencing use; in general, they are the same as in other wandering areas in Africa. The mobile (way of living) of wanderers and (women and men not treated equally) also act as major challenges that restrict women's use of mother-based health care services. The limited availability of health facilities and health staff at the community level is an extremely important factor that restricts wandering women's access to health care services. However, another study did by Neha Bavarva, and et. Al. (2015), “Utilization of Maternal Care Services in Urban Area: Still an Issue of Modern World” in this study, she found that existing coverage of ante (related to the birth of a baby) services was very good. Though the overall rate of home delivery was less, most of the reasons referred given a traffic ticket for the home delivery are avoidable, especially when most mothers came into contact of health care system at least once. Moreover, another study did by Vishnu Khana, and et. Al. (2015), “Under-Utlization Of Antenatal Care Services In Timor-Leste: Results From Demographic And Health Survey 2009–2010” in this study he found that the (based on what's seen or what seems obvious) good progress made in re-beginning and building on the healthcare (basic equipment needed for a business or society to operate). 45 % of mothers remained in need of a focused (action that helps a bad situation) to increase their use of ANC services. Further (before a baby's birth) care program should pay attention to women with low wealth status and those and their partners who are uneducated.

Dr Sanjay Kumar, and et. Al. (2015), “Utilization of Maternal Health Care Services in a Rural Community of Eastern Nepal in this study, he found that there is a need for improvement in knowledge and (knowing about something) (related to/looking at/thinking about) the benefits of ANC. It was followed that many women went to medical shop and received TT even though they did not go for proper ANC checkup. It has been found by (person who works to find information) that many women in developing country still do not go to health facility for ANC checkup. However, another study did by Dominic Azuh, and et. Al. (2015), “Socio-Cultural Factors of Gender Roles in Women’s Healthcare Utilization in Southwest Nigeria” in this paper he concluded that, the study has identified (more than two, but not a lot of) factors that have important influence on use of mother-based health services in the study area. The study equally recommends culturally appropriate health education especially on harmful traditional practices and benefits of safe motherhood should be
employed as a (for only a short time) measure. Moreover, another study did by Raquel C. Pambid, (2015), “Factors Influencing Mothers’ Utilization of Maternal and Child Care (MCC) Services” in this study, he found that educating the mothers on the importance of MCC services not only for the child's safety but for herself. The mothers should be informed about the benefits of getting/helping the complete MCC services not only for her deep concern of her baby but for herself and family also.

Mat Lowe, and et. Al. (2016), “Social and Cultural Factors Affecting Maternal Health in Rural Gambia: An Exploratory Qualitative Study” in this study, he found that (even though there is the existence of) women's many roles in the household, their positions are quite bad/unhelpful. The high mother-based deadliness and (rate at which people die) in the Gambia is related to practices connected with (women and men not treated equally). However, another study did by Matthew Chersich, and e.t. Al. (2016), “Mapping Of Research On Maternal Health Interventions In Low-And Middle-Income Countries: A Review Of 2292 Publications Between 2000 And 2012” in this study, he found that (more than two, but not a lot of) (existence of things that aren't equal in size, power, color, etc.) were noted between research (books, magazines, etc.), and the heavy load and causes of mother-based deaths. This is especially true for South Asia; haemorrhage and high blood pressure in sub-Saharan Africa; and for STIs worldwide.

Lilian Nyamusi Nyandieka, and et. Al. (2016), “Male Involvement In Maternal Health Planning Key To Utilization Of Skilled Birth Services In Malindi Subcounty, Kenya” in this study, he found that husbands are very famous and important relating connected to decisions on skilled birth service use in this community. This can be done by intensively involving the community members and especially husbands in mother-based health planning at the different levels, beginning from the community level (level one) to the subcounty planning forums. However, another study did by Alhaji Abubakar Aliyu, and et. Al. (2017), “Predictors Of Delayed Antenatal Care (ANC) Visits In Nigeria: Secondary Analysis Of 2013 Nigeria Demographic And Health Survey (NDHS)” in this study, he found that Mother-based education, level of (attention on TV, the Internet, etc.), area and house location are the uniform and consistent (describe a possible future event) of delay in ANC (beginning of actions you do to get in to an organization). This hints that girl-child education, universal
health coverage and universal health insurance could be the (actions that help bad situations) needed to improve service use and mother-based health. Moreover, another study did by Oluwasola Eniola Banke-Thomas, and et. Al. (2017), “Factors Influencing Utilisation Of Maternal Health Services By Adolescent Mothers In Low-And Middle-Income Countries: A Systematic Review” in this study, he found that strengthen the need to lay focus on improving girl child education and removing (related to managing money) (things that block or stop other things) to their access to MHS. However, policy and (like a computer program) choices need to be based on recent, (clearly connected or related) and strong and healthy datasets.