

SUPPLEMENTARY MATERIAL

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MASTER SEARCH STRATEGY

TABLE 1.1: SEARCH STRATEGY FOR OVID MEDLINE.

#	MEDLINE/Ovid	MASTER SEARCH
1	respect/	respect/
2	exp Confidentiality/	exp Confidentiality/
3	Privacy/	Privacy/
4	personal autonomy/	personal autonomy/
5	Communication/	Communication/
6	Trust/	Trust/
7	exp social support/	exp social support/
8	("health system* responsiveness" or "responsive health system*" or responsiveness or satisfaction or respect* or dignity or confidential* or privacy or autonom* or communication* or trust or amenit* or "prompt attention" or "social support" or "family support" or "community support" or "psychosocial support system*" or "choice of care provider*" or "choice of institution*").tw,kf.	("health system* responsiveness" OR "responsive health system*" OR responsiveness or satisfaction OR respect* OR dignity OR confidential* or privacy OR autonom* OR communication* OR trust OR amenit* OR "prompt attention" OR "social support" OR "family support" OR "community support" OR "psychosocial support system*" OR "choice of care provider*" OR "choice of institution*")
9	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8	1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8
10	exp Women's Health/	exp Women's Health/
11	maternal health services/ or maternal-child health services/ or perinatal care/ or prenatal care/	maternal health services/ OR maternal-child health services/ OR perinatal care/ OR prenatal care/
12	delivery, obstetric/ or cesarean section/ or episiotomy/ or extraction, obstetrical/ or labor, induced/ or vaginal birth after cesarean/	delivery, obstetric/ OR cesarean section/ OR episiotomy/ OR extraction, obstetrical/ OR labor, induced/ OR vaginal birth after cesarean/
13	Labor, Obstetric/	Labor, Obstetric/
14	Postnatal Care/	Postnatal Care/
15	("maternal health" or "wom#n* health" or "cesarean section" or ((antenatal or childbirth or "child birth" or "ante-natal" or prenatal or pre-natal or postnatal or post-natal or "post partum" or "post-partum" or postpartum or pregnancy or pregnant or obstetric or labo?r or intrapartum) adj3 (care or service* or program*)) or "maternal health service*" or "maternal-child health service*" or ((facility or "health institution*" or assisted or vaginal) adj1 delivery)).tw,kf.	("maternal health" OR "wom#n* health" OR "cesarean section" OR ((antenatal OR childbirth OR "child birth" OR "ante-natal" OR prenatal OR pre-natal OR postnatal OR post-natal OR "post partum" OR "post-partum" OR postpartum OR pregnancy OR pregnant OR obstetric OR labo?r OR intrapartum) adj3 (care OR service* OR program*)) OR "maternal health service*" OR "maternal-child health service*" OR ((facility OR "health institution*" OR assisted OR vaginal) adj1 delivery))
16	10 or 11 or 12 or 13 or 14 or 15	10 OR 11 OR 12 OR 13 OR 14 OR 15
17	exp africa, eastern/	exp africa, eastern/
18	("East Africa*" or Burundi* or Comoros or Comorian or Djibouti* or Ethiopia* or Eritrea* or Kenya* or Madagascar* or Rwanda* or Seychelles or Somalia* or "South Sudan*" or Sudan* or Tanzania* or Uganda*).tw,kf.	("East Africa*" OR Burundi* OR Comoros OR Comorian OR Djibouti* OR Ethiopia* OR Eritrea* OR Kenya* OR Madagascar* OR Rwanda* OR Seychelles OR Somalia* OR "South Sudan*" OR Sudan* OR Tanzania* OR Uganda*)
19	17 or 18	17 OR 18
20	9 and 16 and 19	9 AND 16 AND 19

TABLE 1.2: SEARCH STRATEGY FOR SCOPUS.

#	MASTER SEARCH	SCOPUS
1	respect/	NA
2	exp Confidentiality/	NA
3	Privacy/	NA
4	personal autonomy/	NA
5	Communication/	NA
6	Trust/	NA
7	exp social support/	NA
8	("health system* responsiveness" OR "responsive health system*" OR responsiveness or satisfaction OR respect* OR dignity OR confidential* or privacy OR autonom* OR communication* OR trust OR amenit* OR "prompt attention" OR "social support" OR "family support" OR "community support" OR "psychosocial support system*" OR "choice of care provider*" OR "choice of institution*")	("health system* responsiveness" OR "responsive health system*" OR responsiveness or satisfaction OR respect* OR dignity OR confidential* or privacy OR autonom* OR communication* OR trust OR amenit* OR "prompt attention" OR "social support" OR "family support" OR "community support" OR "psychosocial support system*" OR "choice of care provider*" OR "choice of institution*")
9	1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8	NA
10	exp Women's Health/	NA
11	maternal health services/ OR maternal-child health services/ OR perinatal care/ OR prenatal care/	NA
12	delivery, obstetric/ OR cesarean section/ OR episiotomy/ OR extraction, obstetrical/ OR labor, induced/ OR vaginal birth after cesarean/	NA
13	Labor, Obstetric/	NA
14	Postnatal Care/	NA
15	("maternal health" OR "wom#n* health" OR "cesarean section" OR ((antenatal OR childbirth OR "child birth" OR " ante-natal" OR prenatal OR pre-natal OR postnatal OR post-natal OR "post partum" OR "post-partum" OR postpartum OR pregnancy OR pregnant OR obstetric OR labo?r OR intrapartum) adj3 (care OR service* OR program*)) OR "maternal health service*" OR "maternal-child health service*" OR ((facility OR "health institution*" OR assisted OR vaginal) adj1 delivery))	("maternal health" OR "wom?n* health" OR "c*sarean section" OR ((antenatal OR childbirth OR "child birth" OR "ante-natal" OR prenatal OR "pre-natal" OR postnatal OR "post-natal" OR "post partum" OR "post-partum" OR postpartum OR pregnancy OR pregnant OR obstetric OR labor OR intrapartum) W/3 (care OR service* OR program*)) OR "maternal health service*" OR "maternal-child health service*" OR (("health facility" OR "health institution*" OR assisted OR vaginal) W/1 delivery))
16	10 OR 11 OR 12 OR 13 OR 14 OR 15	NA
17	exp africa, eastern/	NA
18	("East Africa*" OR Burundi* OR Comoros OR Comorian OR Djibouti* OR Ethiopia* OR Eritrea* OR Kenya* OR Madagascar* OR Rwanda* OR Seychelles OR Somalia* OR "South Sudan*" OR Sudan* OR Tanzania* OR Uganda*)	("East Africa*" OR Burundi* OR Comoros OR Comorian OR Djibouti* OR Ethiopia* OR Eritrea* OR Kenya* OR Madagascar* OR Rwanda* OR Seychelles OR Somalia* OR "South Sudan*" OR Sudan* OR Tanzania* OR Uganda*)
19	17 OR 18	NA
20	9 AND 16 AND 19	8 AND 15 AND 18

TABLE 1.3: SEARCH STRATEGY FOR WEB OF SCIENCE.

#	MASTER SEARCH	WEB OF SCIENCE
1	respect/	NA
2	exp Confidentiality/	NA
3	Privacy/	NA
4	personal autonomy/	NA
5	Communication/	NA
6	Trust/	NA
7	exp social support/	NA
8	("health system* responsiveness" OR "responsive health system*" OR responsiveness or satisfaction OR respect* OR dignity OR confidential* or privacy OR autonom* OR communication* OR trust OR amenit* OR "prompt attention" OR "social support" OR "family support" OR "community support" OR "psychosocial support system*" OR "choice of care provider*" OR "choice of institution*")	("health system* responsiveness" or "responsive health system*" or responsiveness or satisfaction or respect* or dignity or confidential* or privacy or autonom* or communication* or trust or amenit* or "prompt attention" or "social support" or "family support" or "community support" or "psychosocial support system*" or "choice of care provider*" or "choice of institution*")
9	1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8	NA
10	exp Women's Health/	NA
11	maternal health services/ OR maternal-child health services/ OR perinatal care/ OR prenatal care/	NA
12	delivery, obstetric/ OR cesarean section/ OR episiotomy/ OR extraction, obstetrical/ OR labor, induced/ OR vaginal birth after cesarean/	NA
13	Labor, Obstetric/	NA
14	Postnatal Care/	NA
15	("maternal health" OR "wom#n* health" OR "cesarean section" OR ((antenatal OR childbirth OR "child birth" OR " ante-natal" OR prenatal OR pre-natal OR postnatal OR post-natal OR "post partum" OR "post-partum" OR postpartum OR pregnancy OR pregnant OR obstetric OR labo?r OR intrapartum) adj3 (care OR service* OR program*)) OR "maternal health service*" OR "maternal-child health service*" OR ((facility OR "health institution*" OR assisted OR vaginal) adj1 delivery))	("maternal health" or "wom?n* health" or "cesarean section" or ((antenatal or childbirth or "child birth" or "ante-natal" or prenatal or "pre-natal" or postnatal or "post-natal" or "post partum" or "post-partum" or postpartum or pregnancy or pregnant or obstetric or labo\$r or intrapartum) NEAR/3 (care or service* or program*)) or "maternal health service*" or "maternal-child health service*" or ((("health facility" or "health institution*" or assisted or vaginal) NEAR/1 delivery))
16	10 OR 11 OR 12 OR 13 OR 14 OR 15	NA
17	exp africa, eastern/	NA
18	("East Africa*" OR Burundi* OR Comoros OR Comorian OR Djibouti* OR Ethiopia* OR Eritrea* OR Kenya* OR Madagascar* OR Rwanda* OR Seychelles OR Somalia* OR "South Sudan*" OR Sudan* OR Tanzania* OR Uganda*)	("East Africa*" or Burundi* or Comoros or Comorian or Djibouti* or Ethiopia* or Eritrea* or Kenya* or Madagascar* or Rwanda* or Seychelles or Somalia* or "South Sudan*" or Sudan* or Tanzania* or Uganda*)
19	17 OR 18	NA
20	9 AND 16 AND 19	8 AND 15 AND 18

TABLE 1.4: SEARCH STRATEGY FOR CINAHL.

#	MASTER SEARCH	CINHAL
1	respect/	(MH "respect")
2	exp Confidentiality/	(MH "Privacy and Confidentiality")
3	Privacy/	
4	personal autonomy/	(MH "Autonomy")
5	Communication/	(MH "Communication")
6	Trust/	(MH "Trust")
7	exp social support/	(MH "Support, Social") OR (MH "Support, Psychosocial") OR (MH "Family Support") OR (MH "Community Support")
8	("health system* responsiveness" OR "responsive health system*" OR responsiveness or satisfaction OR respect* OR dignity OR confidential* or privacy OR autonom* OR communication* OR trust OR amenit* OR "prompt attention" OR "social support" OR "family support" OR "community support" OR "psychosocial support system*" OR "choice of care provider*" OR "choice of institution*")	AB (("health system* responsiveness" OR "responsive health system*" OR responsiveness or satisfaction OR respect* OR dignity OR confidential* or privacy OR autonom* OR communication* OR trust OR amenit* OR "prompt attention" OR "social support" OR "family support" OR "community support" OR "psychosocial support system*" OR "choice of care provider*" OR "choice of institution*"))
9	1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8	1 OR 2-3 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8
10	exp Women's Health/	(MH "Women's Health")
11	maternal health services/ OR maternal-child health services/ OR perinatal care/ OR prenatal care/	(MH "Maternal Health Services") OR (MH "Postnatal Care") OR (MH "Prenatal Care")
12	Postnatal Care/	
13	delivery, obstetric/ OR cesarean section/ OR episiotomy/ OR extraction, obstetrical/ OR labor, induced/ OR vaginal birth after cesarean/	(MH "Perinatal Care") OR (MH "Intrapartum Care") OR (MH "Vaginal Birth") OR (MH "Delivery, Obstetric")
14	Labor, Obstetric/	(MH "Obstetric Emergencies")
15	("maternal health" OR "wom#n* health" OR "cesarean section" OR ((antenatal OR childbirth OR "child birth" OR " ante-natal" OR prenatal OR pre-natal OR postnatal OR post-natal OR "post partum" OR "post-partum" OR postpartum OR pregnancy OR pregnant OR obstetric OR labo?r OR intrapartum) adj3 (care OR service* OR program*)) OR "maternal health service*" OR "maternal-child health service*" OR ((facility OR "health institution*" OR assisted OR vaginal) adj1 delivery))	AB (("maternal health" or "wom?n* health" or "cesarean section" or ((antenatal or childbirth or "child birth" or " ante-natal" or prenatal or "pre-natal" or postnatal or "post-natal" or "post partum" or "post-partum" or postpartum or pregnancy or pregnant or obstetric or labo#r or intrapartum) N3 (care or service* or program*)) or "maternal health service*" or "maternal-child health service*" or (("health facility" or "health institution*" or assisted or vaginal) N1 delivery)))
16	10 OR 11 OR 12 OR 13 OR 14 OR 15	10 OR 11-12 OR 13 OR 14 OR 15
17	exp africa, eastern/	(MH "Africa, Eastern+")
18	("East Africa*" OR Burundi* OR Comoros OR Comorian OR Djibouti* OR Ethiopia* OR Eritrea* OR Kenya* OR Madagascar* OR Rwanda* OR Seychelles OR Somalia* OR "South Sudan*" OR Sudan* OR Tanzania* OR Uganda*)	AB (("East Africa*" or Burundi* or Comoros or Comorian or Djibouti* or Ethiopia* or Eritrea* or Kenya* or Madagascar* or Rwanda* or Seychelles or Somalia* or "South Sudan*" or Sudan* or Tanzania* or Uganda*))
19	17 OR 18	17 OR 18

20	9 AND 16 AND 19	9 AND 16 AND 19
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TABLE 1.5: SEARCH STRATEGY FOR PSYCINFO.

#	Master Search	PsycINFO
1	respect/	respect/
2	exp Confidentiality/	NA
3	Privacy/	privacy/
4	personal autonomy/	autonomy/
5	Communication/	communication/
6	Trust/	"trust (social behavior)"/
7	exp social support/	social support/
8	("health system* responsiveness" or "responsive health system*" or responsiveness or satisfaction or respect* or dignity or confidential* or privacy or autonom* or communication* or trust or amenit* or "prompt attention" or "social support" or "family support" or "community support" or "psychosocial support system*" or "choice of care provider*" or "choice of institution*").tw,kf.	("health system* responsiveness" or "responsive health system*" or responsiveness or satisfaction or respect* or dignity or confidential* or privacy or autonom* or communication* or trust or amenit* or "prompt attention" or "social support" or "family support" or "community support" or "psychosocial support system*" or "choice of care provider*" or "choice of institution*").ti,ab,id
9	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8	1 or 3 or 4 or 5 or 6 or 7 or 8
10	exp Women's Health/	NA
11	maternal health services/ or maternal-child health services/ or perinatal care/ or prenatal care/	prenatal care/ or reproductive health care/
12	delivery, obstetric/ or cesarean section/ or episiotomy/ or extraction, obstetrical/ or labor, induced/ or vaginal birth after cesarean/	obstetrics/ or caesarean birth/
13	Labor, Obstetric/	birth/
14	Postnatal Care/	postnatal period/
15	("maternal health" or "wom#n* health" or "cesarean section" or ((antenatal or childbirth or "child birth" or " ante-natal" or prenatal or pre-natal or postnatal or post-natal or "post partum" or "post-partum" or postpartum or pregnancy or pregnant or obstetric or labo?r or intrapartum) adj3 (care or service* or program*)) or "maternal health service*" or "maternal-child health service*" or ((facility or "health institution*" or assisted or vaginal) adj1 delivery)).tw,kf.	("maternal health" or "wom#n* health" or "cesarean section" or ((antenatal or childbirth or "child birth" or "ante-natal" or prenatal or " pre-natal" or postnatal or post-natal or "post partum" or " post-partum" or postpartum or pregnancy or pregnant or obstetric or labo?r or intrapartum) adj3 (care or service* or program*)) or "maternal health service*" or "maternal-child health service*" or (("health facility" or "health institution*" or assisted or vaginal) adj1 delivery)).ti,ab,id
16	10 or 11 or 12 or 13 or 14 or 15	11 or 12 or 13 or 14 or 15
17	exp africa, eastern/	NA
18	("East Africa*" or Burundi* or Comoros or Comorian or Djibouti* or Ethiopia* or Eritrea* or Kenya* or Madagascar* or Rwanda* or Seychelles or Somalia* or "South Sudan*" or Sudan* or Tanzania* or Uganda*).tw,kf.	("East Africa*" or Burundi* or Comoros or Comorian or Djibouti* or Ethiopia* or Eritrea* or Kenya* or Madagascar* or Rwanda* or Seychelles or Somalia* or "South Sudan*" or Sudan* or Tanzania* or Uganda*).ti,ab,id
19	17 or 18	NA

20	9 and 16 and 19	9 and 16 and 18
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TABLE 1.6: SEARCH STRATEGY FOR PROQUEST.

#	Master Search	ProQuest
1	respect/	NA
2	exp Confidentiality/	NA
3	Privacy/	NA
4	personal autonomy/	NA
5	Communication/	NA
6	Trust/	NA
7	exp social support/	NA
8	("health system* responsiveness" or "responsive health system*" or responsiveness or satisfaction or respect* or dignity or confidential* or privacy or autonom* or communication* or trust or amenit* or "prompt attention" or "social support" or "family support" or "community support" or "psychosocial support system*" or "choice of care provider*" or "choice of institution*").tw,kf.	noft(("health system* responsiveness" OR "responsive health system*" OR responsiveness OR satisfaction OR respect* OR dignity OR confidential* OR privacy OR autonom* OR communication* OR trust OR amenit* OR "prompt attention" OR "social support" OR "family support" OR "community support" OR "psychosocial support system*" OR "choice of care provider*" OR "choice of institution*"))
9	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8	NA
10	exp Women's Health/	NA
11	maternal health services/ or maternal-child health services/ or perinatal care/ or prenatal care/	NA
12	delivery, obstetric/ or cesarean section/ or episiotomy/ or extraction, obstetrical/ or labor, induced/ or vaginal birth after cesarean/	NA
13	Labor, Obstetric/	NA
14	Postnatal Care/	NA
15	("maternal health" or "wom#n* health" or "cesarean section" or ((antenatal or childbirth or "child birth" or " ante-natal" or prenatal or pre-natal or postnatal or post-natal or "post partum" or "post-partum" or postpartum or pregnancy or pregnant or obstetric or labo?r or intrapartum) adj3 (care or service* or program*)) or "maternal health service*" or "maternal-child health service*" or ((facility or "health institution*" or assisted or vaginal) adj1 delivery)).tw,kf.	noft(("maternal health" OR "wom?n* health" OR "cesarean section" OR ((antenatal OR childbirth OR "child birth" OR "ante-natal" OR prenatal OR "pre-natal" OR postnatal OR "post-natal" OR "post partum" OR "post-partum" OR postpartum OR pregnancy OR pregnant OR obstetric OR labo*r OR intrapartum) NEAR/3 (care OR service* OR program*)) OR "maternal health service*" OR "maternal-child health service*" OR ((("health facility" OR "health institution*" OR assisted OR vaginal) NEAR/1 delivery)))
16	10 or 11 or 12 or 13 or 14 or 15	NA
17	exp africa, eastern/	NA
18	("East Africa*" or Burundi* or Comoros or Comorian or Djibouti* or Ethiopia* or Eritrea* or Kenya* or Madagascar* or Rwanda* or Seychelles or Somalia* or "South Sudan*" or Sudan* or Tanzania* or Uganda*).tw,kf.	noft(("health system* responsiveness" OR "responsive health system*" OR responsiveness OR satisfaction OR respect* OR dignity OR confidential* OR privacy OR autonom* OR communication* OR trust OR amenit* OR "prompt attention" OR "social support" OR "family support" OR "community support" OR "psychosocial support

		system*" OR "choice of care provider*" OR "choice of institution*") AND noft(("maternal health" OR "women* health" OR "cesarean section" OR ((antenatal OR childbirth OR "child birth" OR "antenatal" OR prenatal OR "pre-natal" OR postnatal OR "post-natal" OR "post partum" OR "post-partum" OR postpartum OR pregnancy OR pregnant OR obstetric OR labor OR intrapartum) NEAR/3 (care OR service* OR program*)) OR "maternal health service*" OR "maternal-child health service*" OR (("health facility" OR "health institution*" OR assisted OR vaginal) NEAR/1 delivery))) AND noft(("East Africa*" OR Burundi* OR Comoros OR Comorian OR Djibouti* OR Ethiopia* OR Eritrea* OR Kenya* OR Madagascar* OR Rwanda* OR Seychelles OR Somalia* OR "South Sudan*" OR Sudan* OR Tanzania* OR Uganda*))
19	17 or 18	NA
20	9 and 16 and 19	8 and 15 and 18

QUALITY APPRAISAL TABLES

TABLE 2.1: QUALITATIVE STUDIES QUALITY APPRAISAL (N=34).

No	Author, Year	Is the qualitative approach appropriate to answer the research question?	Are the qualitative data collection methods adequate to address the research question?	Are the findings adequately derived from the data?	Is the interpretation of results sufficiently substantiated by data?	Is there coherence between qualitative data sources, collection, analysis and interpretation?
1	Adinew et al, 2021	Yes	No	Yes	Yes	Yes
2	Adinew et al, 2023	Yes	No	Yes	Yes	Yes
3	Abdi et al, 2024	Yes	Yes	Yes	Yes	Yes
4	Cherinet et al, 2024	Yes	No	Yes	Yes	Yes
5	Heri et al, 2023	Yes	Yes	Yes	Yes	Yes
6	Higi et al, 2021	Yes	No	Yes	Yes	Yes
7	Isangula et al, 2023	Yes	Yes	Yes	Yes	Yes
8	Isangula et al, 2022	Yes	Yes	Yes	Yes	Yes
9	Jiru et al, 2021	Yes	Yes	Yes	Yes	Yes
10	Kebede et al, 2020	Yes	Yes	Yes	Yes	Yes
11	Kitila et al, 2023	Yes	Yes	Yes	Yes	Yes
12	Konje et al, 2020	Yes	Yes	Yes	Yes	Yes
13	Mdoe et al, 2021	Yes	Yes	Yes	Yes	Yes
14	Mengesha et al, 2023	Yes	Yes	Yes	Yes	Yes
15	Metta et al, 2024	Yes	No	Yes	Yes	Yes
16	Mohamed et al, 2021	Yes	Yes	Yes	Yes	Yes
17	Mordal et al, 2021	Yes	No	Yes	Yes	Yes
18	Mose et al, 2023	Yes	Yes	Yes	Yes	Yes
19	Mwasha et al, 2023	Yes	No	Yes	Yes	Yes
20	Nabirye et al, 2024	Yes	Yes	Yes	Yes	Yes
21	Okwako et al, 2022	Yes	No	Yes	Yes	Yes
22	Oluoch-Aridi et al, 2021	Yes	No	Yes	Yes	Yes
23	Sendo et al, 2020	Yes	No	Yes	Yes	Yes
24	Sendo et al, 2021	Yes	No	Yes	Yes	Yes
25	Sripad et al, 2022	Yes	Yes	Yes	Yes	Yes
26	Toja et al, 2022	Yes	Yes	Yes	Yes	Yes
27	Tsegaye et al, 2021	Yes	Yes	Yes	Yes	Yes
28	Uwamahoro,2023	Yes	No	Yes	Yes	Yes
29	Wanyenze et al, 2022	Yes	No	Yes	Yes	Yes

30	Werdofa et al, 2022	Yes	No	Yes	Yes	Yes
31	Werdofa et al, 2023	Yes	No	Yes	Yes	Yes
32	Zepro et al, 2021	Yes	Yes	Yes	Yes	Yes
33	Oluoch-Aridi et al, 2020	Yes	No	Yes	Yes	Yes
34	Wudneh et al, 2022	Yes	No	Yes	Yes	Yes

TABLE 2.2: MIXED STUDIES QUALITY APPRAISAL (N=15).

No	Author, Year	Is there an adequate rationale for using a mixed methods design to address the research question?	Are the different components of the study effectively integrated to answer the research question?	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?
1	Abebe et al, 2022	Yes	Yes	Yes	No	No
2	Afulani et al, 2020	Yes	Yes	Yes	No	No
3	Afulani et al, 2020	Yes	Yes	Yes	No	No
4	Amsalu et al, 2022	Yes	Yes	Yes	No	No
5	Amsalu et al, 2022	Yes	Yes	Yes	Yes	Yes
6	Burnett-Zieman et al, 2021	Yes	Yes	Yes	Yes	Yes
7	Dagnaw et al, 2022	Yes	Yes	Yes	Yes	Yes
8	Debela et al, 2021	Yes	Yes	Yes	Yes	Yes
9	Degefa et al, 2023	Yes	No	Yes	Yes	No
10	Doba et al, 2023	Yes	Yes	Yes	Yes	Yes
11	Girma et al, 2023	Yes	No	Yes	Yes	No
12	Oyugi et al, 2024	Yes	No	No	No	No
13	Umutesi et al, 2021	Yes	No	No	No	No
14	Weldearegay et al, 2020	Yes	Yes	Yes	Yes	Yes
15	Zelege et al, 2021	Yes	No	No	No	No

TABLE 2.3: QUANTITATIVE STUDIES QUALITY APPRAISAL (N=23).

No	Author, Year	Is the sampling strategy relevant to address the research question?	Is the sample representative of the target population?	Are the measurements appropriate?	Is the risk of nonresponse bias low?	Is the statistical analysis appropriate to answer the research question?
1	Abdo et al, 2021	Yes	Yes	Yes	Yes	Yes
2	Adinew et al, 2021	Yes	Yes	Yes	Yes	Yes
3	Aduugna et al, 2023	Yes	No	Yes	Yes	Yes
4	Asefa et al, 2020	Yes	No	Yes	Yes	Yes
5	Bante et al, 2020	Yes	Yes	Yes	Yes	Yes
6	Bayeh et al,2023	Yes	Yes	Yes	Yes	Yes
7	Bekele et al, 2022	Yes	Yes	Yes	Yes	Yes
8	Bekele et al, 2019	Yes	No	Yes	Yes	Yes
9	Getahun et al, 2020	Yes	Yes	Yes	Yes	Yes
10	Debelle et al,2024	Yes	Yes	Yes	Yes	Yes
11	Ferede et al,2022	Yes	Yes	Yes	Yes	Yes
12	Gebregziabher et al, 2023	Yes	Yes	Yes	Yes	Yes
13	Hailu et al, 2022	Yes	Yes	Yes	Yes	Yes
14	Maldie et al, 2021	Yes	No	Yes	Yes	Yes
15	Mengistie et al, 2022	Yes	Yes	Yes	Yes	Yes
16	Mingude et al, 2022	Yes	No	Yes	Yes	Yes
17	Muhayimana et al, 2023	Yes	Yes	Yes	Yes	Yes
18	Ussu et al, 2023	Yes	Yes	Yes	Yes	Yes
19	Wondimu et al,2023	Yes	Yes	Yes	Yes	Yes
20	Yismaw et al, 2022	Yes	No	Yes	Yes	Yes
21	Yosef et al, 2020	Yes	Yes	Yes	Yes	Yes
22	Zelege et al, 2022	Yes	Yes	Yes	Yes	Yes

23	Zelege et al, 2022	Yes	Yes	Yes	Yes	Yes
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TABLE 3: STUDY CHARACTERISTICS

N	Author, Year	Country	Design	Setting	Aim	Area of interest	Participants	Study samples participated	Data collection methods	Analysis
1	Abdo et al, 2021	Ethiopia	Quantitative	Public hospitals	To assess the responsiveness in maternity care and its associated factors in the Hadiya Zone public Hospitals in Southern Ethiopia	Maternity (childbirth) care	Women	413	Interview	Multivariable logistic regression
2	Abebe et al, 2022	Ethiopia	Mixed Methods	Health centers	To assess the quality of obstetric and newborn care including respectfulness of the maternity care	Obstetric and new born care	Women, Midwives, and Health center managers	500 women, 20 midwives, and 13 health center managers	Interview and 33 IDIs	Descriptive analysis and Phenomenological data analysis
3	Adinew et al, 2021	Ethiopia	Qualitative	Hospitals and Health centers	To explore care providers' perspectives of disrespect	Childbirth care	Midwives/nurses, General practitioners and one Obstetrician	15	IDIs	Thematic analysis

					and abuse during facility based childbirth.					
4	Adinew et al, 2021	Ethiopia	Quantitative	community-based settings among women who gave birth public health facilities	To quantify the frequency and categories of disrespect and abuse and identify factors among women in north Showa zone of Ethiopia.	Childbirth care	women	435	Interview	Multivariable logistic regression
5	Adinew et al, 2023	Ethiopia	Qualitative	Public health facilities	To explore women's perspectives on the acceptability of disrespect and abuse during facility-based childbirth in Ethiopia.	Childbirth care	Women	20	5 FGDs and 15 IDIs	Inductive thematic analysis
6	Adugna et al, 2023	Ethiopia	Quantitative	Hospitals	To assess the prevalence of	Childbirth care	Women	348	Interview	Multivariable logistic regression

					respectful maternity care and associated factors among mothers who gave birth in three hospitals in Southwest Ethiopia.					
7	Afulani et al, 2020	Kenya	Mixed Methods	Hospitals	To explore providers' perceptions of the importance and extent of communication and women's autonomy during childbirth.	Childbirth care	Healthcare providers (Clinical and non-clinical providers)	49	Interview (32 clinical and 17 non-clinical)	Descriptive and thematic analysis
8	Afulani et al, 2020	Kenya	Mixed Methods	Hospitals	To examine providers' perspectives on the frequency and drivers of disrespect and abuse	Childbirth care	Healthcare providers (Clinical and non-clinical providers)	49	Interview (32 clinical and 17 non-clinical)	Descriptive and thematic analysis

					during facility-based childbirth in a rural county in Kenya.					
9	Amsalu et al, 2022	Ethiopia	Mixed Methods	Hospitals	To determine the prevalence of respectful maternity care and its associated factors among laboring women in public hospitals of Benishangul Gumuz region, Ethiopia.	Childbirth care	Women, and healthcare providers	404	Observation, FGD, and KIIs	Multivariable logistic regression and thematic analysis
10	Amsalu et al, 2022	Ethiopia	Mixed Methods	Community-based settings	To assess the non-utilization of PNC services, identified factors and explore barriers to PNC	PNC	Women, HEWs, Husbands, religious leaders, Midwives, District Health Officer	521, and 20 IDIs	Interview, IDIs	Multivariate logistic regression and thematic analysis

					utilization in the rural community of Ethiopia					
11	Asefa et al, 2020	Ethiopia	Quantitative	Hospital	To assess quality of antenatal care and factors associated with satisfaction of mothers in Jimma Medical center	ANC	women	358	Interviews	Multiple logistic regression
12	Bante et al, 2020	Ethiopia	Quantitative	Hospitals	To assess respectful maternity care and associated factors in Harar hospitals, Eastern Ethiopia.	Childbirth care	Women	425	Interviews	Multivariable logistic regression
13	Bayeh et al, 2023	Ethiopia	Quantitative	Public health facilities	To assess health system responsiveness and associated	Childbirth care	Women	430	Interviews	Multivariable logistic regression

					factors for delivery care in public health facilities, Northeast Ethiopia.					
14	Abdi et al, 2024	Ethiopia	Qualitative	Community settings of Arsi zone	To evaluate COVID-19 related impediments to institutional childbirth service uptake during the early phase of the COVID-19 pandemic	Childbirth care	Women, Midwives, Maternity Ward Heads, and Health Extension Workers	23	8 FGD, 6 IDIs, and 9 KIIs	Thematic analysis
15	Bekele et al, 2022	Ethiopia	Quantitative	Public health facilities	To assess the level of immediate PNC satisfaction and associated factors among women who gave birth in	PNC	women	389	Interviews	Multivariable logistic regression

					Debre Markos					
16	Bekele et al, 2019	Ethiopia	Quantitative	Public health facilities	To measure the magnitude of disrespect and abusive behaviors of health professionals during childbirth and associated factors	Childbirth care	women	316	Interviews	Multivariate logistic regression
17	Getahun et al, 2020	Ethiopia	Quantitative	Public health facilities	To assess the utilization of companionship during delivery and associated factors.	Childbirth care	Women	418	Interviews	Multivariable logistic regression
18	Burnett-Zieman et al, 2021	Kenya	Mixed Methods	Rural settings	To examine the quality of PNC services provided by community health workers (CHWs)	PNC	Women, Community health volunteers, Health extension workers	148 CHVs, 4FGDs, and 12 IDIs	148 Observation, 4 FGDs, and 12 IDIs	Multivariate linear regression and thematic analysis
19				Hospital		ANC	Women	16	IDIs	

	Cherinet et al, 2024	Ethiopia	Qualitative		To uncover the experiences of pregnant women during the COVID-19 pandemic in Dilla town, Gedeo zone, southern Ethiopia					Thematic analysis
20	Dagnaw et al, 2022	Ethiopia	Mixed Methods	Hospitals	To determine person-centered maternity care among mothers who gave birth in health facilities of South Wollo Zone public hospitals, Ethiopia	Childbirth care	women	369 women, 12 IDIs	Interviews and IDIs	Descriptive and thematic analysis
21	Debela et al, 2021	Ethiopia	Mixed Methods	Community settings	To assess maternal satisfaction and factors associated with institutional	Childbirth care	women	451 women, 36 IDIs	Interviews and IDIs	Multivariable logistic regression and thematic analysis

					delivery care in central Ethiopia					
22	Debelle et al,2024	Ethiopi a	Quantitati ve	Public health facilities	To assess level of maternal satisfaction with delivery service and its associated factors among women who gave birth in Tullo Woreda public health facilities, Eastern Ethiopia	Childbirth care	women	355	Interviews	Mutivariable logistic regression
23	Degefa et al,2023	Ethiopi a	Mixed Methods	Health centers	To evaluate PNC utilization and barriers and associated characteristic s among women in Ilubabor and Buno Bedele zones	PNC	Women	422 women, 2FGDs and 2 IDIs	Interviews, FGD, and IDIs	Multivariable logistic regression and thematic analysis

24	Doba et al, 2023	Ethiopia	Mixed Methods	Public health facilities	To assess the birth attendants' attitude and practice of companionship during health facility childbirth	Childbirth care	women, Medical directors, and PHCU directors	406 women, 10 KIIs (4 MD and 6 PHCUD)	Interviews and KIIs	Multivariable logistic regression and thematic analysis
25	Ferede et al, 2022	Ethiopia	Quantitative	Public health facilities	To assess respectful maternity care and associated factors among mothers who gave birth at health institutions in the South Gondar zone, northwest Ethiopia	Childbirth care	Women	611	Interviews	Multivariable logistic regression
26	Gebregziabher et al, 2023	Ethiopia	Quantitative	Public health facilities	To assess the magnitude of disrespect and abuse experienced by women giving birth at public	Childbirth care	Women	555	Interviews	Multivariate logistic regression

					health facilities in Dire Dawa, Eastern Ethiopia					
27	Girma et al, 2023	Ethiopia	Mixed Methods	Hospital (Jimma Medical Center)	To evaluate the responsiveness of obstetric service at Jimma University Medical Center	Obstetric care	Women, Jimma Medical Center management, nursing school, obstetrics and gynecology department, Jimma zonal, and city health office	422 women	Interviews, KIs	Multiple linear regression, and thematic analysis
28	Hailu et al, 2022	Ethiopia	Quantitative	Health centers	To assess the quality of antenatal care and associated factors in public health centers in Addis Ababa, Ethiopia.	ANC	Women	609	Interviews	Multivariable logistic regression
29	Heri et al, 2023	Tanzania	Qualitative	Health centers	To explore women's and nurse midwives' perceptions of their interactions	ANC	Women and Nurse-Midwives	16 (11 women and 5 Nurse Midwives)	IDIs	Thematic analysis

					and the information in Tanzania.					
30	Higi et al, 2021	Ethiopia	Qualitative	Health extension workers in Oromia, Amhara, and SNNP of Ethiopia	To explore their perceptions and experiences on facilitators and barriers to maternal and newborn health services in Ethiopia	Maternal and newborn health services	Health extension workers	12 FGDs	FGD	Thematic analysis
31	Isangula et al, 2023	Tanzania	Qualitative	Health facilities in rural settings	To examine the perceived benefits and disadvantages of good and poor nurse-client relationships in rural Tanzania	Maternal and child healthcare	Women, nurses/ midwives, and MCH administrators	9 FGDs and 12 KIIs	FGDs and KIIs	Thematic analysis
32	Isangula et al, 2022	Tanzania	Qualitative	Health facilities in rural settings	To explore nurses and clients' perspectives on the	Maternal and child healthcare	MCH administrators, stakeholders	12 KIIs and 9 FGDs	FGDs and KIIs	Thematic analysis

					factors shaping nurse-client relationships in MCH care					
33	Jiru et al, 2021	Ethiopia	Qualitative	Public health facilities	To explore clients' and midwives' perceptions of compassionate and respectful care during facility-based-delivery in Bishoftu District	Childbirth care	Midwives and women	10 midwives and 12 women	IDIs	Thematic analysis
34	Kebede et al, 2020	Ethiopia	Qualitative	Pastoral communities (community members, and health facilities)	To investigate the possible reasons behind the non-utilization of healthcare facilities for delivery among pastoral	Childbirth care	Women, TBAs, HEWs, and HEW supervisors	13 IDIs and FGDs	IDIs and FGDs	Thematic analysis

					Menit communities					
35	Kitila et al, 2023	Ethiopia	Qualitative	Health facilities and offices	To explore the underlying reasons for which women walk away from maternal health services in Ethiopia care providers' and clients' perspectives.	Maternal health services	Women, district health department deputy heads, MCH coordinators, primary health center unit directors, midwives and nurses	20	IDIs	Thematic analysis
36	Konje et al, 2020	Tanzania	Qualitative	Rural settings	To explore elements of the local social, cultural, economic, and health systems that influence facility delivery in a rural setting in Tanzania.	Childbirth care	women, men, community health workers, TBAs	11 FGDs and 2 KIIs	FGDs and KIIs	Thematic analysis
37	Maldie et al, 2021	Ethiopia	Quantitative	Public health facilities	To assess the magnitude of disrespect	Childbirth care	Women	369	Interviews	Multivariable logistic regression

					and abuse and associated factors during facility-based childbirth in Ethiopia					
38	Mdoe et al, 2021	Tanzania	Qualitative	Maternity facilities	To explore lay and healthcare providers' experience of respectful care to inform future interventions	Maternal and newborn care	Lay persons (women's, family members) and healthcare providers	48	IDIs	Thematic analysis
39	Mengesha et al, 2023	Ethiopia	Qualitative	Community and health facility settings	To explore perspectives on social capital to improve the uptake of MCH services in Northwest Ethiopia.	Maternal and child healthcare	Women, religious leaders, women health development army, and health extension workers	11 IDIs and 4 FGDs	IDIs and FGDs	Thematic analysis
40	Mengistie et al, 2022	Ethiopia	Quantitative	Hospitals	To assess the status of respectful maternity care and associated	Childbirth care	women	451	Interviews	Multivariable logistic regression

					factors among women who gave birth at public hospitals in Hadiya Zone, Southern Ethiopia.					
41	Metta et al, 2024	Tanzania	Qualitative	Hospitals	To explore women's childbirth experiences to inform a co-designed quality improvement intervention in Southern Tanzania.	Childbirth care	women	25	IDIs	Reflexive thematic analysis
42	Mingude et al, 2022	Ethiopia	Quantitative	Hospital	To assess the magnitude of respectful maternity care and associated factors during labour and delivery in Tirunesh Beijing	Childbirth care	Women	319	Interviews	Multivariable logistic regression

					General Hospital					
43	Mohamed et al, 2021	Somalia	Qualitative	Community and health facility settings	To understand barriers to the use of maternal and child health-care services among internally displaced people in Mogadishu.	Maternal and child healthcare	Women, health-care providers, traditional birth attendants, and internally displaced people camp leaders.	17 IDIs, 7 FGDs	IDIs, FGDS, observations	Thematic analysis
44	Mordal et al, 2021	Ethiopia	Qualitative	Community settings	To learn about women's birthing experiences and their thoughts about important aspects of delivery care	Childbirth care	Women	19	IDIs	Thematic analysis
45	Mose et al, 2023	Ethiopia	Qualitative	Hospital	To explore pregnant women's perception and experience of a midwifery-	Continuity of maternity care	Women and midwife	3 FGDs and 8 IDIs	FGDs and IDIs	Thematic analysis

					led continuity of care model in Ethiopia.					
46	Muhayimana et al, 2023	Rwanda	Quantitative	Hospitals	To assess the RMC level experienced by women during childbirth in health facilities of Eastern Province of Rwanda.	Childbirth care	Women	610	Interview	Multivariate logistic regression
47	Mwasha et al, 2023	Tanzania	Qualitative	Dispensaries, health centres, and hospitals	To explore maternity healthcare provider's perspectives on the disrespect and abuse experienced by women attending maternity services at health facilities in the Dar es	Childbirth care	Healthcare providers	80	IDIs	Thematic analysis

					Salaam region					
48	Nabirye et al, 2024	Uganda	Qualitative	Midwifery led centers	To explore the perceptions of women and midwives regarding the quality of care in midwifery led centers in Uganda.	Maternity care	Midwife and women	24	FGDs and IDIs	Thematic analysis
49	Okwako et al, 2022	Kenya	Qualitative	Hospital	To explore women's childbirth experiences at a county referral hospital	Childbirth care	Women	11	Interview	Thematic analysis
50	Oluoch-Aridi et al, 2021	Kenya	Qualitative	Health facilities (Peri-urban settings)	To understand women's perceptions and experiences of the quality of care	Childbirth care	Women	70 (30 face to face and 40 via phone call)	IDIs	Thematic analysis
51		Kenya								

	Oyugi et al, 2024		Mixed Methods	Health facilities and offices	To examines the quality of care across the continuum of maternal care under the free maternity care policy in Kenya.	Continuity of maternity care	Women, healthcare workers, officials and other stakeholders	553, 9 FGDs, 15 KIIs, and 21 IDIs	Interviews, FGDs, KIIs, and IDIs	Descriptive and thematic analysis
52	Sendo et al, 2020	Ethiopia	Qualitative	Public health facilities	To explore why some women who attend focused antenatal care fail to deliver in health facilities from slums of Addis Ababa, Ethiopia.	ANC	women	20	IDIs	Thematic analysis
53	Sendo et al, 2021	Ethiopia	Qualitative	Health centers and hospitals	To explore women's perspectives on facility-delivery service among slum	Childbirth care	Women	4	FGDs	Thematic analysis

					women, Addis Ababa, Ethiopia					
54	Sripad et al, 2022	Kenya	Qualitative	Hospital	To explore trust determinants in a maternity setting in peri-urban Kenya.	Maternity care	Women, Husbands, healthcare providers, community health workers	8 FGDs and 33 IDIs	FGDs and IDIs	Thematic analysis
55	Toja et al, 2022	Ethiopia	Qualitative	Humbo and Abala Abaya districts	To explore and describe why women give childbirth at home after full antenatal care follow-up	Childbirth care	Women, fathers, doctors, nurses, midwives, health officers, health development army leaders, religious leaders, opinion leaders and non-professional health cadres	4 FGDs and 9 IDIs	FGDs and IDIs	Thematic analysis
56	Tsegaye et al, 2021	Ethiopia	Qualitative	villages around Addis Ababa	To explore the potential contributing barriers to loss to follow up of pregnant	ANC	zonal, woreda and health center managers, midwives, health extension	3FGDs and 20 IDIs	FGDs and IDIs	Thematic analysis

					women from antenatal care services in villages around Addis Ababa		workers, women , community volunteers			
57	Umutesi et al, 2021	Kenya	Mixed Methods	Hospitals and its surroundings	To assess how maternal decision-making of birth location is influenced by personal, contextual, and cultural factors.	Childbirth care	Women	308, 3 FGDs (67 participants)	Interviews and FGDs	Descriptive analysis and Thematic analysis
58	Uso et al, 2023	Ethiopia	Quantitative	Public health facilities	To assess the level of disrespect and abuse suffered by women during childbirth, and the associated factors, in public health facilities	Childbirth care	Women	530	Interview	Multivariable logistic regression
59	Uwamahoro, 2023	Rwanda	Qualitative	Hospital	To investigate	Childbirth care	Midwives	28	IDIs	Thematic analysis

					the perceptions and attitudes of midwives towards the provision of respectful maternity care					
60	Wanyenze et al, 2022	Uganda	Qualitative	Hospital	To explore birth companion support actions for women during childbirth.	Childbirth care	Women	10	IDIs	Thematic analysis
61	Weldearegay et al, 2020	Ethiopia	Mixed Methods	Primary healthcare level facilities	To assess the quality of and barriers to routine childbirth care signal functions during intra-partum and immediate postpartum period.	Childbirth care	Women and health care providers	876	KIIs and FGDs	Multivariate linear regression and thematic analysis
62	Werdofa et al, 2022	Ethiopia	Qualitative	Hospital	To explore women's	Childbirth care	Women	32 IDIs and 4 FGDs	IDIs and FGDs	Thematic analysis

					perspectives on disrespect and abuse during childbirth in a teaching hospital in South-West Ethiopia.					
63	Werdofa et al, 2023	Ethiopia	Qualitative	Hospital	To explore providers' perspectives on disrespect and abuse during childbirth in a teaching hospital in Southwest Ethiopia.	Childbirth care	Obstetrics and gynecology resident's, senior obstetricians and nurses	32	IDIs	Thematic analysis
64	Wondimu et al, 2023	Ethiopia	Quantitative	Hospital	To assess women's involvement in decision-making and associated factors among women who underwent a caesarean delivery.	Childbirth care	Women	435	Interview	Multivariable ordinal logistic regression

65	Yismaw et al, 2022	Ethiopia	Quantitative	Health facilities	To assess the level of respectful care during delivery among mothers giving birth in public health facilities in Illu Ababor, Southwest Ethiopia	Childbirth care	Women	281	Interview	Multivariable logistic regression
66	Yosef et al, 2020	Ethiopia	Quantitative	Hospitals	To assess respectful maternity care and associated factors among women who attended delivery services in Northwest Amhara, referral hospitals, Ethiopia	Maternity care	Women	410	Interview	Multivariable logistic regression
67	Zelege et al, 2022	Ethiopia	Quantitative	Public health facilities	To assess compassionate and	Maternity care	Women	398	Interview	Multivariable logistic regression

					respectful maternity care, and its predictors, among those who gave birth in health facilities in North Gondar					
68	Zelege et al, 2022	Ethiopia	Quantitative	Public health facilities	To assess maternal disrespect and abuse during maternal health service.	ANC	Women	407	Interview	Multivariable Logistic regression
69	Zelege et al, 2021	Ethiopia	Mixed Methods	Community settings	To assess the barriers to postnatal care service utilization in East Gojjam Zone, Northwest Ethiopia.	PNC	Women, facility leaders, and health extension workers	738, 3FGDs and 3 IDIs	Interviews, FGDs, and IDIs	Multivariable logistic regression and thematic content analysis
70	Zepro et al, 2021	Ethiopia	Qualitative	Pastoral districts in Afar region	To explore perceptions and experiences	Childbirth care	Women, health service providers, and	4 KIIs, 6 IDIs, 6 FGDs, and 12 observations	KIIs, IDIs, FGDs, and Observations	Framework analysis

					of birthing mothers with regard to the behaviour and treatment received from skilled service delivery attendants		facility administrator			
71	Oluoch-Aridi et al, 2020	Kenya	Qualitative	Dandora an informal settlement	To examine how women living in an informal settlement in Nairobi perceive the quality of maternity care and how it influences their choice of a delivery health facility.	Childbirth care	Women	6	FGDs	Thematic analysis
72	Wudneh et al, 2022	Ethiopia	Qualitative	Community settings of Gedio zone	To explore the experience of disabled women towards	Childbirth care	Women	22	IDIs	Thematic analysis

					obstetric violence during childbirth in Gedio zone, South Ethiopia.					
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TABLE 4: KEY FINDINGS OF HEALTH SYSTEM RESPONSIVENESS FOR UNIVERSAL MATERNAL HEALTHCARE SERVICES IN EAST AFRICA.

Overall HSR or its domains	Key findings	Key quotes	Strategies
Overall HSR	- Overall proportion of HSR ranging from 45.8% to 75.6% (Abdo et al., 2021, Bayeh et al., 2023, Girma et al., 2023). - Mothers aged ≥ 35 (AOR = 0.4; 95%CI: 0.1, 0.9), urban residents (AOR = 2.5; 95% CI: 1.5, 4.8), obstetric complications (AOR = 2.1; 95% CI:1.1, 3.0), and caesarean delivery (AOR=0.4; 95% CI: 0.2, 0.7) were associated with responsiveness of obstetric care (Abdo et al., 2021). - Caesarean delivery (AOR 3.67, 95%CI: 1.91, 7.06), obstetric complications (AOR 0.45, 95% CI: 0.23, 0.85), referral during labour (AOR 0.36, 95% CI: 0.18, 0.69), birth within 17:30 to 8:30 hours (AOR 0.51, 95% CI: 0.32, 0.81) and good satisfaction (AOR 5.77, 95% CI: 3.44, 9.69) were associated with responsive maternity care (Bayeh et al., 2023).		- Pay attention to responsiveness indicators (Abdo et al., 2021) - Capacity building, including ongoing training, supportive supervision, mentorship, and monitoring & evaluation (Abebe and Mmusi-Phetoe, 2022, Mehretie Adinew et al., 2021, Gebregziabher et al., 2022, Amsalu et al., 2022a, Werdofa et al., 2023, Yismaw et al., 2022) - Rewards and recognition like remuneration (Isangula et al., 2022) - Ensuring accountability (Isangula et al., 2022, Werdofa et al., 2023) - Empowering women to express their needs

			and preferences (Metta et al., 2024) Hiring more healthcare providers with the necessary skills and expertise (Oluoch-Aridi et al., 2021)
Autonomy	- Proportion of women's autonomy ranges from 57.9% to 66.8% (Abdo et al., 2021, Bayeh et al., 2023, Girma et al., 2023). - Conduct physical assessments and procedures without explaining the procedure in non-emergency situations (Metta et al., 2024, Mwasha et al., 2023, Werdofa et al., 2022, Oluoch-Aridi et al., 2020). - Low decision-making autonomy during caesarean delivery (Getu Wondimu et al., 2023). - Not involving women in the decision of delivery position, having companions during labor, and procedures (Konje et al., 2020, Dagnaw et al., 2022, Zepro et al., 2021). - Obtaining consent of women before doing any procedures and examinations (Adinew et al., 2023, Afulani et al., 2020a, Nabirye et al., 2024). - Respecting women's right to information, informed consent, choices, and refusal (Uwamahoro et al., 2023). - Involving women or their families in decision-making and sharing information empowers women (Afulani et al., 2020a, Mdoe et al., 2021, Mose et al., 2023).	<i>"...Like for me, when I had my first pregnancy, there was a lady who told me since it was my first pregnancy, I should not go to Major Maternity A because if I go there they will just take me to the theatre and operate on me and so I was very afraid..."</i> (Mother of two who delivered at a private facility B) (Oluoch-Aridi et al., 2020). <i>"We don't receive enough information from health providers when we get to the facility and no respect. They are not involving us in the decision regarding our wives; no information of what is going on with the patients. You are there knowing nothing but expected to follow the instructions."</i> (Husband #1, Bukoli ward) (Konje et al., 2020). <i>"No women must undergo any procedure without her informed consent. Women have the right to know and willingly consent to or refuse a procedure. The procedure might be important, but her consent is necessary."</i> (Urban IDI) (Adinew et al., 2023). <i>"...Receiving care from the same health caregiver is comfortable. The same healthcare worker (midwife) can easily understand, and we will build trust and friendship. That in turn, helps us to avoid the fear of asking further information and enable us to be involved in the decision-making process."</i> (FGD, PW) (Mose et al., 2023).	Explaining the procedure and obtaining consent from women before examinations and procedures (Afulani et al., 2020a, Dagnaw et al., 2022, Getu Wondimu et al., 2023, Mdoe et al., 2021)

	In some circumstances, performing a medical procedure without obtaining explicit consent during emergencies (Adinew et al., 2023).	<i>"Performing a procedure without getting consent is acceptable in case of emergency. Provider's primary aim is to save the woman and her baby."</i> (Rural IDI) (Adinew et al., 2023).	
Confidentiality	- The proportion of non-confidential care varies from 35% to 66.2% (Adinew et al., 2021, Gebregziabher et al., 2022, Maldie et al., 2021, Usso et al., 2023, Zeleke and Bayeh, 2022a, Zeleke and Bayeh, 2022b). - On the other hand, other studies reported the proportion of confidentiality care ranges from 15% to 89.3% (Abdo et al., 2021, Bayeh et al., 2023, Girma et al., 2023, Amsalu et al., 2022a, Asefa et al., 2020, Debelle et al., 2024, Ferede et al., 2022, Hailu et al., 2022, Mengistie et al., 2022, Muhayimana et al., 2024). - Violating the privacy of information was a challenge during maternal healthcare service delivery (Abebe and Mmusi-Phetoe, 2022, Afulani et al., 2020b, Doba et al., 2023, Hailu et al., 2022, Mohamed et al., 2021, Mengesha et al., 2023, Mwasha et al., 2023, Sripad et al., 2022, Uwamahoro et al., 2023, Wudneh et al., 2022). - Sharing a single room by two or more women (Abebe and Mmusi-Phetoe, 2022, Sripad et al., 2022, Uwamahoro et al., 2023, Mohamed et al., 2021, Wudneh et al., 2022). - Lack of screens and absence of partitions between delivery couches (Afulani et al., 2020b, Doba et al., 2023).	<i>"(...) the information they provide is kept confidential, the information women provide to us remains with us and women will not hear them on the street or elsewhere (...)." (NM: RNM, Age 32 with 7 years of experience) (Heri et al., 2023).</i> <i>"There are many challenges. Let us talk about infrastructure and hospital capacity. When we receive many clients two women share the same bed which interferes with the privacy of the client, at that time the only thing to do as healthcare provider is to maximize the benefit from each one."</i> (Participant 18) (Uwamahoro et al., 2023). <i>"If you allow companion presence, sometimes it doesn't matter. But, most of the time, their privacy might be disclosed since there is no screen or curtain that separates one laboring mother from the other mother's companions."</i> (31 years old, male, MD of GH) (Doba et al., 2023). <i>..."Even while I was delivering, many people, including those who were not wearing gowns, were passing by and staring at me. While I was laboring on the couch naked, some of them stood and watched. It's supposed to be enclosed, but they didn't repair everything they said, like the windows; everything has deteriorated, and they did not do anything about it; they did not repair... That is, it is not permitted by our religion. Everyone was staring at us. Because I was having labor pains, I did not say anything."</i> (Women 4, 28 years old, urban women) (Wudneh et al., 2022).	- Uphold women's privacy during maternity care to maintain confidential information (Abebe and Mmusi-Phetoe, 2022, Hailu et al., 2022, Heri et al., 2023). - Building or renovating additional rooms to improve privacy and confidentiality (Abebe and Mmusi-Phetoe, 2022).

	• Midwives never share women's information with non-concerned individuals (Heri et al., 2023).		
Dignity	• Proportion of non-dignified maternity care ranges 25.5% to 60.4% (Adinew et al., 2021, Bekele et al., 2020, Gebregziabher et al., 2022, Maldie et al., 2021, Usso et al., 2023, Zeleke and Bayeh, 2022a). • On the other hand, other studies reported the proportion of dignified care ranges from 70.8% to 80% (Abdo et al., 2021, Bayeh et al., 2023, Girma et al., 2023, Amsalu et al., 2022a, Mengistie et al., 2022, Abebe and Mmusi-Phetoe, 2022). • Beating, slapping, pinching, physical assault, and forcefully opening women's legs were common physical abuses (Jiru and Sendo, 2021, Mwasha et al., 2023, Oluoch-Aridi et al., 2021, Oyugi et al., 2024, Sendo et al., 2020, Uwamahoro et al., 2023, Werdofa et al., 2022). • Physical abuse hurts and reduces care providers' moral (Isangula et al., 2023). • Lack of privacy was humiliating and disappointing, causing anxiety, additional pain, and discomfort to women (Dagnaw et al., 2022, Kebede et al., 2020, Mengesha et al., 2023, Okwako, 2023, Oyugi et al., 2024, Toja et al., 2022, Werdofa et al., 2022, Werdofa et al., 2023, Wudneh et al., 2022, Zepro et al., 2021). • Shouting, insulting, yelling, verbal harassment, unpleasant language, lack of compassion, and blaming were among verbal non-dignified care (Mehretie Adinew et al., 2021, Amsalu et al.,	• <i>"Myself and a few of my colleagues at our workplace are nicknamed commandos because when we are on shift, we never end up with birth asphyxia. We are very tough with women during labour. If women fail to collaborate, they could be slapped, pressure applied to rescue her life and that of a child"</i> (Mwasha et al., 2023). • <i>"...when my neighbour gave birth in the facility, the midwife invaded her privacy and conducted too many vaginal examinations, which was dehumanizing and shameful. So, how am I able to use the treatment room knowing that my friend had a tough experience there? I preferred to give birth at home with the assistance of a TBA, as she can give me more privacy and control over the situation than the midwife at the health facility"</i> (IDI, Para 6) (Zepro et al., 2021). • <i>"... there were no curtains to cover my body, the window was broken so that everyone can see you from outside or inside of the delivery room. . .generally, I wasn't that much satisfied with their care"</i> (Dagnaw et al., 2022). • <i>"...Health professionals have no value and respect for clients and birth companions. Currently, employed health professionals are purchasing their certificate or degree from a private college and are then hired in the health facility through relatives."</i> (Mother, 31 years) (Amsalu et al., 2022a). • <i>"I pinch or slap her to deliver a live baby because I will be responsible if she develops complication or loses her baby."</i> (female midwife, urban hospital) (Mehretie Adinew et al., 2021).	• Providing training to and conducting supportive supervision or mentorship (Abebe and Mmusi-Phetoe, 2022, Mehretie Adinew et al., 2021). • Promote friendly, abusive-free, and discriminative-free care (Bante et al., 2020). • Recruiting health workforces to lessen excessive workloads (Gebregziabher et al., 2022).

	2022a, Dagnaw et al., 2022, Heri et al., 2023, Higi et al., 2021, Isangula et al., 2023, Jiru and Sendo, 2021, Kebede et al., 2020, Konje et al., 2020, Metta et al., 2024, Mwasha et al., 2023, Oluoch-Aridi et al., 2021, Oyugi et al., 2024, Sendo et al., 2020, Sendo et al., 2021, Uwamahoro et al., 2023, Werdofa et al., 2022, Werdofa et al., 2023, Zepro et al., 2021, Wudneh et al., 2022). • Slapping or pinching, holding a woman forcefully on a delivery bed, and verbally threatening were believed to be acceptable to avoid adverse birth outcomes (Mehretie Adinew et al., 2021, Adinew et al., 2023, Wudneh et al., 2022). • Declined women's health services (Girma et al., 2023, Sendo et al., 2021). • Unfriendly maternity care (Debela et al., 2021, Konje et al., 2020, Toja et al., 2022). • Unfair healthcare service provision and stereotyping practices (Higi et al., 2021, Mwasha et al., 2023, Zepro et al., 2021, Wudneh et al., 2022). • Lack of sympathy, lack of hospitality, poor receptiveness, neglected care, and negative attitudes of healthcare providers (Amsalu et al., 2022b, Sendo et al., 2020, Tsegaye et al., 2021, Werdofa et al., 2022, Zepro et al., 2021). • Initiation of non-discriminatory care (Nabirye et al., 2024). • Respecting the right to equality and equitable care, the right to liberty and freedom from coercion (Uwamahoro et al., 2023).	• <i>"Threatening of a woman is acceptable only if it is aimed to save the life of the mother or her baby. Otherwise, it is unacceptable to threaten women."</i> (Rural FGD) (Adinew et al., 2023). • <i>"While I delivered my second baby at a health centre I was in pain and shouting for help to the midwife who was chatting with her friends. She didn't show any concern to me and one physician also came and yelled at me. I suggest that these people have to in the first place respect their clients and also know their professional duties and responsibilities"</i> (Participant 06) (Sendo et al., 2020). • <i>"It is never acceptable to forcefully open a woman's legs even if it is to save her baby. The only thing the provider can do is to tell her the importance of opening her leg. If she does not comply, it is better to involve her family to convince her than forcefully opening her leg. It is against her rights."</i> (Rural IDI) (Adinew et al., 2023). • <i>"As a midwife, to respect her dignity, I should maintain her [woman in labor] privacy by covering her perineum."</i> (In-depth interview 2; 29-year-old midwife) (Jiru and Sendo, 2021). • <i>"Raising a voice to someone is a sign of disrespect and a laboring mother does not deserve it. It is never acceptable for a provider to yell or shout at a laboring woman. A provider who has no respect for a woman should not be allowed in the birthing care."</i> (Urban IDI) (Adinew et al., 2023). • <i>"Shouting at woman is not acceptable as it damages the relationship and will contribute to bad outcome."</i> (male midwife, rural health center) (Mehretie Adinew et al., 2021).	
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	• Practicing abuse-free care during maternity care (Adinew et al., 2023, Werdofa et al., 2023). • Covering the maternal perineum and maintaining privacy using screens and curtains (Mdoe et al., 2021, Jiru and Sendo, 2021).		
Basic amenities	• Quality of basic amenities varies from 45.8% to 65.8% (Abdo et al., 2021, Bayeh et al., 2023, Girma et al., 2023). • Poor hygiene of delivery beds or rooms, dirty washrooms, unhygienic health facilities, and unhygienic practices of healthcare workers and support staff (Higi et al., 2021, Okwako, 2023, Oluoch-Aridi et al., 2021, Oyugi et al., 2024, Umutesi et al., 2021, Werdofa et al., 2022, Zepro et al., 2021). • Poor infection prevention protocols, poor room arrangements, and non-favourable working environments (Oluoch-Aridi et al., 2020, Tsegaye et al., 2021, Toja et al., 2022). • Lack of water, inadequate feminine hygiene products, cotton wool, sanitary pads, sheets, detergents, and unstable electric sources with no backup (Girma et al., 2023, Oluoch-Aridi et al., 2021, Umutesi et al., 2021, Werdofa et al., 2022, Zepro et al., 2021, Afulani et al., 2020b, Kitila et al., 2023). • Inadequacy of food and poor food quality (Oyugi et al., 2024, Umutesi et al., 2021). • Lack of enough bed and bed sheets, blankets, shower rooms, personal protective equipment, delivery coaches, bedpan, and waiting rooms	• <i>“When I was admitted to the hospital, the beds were not cleaned well. A health care provider said to me, “Lie down on that bed”. I could not refuse because I thought the provider might get upset with my suggestion, and my subsequent care might be affected”. (IDI, age 25, para 1) (Werdofa et al., 2022).</i> • <i>“At the time of labour, there were blood drops on the delivery bed, the surface and bed linen smelled bad. There was no water in the facility. For example, I was bleeding; my mother took me to the bathroom, but could not wash me. This year I did not see this. I think there are changes, maybe” (FGD 2, Para 3) (Zepro et al., 2021).</i> • <i>“the toilet and shower rooms were filthy and smelled terrible. There was no running water or electricity in the delivery ward. Since the facilities are far from my home, it was a problem to have proper food and drink. My family was challenged with taking care of my food” (IDI, para 3) (Zepro et al., 2021).</i> • <i>“. . .when I went there [hospital] the patient load was very high and were no beds for labour and delivery and I have stayed outside. . .on the corridor for a long time. . .not only me but also other mothers gave birth on the corridor. So, the main problem was that they had no bed. . .” (Dagnaw et al., 2022).</i>	• Avail essential equipment and supplies to maintain comfort and hygienic care (Amsalu et al., 2022a, Bayeh et al., 2023, Werdofa et al., 2022).

	(Amsalu et al., 2022a, Dagnaw et al., 2022, Kitila et al., 2023, Tsegaye et al., 2021). • Lack of a maternity-specific operating theatre for caesarean sections (Sripad et al., 2022). • Acknowledging sterile equipment and clean bed linen use in the facilities (Mdoe et al., 2021, Okwako, 2023, Oluoch-Aridi et al., 2020). • Some healthcare facilities keep their compound clean and gave sufficient food to women (Oluoch-Aridi et al., 2021, Oluoch-Aridi et al., 2020).		
Choice of care providers	• Proportion of their choice of healthcare provider ranges from 41.6% to 68% (Abdo et al., 2021, Bayeh et al., 2023, Girma et al., 2023). • Women's healthcare providers preferences did not maintain (Girma et al., 2023, Kitila et al., 2023, Kebede et al., 2020, Mose et al., 2023, Zepro et al., 2021, Mohamed et al., 2021, Mordal et al., 2021). • Women concerned by a male health worker (Kebede et al., 2020, Mohamed et al., 2021, Mordal et al., 2021, Zepro et al., 2021). • Lack of experience, expertise, and acceptable attitudes of providers affected women's place of delivery (Sendo et al., 2021). • Frequent changes in service providers, particularly during ANC visits (Tsegaye et al., 2021). • Disruptions in service operations, loss of trained staff, increased staff fatigue and workloads, and negligence in care (Kitila et al., 2023, Konje et al.,	• <i>"...Women in my locality frequently explain that anger, sadness, and shame accompany a loss of culture and being distant from Allah's (God) laws about being seen naked by strangers (male midwife) in the health facility. Male birth attendants are also involved in assisting women in labour. That is quite against our faith and culture. God prohibits us from doing so. . . . I fear this will cause punishment from God; Almighty Lord"</i> (IDI, para 3) (Zepro et al., 2021). • <i>"I prefer to receive care from different healthcare providers (midwife and doctors). Because each healthcare provider has a different level of knowledge, skill, and empathy. For example, some healthcare workers have good knowledge while others might have poor knowledge and character. That might affect me from receiving adequate and quality healthcare service."</i> (FGD, PW) (Mose et al., 2023). • <i>"Having different service providers to attend a single pregnant woman at her ANC visits is one of the potential reasons for dissatisfaction and interruption as pregnant women are not comfortable to tell their entire health history to different people and this is evident as many of them ask</i>	• Respecting women's provider preferences by increasing investment and employing an adequate number and type of care providers, including recruiting female healthcare workers improves maternity care utilisation (Bayeh et al., 2023, Mohamed et al., 2021, Tsegaye et al., 2021, Uwamahoro et al., 2023).

	2020, Oluoch-Aridi et al., 2021, Tsegaye et al., 2021, Toja et al., 2022, Sendo et al., 2020). • Poor health workers' discipline and readiness (Higi et al., 2021, Toja et al., 2022). • Weak provider and women relationships (Isangula et al., 2023). • Unable to employ specialists and other healthcare workers (Oyugi et al., 2024). • Absence of supervision by senior healthcare professionals (Toja et al., 2022). • Undergoing frequent examinations (Werdofa et al., 2023). • Lack of supervision (Werdofa et al., 2022).	<i>for the person who provided the service initially and will leave if s/he is not around” (Tsegaye et al., 2021).</i> • <i>"Bad relationship negatively impacts maternal and child health services...There is a particular nurse; if I go to the regional hospital and find her, I avoid receiving care from her altogether. I [am] better [to] go back home without treatment or to a traditional healer... (Client, Health center) (Isangula et al., 2023).</i>	
Communication	• Proportion of effective communication varies from 46% to 76.3% (Abebe and Mmusi-Phetoe, 2022, Debela et al., 2021, Abdo et al., 2021, Bayeh et al., 2023, Girma et al., 2023, Bekele et al., 2022, Hailu et al., 2022). • Communication gaps or inadequate information (Abebe and Mmusi-Phetoe, 2022, Cherinet et al., 2024, Girma et al., 2023, Heri et al., 2023, Konje et al., 2020, Metta et al., 2024, Mwasha et al., 2023, Okwako, 2023, Oyugi et al., 2024, Oluoch-Aridi et al., 2020). • Poor care provider-client relationships and the use of medical jargon words or other non-local languages during discussion (Isangula et al., 2023, Konje et al., 2020, Metta et al., 2024, Zepro et al., 2021). • Allowed only a one-way, hierarchical communication environment (Oluoch-Aridi et al., 2021).	• <i>"Sometimes, there is a communication gap before, during and after giving services. Most of the time, staffs try to give service or do procedures without communicating the mother well and left the room." [35 years old mothers] (Girma et al., 2023).</i> • <i>"The poor relationship creates hate...the client leaves with a bad image of the nurse, and she will send wrong information to the community creating a negative reputation of the nurse. The community becomes fearful of coming to the facility for treatment; consequently, women deliver at home, and we end up with deaths..." (Nurse, Health center) (Isangula et al., 2023).</i> • <i>"I didn't go to school; I don't know English, but if they (providers) speak, I notice the actions and understand... they did not talk to me directly, and I didn't understand their conversations except their actions, which showed me that these guys must be talking about me on something..." (Facility2_IDI_M4) (Metta et al., 2024).</i>	• Train and mentor health workers, conduct supportive supervision and drill exercises to and intersectoral collaboration between health and communication ministries (Abebe and Mmusi-Phetoe, 2022, Abdi et al., 2024). • Explain procedures and the purpose of medications to women (Dagnaw et al., 2022). • Introduce yourself and call women by name, apply two-way

	• Unnecessary referrals, poor referral linkages or communication between different levels, and lack of midwives' decision-making power on referrals (Kitila et al., 2023, Weldearegay et al., 2020). • Misinformation, poor interaction, fearful news about COVID-19, and providers' rude and abusive speech (Amsalu et al., 2022b, Abdi et al., 2024, Isangula et al., 2023, Mohamed et al., 2021, Sripad et al., 2022). • Friendly welcome with polite language, introducing themselves, calling clients, positive non-verbal body gestures, and establishing an interpersonal connection (Dagnaw et al., 2022, Afulani et al., 2020a, Mdoe et al., 2021, Jiru and Sendo, 2021, Nabirye et al., 2024, Okwako, 2023, Oluoch-Aridi et al., 2021). • Care providers provided their phone numbers to ensure continuous communication (Heri et al., 2023, Higi et al., 2021). • Trust between care providers and women (Burnett-Zieman et al., 2021, Isangula et al., 2023, Isangula et al., 2022). • Making women feel well before care, receiving care from the same care provider, and calling women by name (Dagnaw et al., 2022, Isangula et al., 2023, Mose et al., 2023, Afulani et al., 2020a).	• <i>"I gave birth when the issue of Corona was hot in our country. My family and I felt sad as we heard the frightening news on the radio. Then my husband and I decided not to go anywhere ... death is inevitable ... "(Home delivery, FGD) (Abdi et al., 2024).</i> • <i>". . .I was very satisfied if the health care providers called me by my name and if he [health care provider] explained what he is going to give me but. . . umm some of them didn't do that."</i> (Dagnaw et al., 2022). • <i>"Previously, mothers give birth at home and die. However, currently, the community meets together, calls for an ambulance, and takes the pregnant woman to the health center during labor. This is the role of the community."</i> (20 years old, HEW) (Higi et al., 2021). • <i>"I think it is important because if you call her by her name, she feels free and she can tell you all about herself."</i> (C34) (Afulani et al., 2020a).	communication, use technology like mobile apps, and use polite language (Afulani et al., 2020a, Bayeh et al., 2023, Heri et al., 2023, Oluoch-Aridi et al., 2020).
Prompt Attention	• 62.1% to 96.3% of women received timely maternity care or prompt attention (Abdo et al., 2021, Bayeh et al., 2023, Girma et al.,	• <i>". . .The MNHC providers didn't assess and evaluate me on time. But after my birth companion called his friend Dr. X. who was working in this hospital, they immediately started</i>	• Improving ambulance access, building maternity waiting

	2023, Adugna et al., 2023, Bante et al., 2020, Ferede et al., 2022, Mingude et al., 2022, Muhayimana et al., 2024, Yismaw et al., 2022, Yosef et al., 2020). • Far geographical distance from healthcare facilities (Dibaba Degefa et al., 2023, Higi et al., 2021, Kebede et al., 2020, Umutesi et al., 2021). • Long wait times for care and delays in receiving care (Amsalu et al., 2022a, Debela et al., 2021, Dibaba Degefa et al., 2023, Hailu et al., 2022, Higi et al., 2021, Kebede et al., 2020, Mohamed et al., 2021, Oluoch-Aridi et al., 2021, Oyugi et al., 2024, Toja et al., 2022, Tsegaye et al., 2021, Uwamahoro et al., 2023, Zeleke et al., 2021, Zepro et al., 2021, Oluoch-Aridi et al., 2020). • Lack of staff and high workload (Amsalu et al., 2022a, Uwamahoro et al., 2023, Dibaba Degefa et al., 2023, Oluoch-Aridi et al., 2020). • Closure of healthcare facilities during the night, unreasonable delays, providers' absenteeism or late entrance from work, and lack of equipment and supplies (Mohamed et al., 2021, Kebede et al., 2020, Tsegaye et al., 2021). • Non-accessible roads, challenging topography, lack of transportation options, and inadequate number of ambulances (Abdi et al., 2024, Debela et al., 2021, Dibaba Degefa et al., 2023, Higi et al., 2021, Kebede	<i>to assess and evaluate me properly as indicated. I think in this hospital, no one can get appropriate and timely care unless you have friends/ relatives from MNHC providers. Generally, the service was biased."</i> (FGD, mother 34 years) (Amsalu et al., 2022a). • <i>"The last year before I got pregnant, we visited health facilities with my brother's wife after she gave birth. I remember we stayed for many hours to get our turn to receive the care. Therefore, I didn't visit the health facility after I gave birth because I remembered how long we waited to get our turn for receiving care last year"</i> (31-year-old delivered mother) (Dibaba Degefa et al., 2023). • <i>"Health facilities in this district don't work 24 hours. They do not have light in the night even. The close during the evening time and open morning when the people wake up."</i> (FGD-07, Lactating mother, Deynile) (Mohamed et al., 2021). • <i>"We go to the health facility as early as we feel first sense of labour . . . We spend half a day waiting to be attended to . . . the health professionals were not on duty"</i> (FGD 2, para 3) (Zepro et al., 2021). • <i>"... during the first phase of COVID-19, I was a term, and my labor started very soon. I stayed about 4 hours at the bus station because there was no bus to go to a hospital, which is located 45 km away. My husband and I decided to go back home and seek help from a traditional birth attendant ... "</i> (Home delivery, FGD) (Abdi et al., 2024). • <i>" ... Also, there is a topographical difficulty and distance from a health facility. It is very difficult even for us [normal people or non-pregnant women], not only for a pregnant woman. It is difficult even to use traditional ambulance</i>	rooms, constructing roads, opening health facilities for 24 hours, timely free maternity care, and intersectoral collaboration (Oluoch-Aridi et al., 2021, Bante et al., 2020, Abdi et al., 2024, Oluoch-Aridi et al., 2020, Mohamed et al., 2021, Hailu et al., 2022, Debela et al., 2021).
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	et al., 2020, Mohamed et al., 2021, Sendo et al., 2020). • Transportation bans or lockdowns, especially during emergencies like pandemics (Abdi et al., 2024). • Timely assessments and healthcare workers' availability and readiness (Mdoe et al., 2021, Oluoch-Aridi et al., 2021, Werdofa et al., 2023).	<i>because of its sloppy and hill.” (37 years old, HEW) (Higi et al., 2021).</i> • <i>“...when I arrived at the facility, I found the nurse was ready for me. The nurse gave me some injections and instructed me to contact him when I noticed any changes. When I called on him, he came immediately and helped. After delivery, I took a shower and the baby was brought to my bed. I was very happy and impressed with the services...” (Respondent #1, Faith-based health facility) (Oluoch-Aridi et al., 2021).</i>	
Social support	• Proportion of women with social support or companionship ranged from 13.8% to 69% (Abdo et al., 2021, Bayeh et al., 2023, Girma et al., 2023, Adugna et al., 2023, Bante et al., 2020, Beyene Getahun et al., 2020, Doba et al., 2023). • Women did not have companions, which made their stay at health facilities unfavorable (Abebe and Mmusi-Phetoe, 2022, Abdi et al., 2024, Cherinet et al., 2024, Doba et al., 2023, Mdoe et al., 2021, Metta et al., 2024, Werdofa et al., 2022, Zepro et al., 2021). • Fear of witnesses during incidents and unsupportive administration (Doba et al., 2023). • Worsening of the coronavirus during the pandemic periods (Cherinet et al., 2024). • Cultural preferences incompatible with health facility practices (Kebede et al., 2020). • Absence of celebration after childbirth at health facilities (Sendo et al., 2020). • Believing that every childbearing woman has the right to have a birthing companion (Adinew et al., 2023).	• <i>“.... In some cases, hospitals restrict access to support people, which worry me a lot about who will be my helper during the childbirth process. I’m not sure what will happen; maybe I’ll get COVID-19 and won’t be able to nurse my child. ...Who is going to stick by me?” (P-7, Age-24, Primigravida) (Cherinet et al., 2024).</i> • <i>“In the health facility, families and relatives are not allowed to accompany the women; they only come when the baby comes out, if you are lucky” (FGD 4, para 3) (Zepro et al., 2021).</i> • <i>“Following childbirth, neighbouring women will make some porridge and will serve the woman. They (women) will celebrate this special occasion by singing traditional songs and eating porridge. If childbirth takes place in the facility, you miss this wonderful event and the warmth of your home. I think this ceremony is unique to Ethiopian women” (Participant 01) (Sendo et al., 2020).</i> • <i>“It is important because if maybe you can talk with the mother may be they will forget but if the relative is there they will remind them to take quick action before that what you are thinking may happen” (C17) (Afulani et al., 2020a).</i>	• Allowing social support (Bayeh et al., 2023, Beyene Getahun et al., 2020). • Improving infrastructure with better space and privacy at healthcare facilities (Cherinet et al., 2024, Mdoe et al., 2021, Sendo et al., 2021).

	• Involving companions enhancing confidence in difficult situations, providing emotional support, facilitating referrals and continuity of care, persuading uncooperative women, and linking the midwife's instructions with the woman's adherence (Afulani et al., 2020a, Doba et al., 2023, Nabirye et al., 2024, Wanyenze et al., 2022, Werdofa et al., 2022). • Birth companions also identify complications, inform medical staff, and bring essential supplies (Werdofa et al., 2022).	• <i>"After I gave birth, one of my relatives hid from the health care provider and entered my partition. She yelled and notified the health care provider of the blood that had accumulated between my two legs. As medical personnel arrived at my partition, they checked my bleeding and provided the necessary treatment to stop it. So, if my relative had not come to my aid, no one would have noticed my bleeding, and I might have died because of it. For a mother, having a companion after childbirth is crucial". (IDI, age 25, para 1) (Werdofa et al., 2022).</i>	
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