

Table 3: Characteristics of studies included in the review

Author (s) & Date	Title	Methodology	Location	Aims	Study population & Sample	Method & Data analysis	Findings: Barriers to Midwife-led ANC
Ohaja and Murphy-Lawless,	Persistent challenges and barriers encountered by	Hermeneutic phenomenology	Two university teaching hospitals in	To explore the concept of safe motherhood as experienced and	Women, midwives and TBAs. 17 women	Semi-structured interviews. Post-structured feminist analysis	Financial constraints, lack of autonomy, negative attitude of the healthcare providers, and
Exley, Pitchforth, Okeke et al. 2016	Persistent barrier to care; a qualitative study to understand women's	A qualitative study	3 states from 3 geo-political region of Nigeria	To understand from multiple perspectives, the views and experiences of childbearing women living	Women who had given birth in the past six months, midwives working in the PHCs and policy makers. Also wider community member.	Semi-structured interviews and Focus Group Discussions (FGDs). NVivo 10 method of data analysis	Sudden onset of labour, financial barriers, the lack of essential drugs and equipment, lack of transportation, the absence of staff/availability of care
Akeju, Oladapo and Vidler, 2016	Determinants of health care seeking behaviour during	Ethnographic study	Four local government areas in	To describe the health seeking practices in pregnancy, as well as	Pregnant women, recently pregnant mothers, male decision-makers, opinion leaders, traditional birth attendant, health	FGDs and interviews. A thematic analysis approach using QSR-NVivo version	Preference for traditional providers, patriarchal influence, economic factors and cost, fears of surgery, fears of other hospital

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Abimbola, Makanjuola, Ganiyu et al. 2016	Pattern of utilisation of antenatal and delivery services in a semi-urban community in Kwara State, Nigeria. A descriptive cross-sectional study.	A descriptive cross-sectional study.	Afon community, Kwara State, Nigeria	To assess the knowledge, attitude and pattern of utilization of antenatal and delivery services by women of reproductive age within the reproductive age of 15 – 49 years who have been pregnant or have had a baby in the last five years (for quantitative component of the study). Both men and women of reproductive age group i.e. 15 – 59 years and 15 – 49 years respectively (for the qualitative aspect of the study). The sample size for quantitative aspect of the study was 275 respondents.	All women within the reproductive age of 15 – 49 years who have been pregnant or have had a baby in the last five years (for quantitative component of the study). Both men and women of reproductive age group i.e. 15 – 59 years and 15 – 49 years respectively (for the qualitative aspect of the study). The sample size for quantitative aspect of the study was 275 respondents.	Semi-structured interviewer administered questionnaire and FGDs. Epi-info version 3.5.1 software package. Level of statistical significance	Lack of money, distance from health facility, long waiting time, poor attitude of health workers , no permission from husbands, traditional beliefs, low level of education, unemployment
Tukur, Cheekhoon, Tinsu et al. 2016	Why women are averse to facility delivery in Northwest Nigeria: A Phenomenology	Phenomenology	Sub-urban and rural settings in Zamfara state, Northwest, Nigeria	To evaluate the reasons why women prefer home delivery when facility based delivery is available at minimal	3,259,846 (1,630,344 males and 1,629,502 females). A total of 180 people participated in the five focus group discussions.	Key informant interview (KII) and FGDs. SPSS version 16 for demographic data. NVivo software for coding textual data	Ignorance/low awareness of facility services, abuse, illiteracy, poverty, low self-esteem, poor attitude of health workers, few working hours, getting permission from husband, distance to a health facility, cost of service, trust in service quality, lack of transport, belief that it may not be necessary or customary, cultural sensitivity, social support, availability and affordability of services, previous negative experience with health facilities delivery, cultural perception of the role of TBAs,

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Akinyemi, Afolabi and Awolude, 2016	Pattern and determinants of dropout from maternity care continuum in Survey		Nigeria	To investigate the patterns and factors associated with dropout in the continuum of maternity	Women with an index birth within 5 years prior to data collection. 20,467 women	Records from the 2013 NDHS. Multilevel Logistic regression models.	Problem with getting money for treatment, distance to health facility, lack of formal education, being in poor wealth quintile, residing in rural areas, inability to get permission, inability to go alone, women younger than 18 years, having 4 or
Fagbamigbe and Idemudia, 2015	Barriers to antenatal care use in Nigeria: evidence from non-users and	A cross-sectional study	Nigeria	To evaluate the barriers to the use of ANC services in Nigeria from the perspective of non-users.	6299 women of childbearing age who had at least one child within five years preceding the 2012 National HIV/AIDS and Reproductive Health Survey (NARHS Plus 11). Sample consists	Records from 2012 NARHS Plus 11 and Interviews. Descriptive statistics and Bivariate analysis using Pearson Chi-square test of association.	Poor wealth quintile, no education, residence (rural dwellers), geographical locations, age, marital status, ethnicity, problem of getting money to use ANC services, unemployment, husband's permission, unavailability of transport facilities, farness of ANC service