Supplemental

Theme 1

Insults: Many women interviewed cited some level of verbal insults either during their prenatal care or while laboring. One woman who delivered in a clinic recalled, *"They shout, slap me all those things, insults."* Another woman stated, *"I would recommend the clinic, but if you deliver here it is not easy, you will receive a lot of insults."* A woman was asked whether finances, or transportation influenced her decision to deliver with a TBA. She replied, "*No, it was because of the insults.*" When husbands were asked about their treatment of women in labor, there was a consensus that women were spoken to in a manner that was disrespectful at times. A man recalled some ways that SBAs mocked woman *"You weren't complaining when you were having sex, don't complain now. They actually told a friend of mine's wife that, and she actually just started weeping."* Another man recalled, *"Yes they say things like "why are you complaining is this your first child?"*

Hitting: Women, SBAs, and men also reported physical abuse by SBA's in the form of slapping their legs while they were in labor to get them to cooperate. During a FG an SBA reported that they have to hit the woman at times to help with the labor process, "*...by the time you hit that leg, by the time she screams you will see, with that pressure, the baby will come out."* When husbands were asked what women may not like about delivering in a clinic sitting one reply, "*Like yelling at them and hitting them.*"

Rumors of insults and neglect: Due to the prevalence of mistreatment during labor, another woman's story of mistreatment is enough to dissuade some women from delivering in a clinic setting. A woman who received prenatal care but opted to deliver with a TBA reported, *"Most of them here in Benin are not nice, they will even nag you, yell at you. From what I have heard, I haven't been there."* Another woman reported that her husband convinced her to deliver with a TBA due to fears that she would be neglected, "*In fact, I wanted to go to the clinic to deliver but my husband advised me not to. He told me they would make me wait a long time, and pass through a lot of stress before attending to me. So that is why I decided to go to the native (native is a colloquial term to describe a TBA)."*

Prior negative experiences: Some women who chose to deliver their first child with an SBA decided to deliver their subsequent child with a TBA due to negative birthing experiences with SBAs. A woman who delivered her first child with an SBA but opted to use a TBA for her second child reported, "*From my first experience I do not want a clinic."* Another woman reported, *"When I first delivered the first baby, they did not take care of me well."* A woman with a similar experience stated "*they did not attend to me well. The injection that they give me swell up, I report to them and they don't attend to me."* During a FG with husbands a man stated,*" Patients are not seen as patients, they are not seen as equal. They are seen as stubborn."*

Rationalization for insults and hitting: During FGs, SBAs openly spoke about some of the negative feelings they have towards laboring women, which may inform their maltreatment of these women. When questioned about treatment of women in labor a midwife responded, "*Before she is shouting maybe you are doing something that she does not like."* Another cited that it was the bad attitude of the patients that influenced their behavior "*we try as much as possible to put on*

the right attitude. It depends on your level of tolerance. Because most of our patients are very rude, and sarcastic."

Theme 2

Healthy baby: Most women admitted that the primary motivating factor for their birthing preference is where they believe they will have best chances to have a healthy baby. Many women were willing to endure mistreatment by SBAs because they trusted that hospitals can provide more specialized care and deal with any birthing complications. A woman who reported maltreatment in the clinic but still preferred SBAs to TBAs stated, *Well, you need to endure to get what you want (healthy baby). Normally they shout, they will not regard you as human being, they will treat you without regard. But you need to endure it to get what you want."* Another woman when asked why she delivered with a SBA reported, *"In the hospital, if there is anything wrong with the baby they can quickly detect it. But with a native doctor if something is wrong with the baby, by the time you get to the hospital it may be worse."* Another woman was asked if she preferred delivering in a clinic. She responded, *"Yes, because if you go native and something happens to the baby they are not quick to act like the hospital."*

Avoid medical intervention: A willingness to undergo medical interventions such as cesarean sections and episiotomies is something women must consider when deciding to labor with a TBA or an SBA. Some women who chose to deliver with TBAs did so to avoid medical intervention that they experienced in the previous delivery; or because they were informed that they would need to undergo a cesarean and they wanted to avoid the procedure. A TBA recalled that, *"She went to the clinic and they told her they wanted to give her a cesarean section. She came quickly to me. When I checked the baby I told her not to return to the clinic. She delivered normally with me"* A woman recalled a story of a woman that she knew, *"they told her that she was going to deliver with cs but she did not go to the hospital. She later went to the traditional. In the end she labored and lost the baby. The baby was too big, and she said she cannot have a c-section."* A woman who delivered her first child with an SBA but opted to use a TBA for her subsequent child did so due to the episiotomy she received, she stated, "*The baby was not ready to come and they cut me, the pain is still there up till now. So that is why I do not go to the clinic. The cut is too much."*

Petting (comfort): Women often used the pigeon slang petting, which roughly translates, to "there there"; to describe the comfort they wished to receive during labor. Comfort and encouragement during labor is something that women both who delivered with TBAs and SBAs indicated they wanted to receive. Most women who delivered with TBA cited petting in labor as a motivating factor. Despite the fact that women who delivered with TBAs reported not always being able to have family provide their emotional support in the labor room, the TBAs provided them with the support that they needed. A woman who delivered with a TBA stated, *"I never liked it in the hospital, and when I got to the traditional I was given the attention that I needed and the love and warm embrace that I really needed at that time in my life."* She continued to state, "*They give you a lot of care, love, keep you comfortable at home, especially when you're about delivering, they will make you feel like you are not alone. And when probably when it gets to the time for you to push you also get help".* Another woman echoed similar thoughts, "*You are under pain now, you want someone to comfort you. But if you come to hospital they do not do that.* Another woman was asked why she would recommend a TBA to other women, she responded, "*Because the woman gives person encouragement, and tells you how to take care of*

your newborn. Then she pets you." However, women who delivered with SBAs reported not experiencing the level of support they wanted. A woman was asked if the SBAs made her feel comfortable and met her emotional needs, she replied sarcastically, "*Hospital pamper you? They are on their way."* Another woman was asked whether her husband was allowed to enter the labor ward to give her support during labor. She replied, "*They will not allow him to enter!"*

Cultural practices: Another factor women consider when determining where to labor was the desire for cultural experiences; this included the use of cultural practices and traditional medicine. TBAs reported that women come to them in pursuit of herbal remedies for pregnancy complaints and complications, "*Why women prefer to come to this place is that some women when they are pregnant have a swollen body, swollen legs, and they are not comfortable, there are roots and herbs to treat that."* Another TBA reported, "*We massage the pelvis, then you see we have some leaves we call it alligator pepper; we give it to the woman and make the baby bounce."* A TBA detailed her ability to improve birth outcomes, *"Some babies are not too strong, they are fragile, there are roots and herbs to correct that. And if the baby is too big to pass through the normal process, in terms of delivery, there are roots and herbs to take down the shape."* When asked about the cultural practices that TBAs are able to provide to their clients a SBA responded, "*most of the time it is psychological, rub oils, it's not that it is performing any magic it is not doing anything."* Another SBA highlighted the cultural significance of home births, "I *think our culture plays a part in it, usually delivery at home with your grandma, your grandniece, with elders in the community or in the neighborhood, so our culture."*

Spiritual needs: The ability of birth attendants to meet the spiritual needs of women in labor influences where they preferred to labor. During a FG with SBAs they indicated that some women choose to deliver in churches in hope of better birth outcomes, *"naturalists believe they want to have their baby within the church premises, where they believe that God is, they have spiritual backup, they have spiritual covering."* A SBA explained that church members with medical backgrounds at times recruit women in church, *"Some of them are members. They now use medical personnel in the church now, so they can refer when it is early."*

Female decision makers: Women must also consider their decision-making autonomy, when deciding where to deliver. Women and men both indicated that women weld the majority decision-making power regarding where women receive prenatal care and deliver. When asked about her decision to deliver with a SBA, a woman reported, "*I know that a doctor is better than native, I made the decision myself that I need to meet a doctor."* A woman who delivered with a TBA reported that her husband and her disagreed, however she made the final decision, *"He said I should go to hospital, I said no."* When men were asked who decided where a woman delivers many of them agreed that the decision is majority the woman's, "*she is in charge, she will try to influence, because as a man there is limit to how much you know."* Another husband stated, "*Even though the man appears to make the decision, it is informed by the woman's information."* Some TBAs also agreed that women hold the majority of the decision-making power in regard to where a woman will labor and receive prenatal care, "*It is the woman. Not the family, the women."* Other TBAs require the consent of the husband before they will treat the woman, independent of what she decides, "*And before they start treating them they always ask if their husband is aware that they are coming here. And if he is, or sometimes they will send for the husband, they want to see before they issue a prenatal card."*

Husband/other decision makers: However, for some women the decision is either shared with their husband, or the family matriarch. A husband reported that, *"The man is the real decision maker."* During a FGs with SBAs some of them also agreed that the husband makes the final decision on where a woman labors, "*Of course it is the husband. It's the belief of the husband is also a reflection of what the mother-in-law thinks."* Another SBA recalled an instance where a husband forced his wife to the clinic, "Yes*, he forced her to the hospital, she believed in going to the birth attendant. But the man said no, I do not want my child to be delivered there."* Also, during FGs with husbands they emphasized the influence of female figures in a woman's decision, "*The mother-in-law is very influential. She might have convection if her mother has enough experience. And she knows the decision to make."* Another man recalled, "*I remember when I took my wife for an antenatal care, it was even her mother's decision that made her come there."*

Gender of birth attendant: Most women stated that modesty or delivering with a male birth attendant did not influence where they chose to labor, they were more occupied with good birthing outcomes. However, some women did state that due to religion or other cultural factors that they preferred female birthing attendants. A husband recalled a woman's experience with a male doctor, "*She refused. She said the only person who is allowed, I am quoting her, to see her nakedness is her husband, so she does not prefer no man outside of her husband."* A woman who delivered with a TBA explained why she preferred a woman to attend her birth, "*They pet you. they give me hope."* Another woman explained her choice of female birth attendants, "*Women, because our religion does not allow for man to deliver us.* FGs with SBAs supported this statement reporting, "*The Muslims, they prefer a female nurse, rather than a male doctor or a male nurse."*
However, many women reported being indifferent to who attends their birth or preferring a male attendant. A woman who delivered with an SBA reported, "*I do not care so long as they are ok and are professional."* Another woman claimed, "*I did not have a preference, I just wanted the baby to come out*." A woman who delivered with a TBA stated, "*Anyone as long as the baby comes down safely."* Some women on the other hand preferred male attendants, "*I don't really like women… I don't know why but I do not like women to deliver me."* During the FG with husbands, they provided clarity to why some women may prefer male attendants reporting, "*The male attendant they feel that they are more compassionate to them compared to female."*

Cost: The cost of a woman delivering with an SBA vs a TBA is a concern for many women and their husbands. For some women the cost of delivering in the clinic was enough to deter them. A woman who delivered with a TBA reported, "*The reason was because of money. I registered in a private hospital, but the cost of delivering there was too high."* For others, a history of uncomplicated births within the clinic setting influences them to deliver at home in an attempt to save money. A woman who delivered her previous child with a SBA stated, "*Hospital cost is expensive, for the second one I would go to native because in the hospital I delivered vaginally it was almost 50000 that I paid, it's expensive, so if I deliver again I will do it at home."* That sentiment was shared by another woman who stated, "*I won't go back to the hospital. The money was too big, if it is native, I will go."* Husbands also reported the impact of clinic cost on TBA utilization, "*Cost is something. They will tell you that they cannot afford. Why some people go to TBA is because they cannot afford the hospital bill.* During FGs SBAs also acknowledged the effects of cost on where women choose to labor, *"It is the cost. They feel that it is cheaper to go*

to TBA, then in the hospital. And naturally within an environment where most people live below average. Cost is always a major factor."
TBAs on the other hand have a different perspective on the impact of cost on their utilization, "*They come here because what they are looking for, they find it. Not because of the money. Sometimes if you look at ours, we charge more."* Another stated*, "It is not because it is cheaper, because there are many women who believe in tradition."*
However, some women were indifferent to laboring costs. A woman who chose to deliver with an SBA claimed, "*Because I had the money, I said let me go to the hospital. I like hospital."* A woman who chose to deliver with a TBA reported, "*I did not go to that place because of money. They can deliver well."*

Unpredictable situations: The last factor that women indicated influences their choice to either deliver with a TBA or within healthcare facilities is unpredictable circumstances. This includes rapid or painful labor, transportation, booking issues in the clinic settings, and also unstaffed hospitals. These issues can cause women, even some who planned to deliver in health care facilities, to deliver with TBAs as a last resort. These issues speak less to the personal preferences of women but rather systemic infrastructure issues within Nigeria. Before a woman can deliver in a clinic there are a series of tests she must complete. Women who do not begin the process or, begin the process and do not complete it, are considered unbooked. Clinics often will not deliver the baby of a woman who is "unbooked". A woman who found herself in that situation while she was in labor reported that she was forced to utilize a TBA as an alternative, *"I registered for hospital, when they sent me to do an ultrasound, after I did the ultrasound I gave them the paper, but they said it never reached them. I was in so much pain, that's why I went to the TBA."* A woman who delivered with a TBA was asked why she chose a TBA she responded, "*No I wanted to deliver in a clinic, but because of the pain I delivered with the TBA."* Another woman reported that the SBA was absent at the time of their labor, *"The nurse that knows me called me and said, madam what are you waiting for. I told her 'I am in labor and you are asking me this question.' She then told me that the doctor had left the area. That is now when I went to the native place."* Another woman with a similar situation reported, "*The doctor was not around, so we went to native place, that is the reason that I went there."*

Theme 3

Decrease clinic cost: Women have stated that a decrease in clinic cost would incentivize them to use healthcare facilities rather than TBAs. A woman who delivered with a TBA was asked if she would be more inclined to go to the clinic to deliver if it was free, she reported, *"If the clinic was free I would go, I will go anywhere that is free."* When SBAs were asked what they think would motivate women to utilize clinics more, cost was a recurring theme. A nurse reported, "*Make hospitals cheap. Some women come for antenatal that hardly have anything."* Another nurse stated, *"They should reduce the amount they pay here, that is number one*."

Retraining SBAs: SBAs were in agreement that a negative attitude among the healthcare team plays a role in women's apprehension to utilize clinics. During a FG a nurse stated, "*I think that is what is driving them away, we must also work on our attitude. More empathetic to our clients.*" Another suggested that SBAs adopt a better demeanor when treating patients, "*Friendly, just be friendly to them, If you shout at them there has to be a reason that you are shouting*." During the FGs with husbands, a man advised that the lack of training may be to blame

for the negative attitude of SBAs*, "Health personnel, they need to be retrained in the way they interact with patients."* He went on to say that, *"Education does not teach you how to relate to people, you need to be trained in that aspect.*

Increased number of SBAs: A general sentiment among everyone interviewed was the fact that nurses are overworked and increasing the number of workers can relieve some stress on the care team. Also, it may improve SBAs attitudes with patients. A nurse recalled, "*On a very busy day we will have 30 deliveries to just 6 nurses."* Another reported that the ratio of patients to SBA is skewed, "*You will see four women ready to push and I have to prepare to receive a baby. So I can say the ratio 1 SBA to 10/12 patients.* When asked about working conditions a nurse replied*, "We are overworked. That is the truth."* Another stated*, "We also need more workers, manpower."* During the FGs with husbands a man pointed out the fact that being overworked can affect the SBA patient relationship, "*You may have 5 patients to attend to at the same time, and the facilities do not have the capacity. So, you may not have the supplies you need, so you are getting frustrated, and the patients are shouting because you are taking a long time."*

Adopt non-harmful TBA techniques: During a FG, SBAs recommended studying the techniques of TBAs, and adopting their non-harmful practices, "*we actually need to find out why women are visiting TBAs. So at least we will be able to bring in some of these practices into our own practice."* SBAs also shared an understanding that TBAs hold a cultural significance, *"Because you cannot rule out traditional belief, if it is not harmful, why not. I think we also need to at least study, let's know these beliefs and add the ones that are not harmful into our own practice."* They were also in agreement that integrating some TBA practices in their own practice is feasible for them, "*Ok psychological support, of course we do. Maybe it's the rubbing of the back, the rubbing of the back is therapeutic, we also can do that.* Despite being open to adopting techniques from TBA's; both SBAs and TBA's were resistant to working collaboratively. When an SBA was asked about her willingness to work with TBAs she responded, *"Never, what do they know. I was trained, can I say I know it all? Talk less of someone who has not seen the four walls of a school.* When a TBA was asked about collaboration with SBAs she responded, *"their field is different from my own field. So I can't praise them, and they can't praise me. Most of them are doctors, they disregard us, they say we don't know anything.*"