



A Meta-Analysis of Informal Healthcare Provision and Maternal Health Outcomes in Urban Mauritius,

Anjali Ramphul¹

¹ University of Mauritius

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Correspondence: aramphul@gmail.com

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Author notes

Anjali Ramphul is affiliated with University of Mauritius and focuses on Medicine research in Africa.

Abstract

In urban Mauritius, a substantial portion of maternal healthcare is provided by informal practitioners, such as traditional birth attendants and unlicensed medicine sellers. The consequences of this reliance for maternal health outcomes are not well understood, despite the practice's commonality in urban African contexts. This meta-analysis synthesises existing evidence to determine the relationship between informal healthcare provision and key maternal health outcomes in urban Mauritius. It aims to quantify the prevalence of informal sector use and analyse its associations with outcomes including antenatal care completion, delivery complications, and postnatal morbidity. A systematic search of electronic databases and grey literature was performed for studies on informal healthcare utilisation and maternal health outcomes in urban Mauritian populations. Data were extracted using a standardised form, and study quality was assessed. Quantitative data were pooled via random-effects meta-analysis, while qualitative findings were synthesised thematically. The analysis reveals a complex relationship. A pooled prevalence estimate indicates approximately 34% of urban women use informal services during pregnancy or postpartum. Thematic synthesis identified perceived accessibility and cultural congruence as primary drivers. However, quantitative synthesis found a significant association between primary reliance on informal care and increased odds of delayed antenatal booking and untreated postnatal complications. Informal healthcare is a significant component of the maternal healthcare landscape in urban Mauritius. While it addresses certain accessibility and cultural needs, its primary use is linked to several adverse maternal health outcomes, underscoring a critical gap in formal service provision and integration. Policy should focus on regulating informal practices where feasible and enhancing the cultural competency and accessibility of formal healthcare. Educational programmes are needed to inform women of danger signs and the importance of skilled care, while establishing structured linkages between formal and informal sectors. maternal health, informal healthcare, meta-analysis, urban health, traditional birth attendants, Mauritius This study provides a consolidated evidence base on the role and impact of informal maternal healthcare in an urban African small island developing state, informing policy discussions on integration and regulation.

Keywords: *maternal health, informal healthcare, urban Africa, traditional birth attendants, meta-analysis*



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