

MOTHER'S PERCEPTION ON MATERNAL AND CHILD HEALTH SERVICES PROVIDED BY TRADITIONAL BIRTH ATTENDANTS IN SELECTED PRIMARY HEALTH CENTERS IN EKITI STATE, SOUTHWEST NIGERIA

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Abstract

Objective/Aim: This study assessed mother's perception on maternal and child health services provided by traditional birth attendants in selected primary health center in Ado-Ekiti, Ekiti State, Nigeria.

Methods: A descriptive, cross-sectional survey design was used, and a structured questionnaire adapted from previous studies as source of data collection. The study recruited 80 consenting mothers using a convenience sampling technique. Descriptive statistics of mean, frequency and percentage were used to summarize the obtained data. Chi-Square was used in testing of hypotheses. Alpha level was set at $p < 0.05$.

Results: Results from this study showed that 55% of the participants were between the ages of 30-39 years and 51% of the participants had tertiary education. 85% of the participants in this study have heard about TBAs previously and 71.3% of the participants in this study acknowledged that utilization of TBAs can predispose them to excessive and prolonged bleeding and infection. The study showed 61.2% had a negative perception towards the services of the TBAs while 38.8% had a positive perception towards the services of the TBAs.

Conclusion: Health care professionals should make programs available to increase community outreach and to inform them about basic and early signs of pregnancy complications. This can consequently lead to a reduction in maternal, child mortality and morbidity rates.

Keywords: Traditional birth attendant, mothers, newborn, maternal and child health services, perception, primary health care centre.

Introduction

According to the World Health Organization (WHO), maternal mortality rates in most African nations are more than 1,000 per 100,000 live births (WHO, 2023). Many women in underdeveloped nations, especially in sub-Saharan Africa, lack access to trained medical professionals during childbirth. One of the main causes of the increased maternal and newborn mortality rates is this shortage of qualified medical personnel (Ahmed et.al., 2019). Target 5 of the Millennium Development Goals (MDGs) commits the international community to halving the current maternal mortality rate by 2015. If immediate action is not done to increase access to suitable, adequate, and timely maternal health care, reaching this target may be challenging. To significantly lower maternal and newborn mortality, skilled professionals and a supportive environment are required (WHO, 2018).

Maternal health and child survival depend on safe motherhood. Despite the fact that maternal mortality, or death during or shortly after pregnancy, is entirely preventable, it has been on the rise in many countries around the world, particularly in the African countries of the sub-Saharan regions. This can be attributed to a number of factors, including a low level of socioeconomic development (Olonade et al., 2019). The majority of births occur at home with the assistance of a traditional birth attendant (TBA), despite the risks of infection and the lack of access to emergency care and referral services. Although this is the moment when women are least likely to receive the

care they require, the majority of maternal deaths occur during or shortly after birth (Sowunmi et al., 2021).

Increased availability to competent birth attendants is necessary in Nigeria's rural and remote areas to lessen the burden of maternal morbidity and mortality and improve birth experiences for women (Ahmed et al., 2019). This is crucial because women in these communities may have to resort to less-than-ideal treatment, such as the assistance of inexperienced birth attendants, due to a dearth of competent medical professionals. However, using untrained birth attendants (TBAs, family members, or friends) might increase the risk of serious complications during labour and delivery, and even result in the mother and baby's death (Amutah-Onukagha et al., 2017).

The decision to give birth outside of a hospital in Nigeria may be influenced by a number of variables, including economic, social, physical, cultural, and institutional ones. An unqualified attendant may help women outside of a hospital environment. This attendant may be a traditional birth attendant (TBA), community midwife, family member, or neighbour (WHO, 2023).

According to the Nigeria Demographic and Health Survey 2008,5 between 2003 and 2008, only 46% of rural women received antenatal care from a skilled provider (i.e. doctor, nurse/midwife, auxiliary nurse/midwife), 28% of births were assisted by a skilled provider, and 25% of deliveries took place in a health facility. Expectant mothers who are unable to obtain these treatments are forced to settle for "alternatives" like TBA services (Aziato & Omenyo, 2018).

The United Nations defines a traditional birth attendant (TBA) as a person who helps mothers during childbirth and who learned her trade by assisting in her own births or by serving as an apprentice to another TBA (Aziato & Omenyo, 2018). TBAs have historically been the primary human resource for women during childbirth. Their function shifts over time and across cultures, but they continue to be present during the vast majority of births in rural parts of underdeveloped countries even today (Charles et al., 2018).

There is no denying that they play a key role in providing the woman and her unborn child with crucial psychosocial support, comfort, and cultural competence during birth. The World Health Organization (WHO) notes that traditional birth attendants (TBAs) have the potential to improve maternal and newborn health at the community level (WHO, 2018). However, while TBAs are recognised for their role in providing care to pregnant women and facilitating deliveries, it is also noted that they are not typically equipped to handle complications. In various efforts to lower maternal mortality and boost pregnancy outcomes in poor nations, TBAs and village midwives have been used, with varying degrees of success (WHO, 2018). TBAs are present during about 45% of births in Mexico. To raise awareness of birth as a medical event that shouldn't be handled solely by specialists, the Ghanaian Ministry of Health solicited the help of traditional midwives. TBAs are permitted to manage "normal" birth under this setup, whereas problematic pregnancies

are transferred to the district hospital or neighbourhood clinics. In the hopes of promoting safe motherhood, this is done (Gloyd et al., 2020).

TBAs in Sierra Leone are responsible for around 70% of births, provide a high percentage of prenatal care, and are experts in traditional forms of birth control (Aziato et al., 2018). The United States Agency for International Development, with World Vision as a partner, began a programme in 2007 to reduce maternal and child mortality risk in Sierra Leone (USAID, 2021). The program's major goal is to train women in traditional birth attendance. Between 60 and 80 percent of births in developing nations take place in settings without access to modern health care, with traditional birth attendants (TBAs) playing a crucial role in many of these births (Mendhi, 2020). In Nigeria, as in other underdeveloped nations, TBAs give birth to the majority of women (Iwu et al., 2021). Despite the fact that 93% of rural women in Nigeria enrolled for prenatal care, 49% gave birth at home under the supervision of TBAs (USAID, 2021).

Respondents in a study on the role of TBAs in health care delivery conducted in Edo State, Nigeria, reported that TBAs may make a difference in the provision of services such as family planning, screening for high-risk pregnant moms, fertility/infertility therapy, and maternal and child care services (Imogie et al., 2002). TBA are more popular in rural areas than in metropolitan ones. Home delivery, TBAs' accessibility, affordability, and rural residents' trust in their services were

all factors in their favour (WHO, 2023). Hence, the study investigated mothers' perception about maternal and child health services provided by TBAs in selected Primary Health Centers.

Materials and Methods

A quantitative descriptive design was used to investigate and examine mothers' perception about maternal and child health services provided by traditional birth attendants in selected primary health centers. The settings for this study were Comprehensive health center Oke Oniyo and Basic health center Odo-Ado, Ado Ekiti. The participants for this study were women who attend primary health centers in the selected primary health centers in Ekiti state. The convenience sampling technique was used to select the participants. The sample size was determined by using Taro Yamane's formula. The sample size was determined by using Taro Yamane's formula which states that:

$$n = \frac{N}{1 + N(0.05)^2}$$

where:

N = number of target population

n= sample size

e= level of significance at 0.05

l= constant

Thus substituting for the formula

$$n = 100 / 1 + 100(0.05)^2$$

$$n = 100 / 1.25$$

$$n = 80$$

Therefore, sample size of 80 was used for the study.

The research instrument used for the data in this study was a well-structured questionnaire that was designed based on information adapted from similar studies ^[5,12] as well as relevant literature search, adjustments were then made to meet the objectives of the study hence making it an adjusted questionnaire. The questionnaire consisted of four (4) sections. The first with one Section A consist of socio demographic profiles, Section B contains mothers' knowledge on TBAs, Section C consists of perception of mothers on services provided by TBAs, and Section D consists of reasons why mothers utilize services of TBAs.

Data was collected using a self-administered questionnaire which was made simple and clear with the targeted sections and questions. Participants were assured that their opinions will remain anonymous and kept confidential, and why honest feedback should be given. Ample time was given to allow a successful and complete collection of data, which ensured accurate results, for the research study. Data was collected for three weeks with copies of the instruments distributed to the participants. The knowledge level was assessed by scoring all yes 1 point and all no 0 point. 50% benchmark was used. All scores above 50% were given high level of knowledge and all

scores below 50% were given low level of knowledge while the level of perception towards intrapartum care was assessed by summation of the items on the likert scale, most score to be 4 (Strongly agree), 3(Agree), 2 (Disagree) and the least to be 1 (Strongly Disagree). A benchmark of 50% was used, all scores above were given ‘positive perception’ and scores below were given “negative perception”

The researcher visited selected primary health care centers in Ado-Ekiti, Ekiti State. The patients were met on the clinical days for each of the primary health care centres in Ado Ekiti, Ekiti State. The participants were informed about the purpose of the study. The researcher walked into the post-natal clinic after the morning health talk and questionnaires were shared among participants to meet the inclusion criteria and who agreed to take part in the study. Statistical analysis of data was done using statistical package for Social Studies (SPSS) version 27, software for windows. Descriptive statistics was calculated as frequencies, percentages and means.

Results

Table 1 Socio-demographic characteristics (n=80)

Item	Frequency (N)	Percentage (%)
Age		
20 – 29	21	26.3
30 – 39	44	55.0
40 and above	15	18.7
Marital status		
Single	11	13.8
Married	59	73.7
Divorced	10	12.5
Ethnicity		
Yoruba	66	82.5
Igbo	12	15.0
Hausa	2	2.5
Educational Status		
Primary	7	8.8
Secondary	32	40.0
Tertiary	41	51.2
Religion		
Christianity	63	78.8
Islam	11	13.7
Traditional	6	7.5
Number of children		
1	23	28.7
2	31	38.8
3 and Above	26	32.5

In table 1, the socio-demographic characteristics of the respondents described majority 44 (55.0%) of the respondents to be between the age group 30 and 39 years and were mostly married 59 (73.7%), majority 66 (82.5%) were from the yoruba ethnic group and 78.8% belonged to the Christian faith. The table also depicts that 51.2% of the respondents had tertiary education while 38.8% of respondents had at least 2 children.

Table 2 Respondents’ knowledge on traditional birth attendants

	True N (%)	False N (%)
You have heard of TBAs before	68(85.0)	12(15.0)
TBAs take normal delivery	64(80.0)	16(20.0)
TBAs are involved in family planning services	37(46.3)	43(53.7)
TBAs can perform cesarean section	11(13.7)	69(86.3)
Use of TBAs can predispose clients to excessive/prolonged bleeding	57(71.3)	23(28.7)
Use of TBAs can lead to Infections	63(78.8)	17(21.2)
Use of TBAs can cause damage to reproductive organs	43(53.8)	37(46.2)
TBAs perform gynecological surgeries	25(31.3)	55(68.7)

In table 2, respondents’ knowledge on TBAs revealed that 85.0% of the respondents have heard about TBAs before, 80.0% agreed that TBAs take normal deliveries, more than half 43 (53.7%) disagreed that TBAs are involved in family planning services, 71.3% of the respondents agreed that they can predispose clients to excessive and prolonged bleeding. According to 78.8%, the use of TBAs can lead to infections. However, 86.3% of the respondents disagreed that TBAs can

perform CS with about 68.7% disagreed that gynecological surgeries can be perform by TBAs.

The level of knowledge on TBAs among the mothers as showed by fig 1 was assessed by summation of the items with agree given a score of “1” and disagree a score of “0”. The result as shown on the chart revealed that 61(76.3%) of respondents had high level of knowledge while 19(23.7%) had low level of knowledge on TBAs.

Table 3: Respondents’ perception on services provided by traditional birth attendants

	Strongly Agree N(%)	Agree N(%)	Disagree N(%)	Strongly Disagree N(%)
TBA services are effective	28(35.0)	39(48.8)	5(6.3)	8(10.0)
TBAs are more caring than orthodox health workers	10(12.5)	16(20.0)	14(17.5)	40(50.0)
TBA services should be banned	24(30.0)	35(43.8)	14(17.5)	3(3.8)
TBAs could transfer witchcraft	7(8.8)	17(21.3)	23(28.9)	33(41.3)
TBAs are considered not to be arrogant and rude	-	3(3.8)	41(51.3)	36(45.0)
TBAs help to reduce pain during childbirth compare to hospital	2(2.5)	5(6.2)	26(32.5)	47(58.8)
TBAs do not advice caesarean section like hospitals	43(53.8)	24(30.0)	13(16.3)	-
Giving of herbal concoctions by TBAs help to make the baby strong	7(8.8)	9(11.3)	20(25.0)	44(55.0)

In table 3, respondents’ perception towards services provided by TBAs showed that 48.8% agreed that TBA services were effective, half 40 (50%) of the respondents however strongly disagreed that they are more caring than orthodox health, 43.8% agreed that their services should be banned. Majority, 33 (41.3%) of the respondents strongly agreed that TBAs could transfer witchcraft,

58.8% strongly disagreed that TBAs help to reduce pain during childbirth and about 55.0% strongly agreed that giving herbal concoctions help to make baby stronger. However, 53.8% strongly agreed that TBAs do not advice caesarean section.

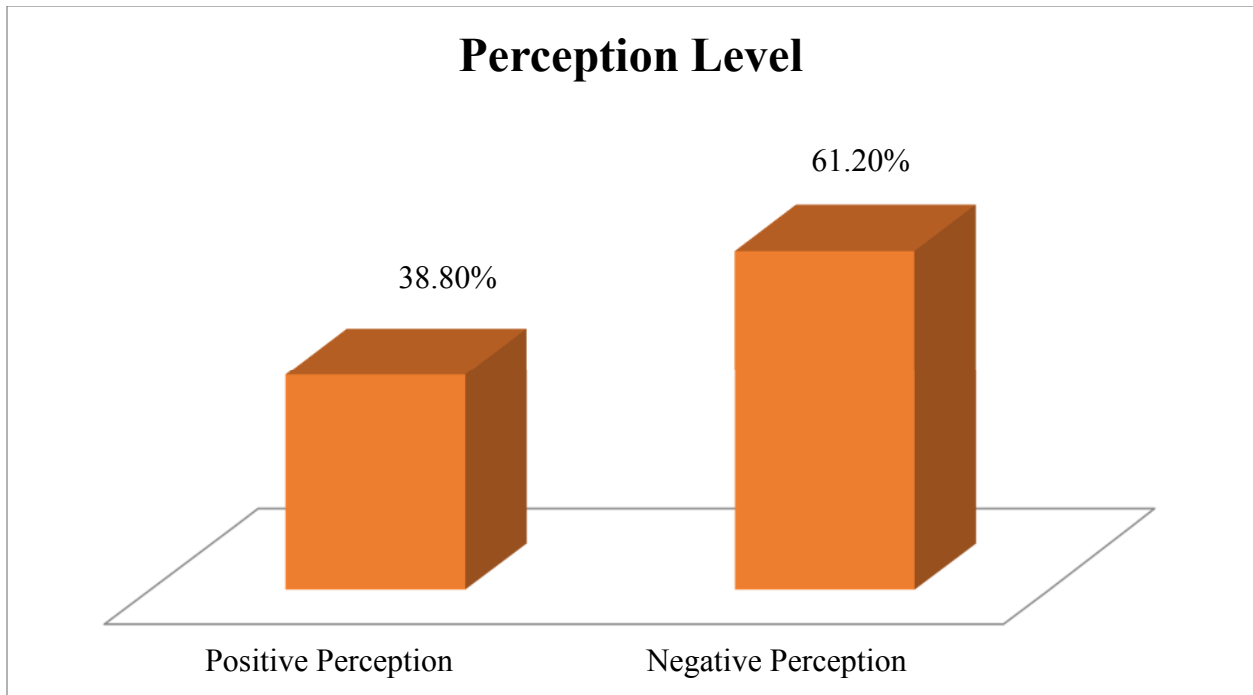


Fig 1 Perception of mothers on services provided by traditional birth attendants

Fig 1 depicted the level of perception towards intra-partum care as assessed by summation of the items on the likert scale, most score to be 4 (Strongly agree), 3(Agree), 2 (Disagree) and the least to be 1 (Strongly Disagree). A benchmark of 50 percentile was used, all scores above were given ‘positive perception’ and scores below were given “negative perception”. The result as shown on the chart revealed that 31(38.8%) of respondents had positive perception while 49(61.2%) had negative perception towards services provided by TBAs.

Table 4 Reasons mothers utilize services of traditional birth attendants

	True N(%)	False N(%)
Good influence on the previous use of TBA services	48(60.0)	32(40.0)
It is cheaper	23(28.7)	57(71.3)
It is more culturally accepted	68(85.0)	12(15.0)
TBA home is closer to my house than hospital	53(66.3)	27(33.7)
It is the only maternity care that I know	9(11.3)	71(88.8)
TBAs are more caring	43(53.8)	37(48.2)

Table 4 revealed the reasons for utilization of TBAs services among the respondents, Majority, 48 (60.0%) made use of TBAs because their previous visits had been encouraging, overwhelming, 68 (85.0%) agreed that TBAs are more culturally accepted and 66.3% accepted that TBAs are easily accessible with a little above average 43 (53.8%) accepted that TBAs are more caring than the Registered Nurses. On the flip side, 71.3% did not accept the cost effectiveness of TBAs, 88.8% claimed that TBAs are not the only maternity they know.

Test of Hypotheses

Ho1: There is no significant relationship between socio-demographic profiles (educational level, age, ethnicity, occupation, parity) and knowledge level of mothers on traditional birth attendants. The cross-tabulation revealed a chi-square value of 6.72, df of 2 and p-value of 0.035. The p-value obtained is lesser than the conventional level of significance; therefore, there is significant relationship between knowledge on TBAs and the age of the mothers. This implies that the null hypothesis will be rejected, and the alternate hypothesis will be accepted. Although, there is no significant relationship between the mothers’ knowledge of TBAs and their marital status (p-value 0.824), equally there is no significant relationship between knowledge of TBAs and their educational status (p-value 0.923).

Table 5 (Ho1): Relationship between Socio-demographic profiles and knowledge level of mothers on traditional birth attendants

	Knowledge Level		Total	Chi Square	DF	P value	Remark
	High n(%)	Low n(%)					
Age							
20 -29	19(23.8)	2(2.5)	21(26.3)	6.72	2	0.035	Significant
30- 39	34(42.5)	10(12.5)	44(55.0)				
40 and above	8(10.0)	7(8.8)	15(18.8)				
Marital Status							
Single	8(10.0)	3(3.8)	11(13.8)	4.38	2	0.824	Not Significant
Married	46(57.5)	13(16.3)	59(73.8)				
Divorced	7(8.8)	3(3.8)	10(12.5)				
Educational Status							
Primary	5(6.3)	2(2.5)	7(8.8)	5.16	3	.923	Not Significant
Secondary	25(31.2)	7(8.8)	32(40.0)				
Tertiary	31(38.8)	10(12.5)	41(51.3)				

Total	61 (76.3)	19 (23.7)	80(100)				
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Ho2: There is no significant relationship between perception of mothers on services provided by TBAs and knowledge on TBAs

The cross-tabulation revealed a chi-square value of 10.21, df of 3 and p-value of 0.331. The p-value obtained is greater than the conventional level of significance; therefore, there is no significant relationship between the significant relationship between mothers’ perception of TBAs services and their knowledge on TBAs. This implies that the null hypothesis will be rejected and the alternate hypothesis will be accepted.

Table 6 (Ho2): Relationship between perception of mothers on services provided by TBAs and knowledge on TBAs

	Perception Level		Total	Chi Square	DF	P value	Remark
	Positive n(%)	Negative n(%)					
Knowledge Level High	25(31.3)	36(45.0)	61(76.3)	10.21	1	0.462	Not Significant
Low	6(7.5)	13(16.25)	19(23.7)				

Total	31 (38.8)	49 (61.2)	80(100)			
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Discussion of Findings

Several of the women in the study were between the ages of 30 and 39, which may explain why so many of them were married. The results also showed that majority of the women had completed at least some college and were working.

The majority of the mothers in this study had a good understanding of the roles and properties of TBAs, according to the results. The study by Lazzerini et al (2019) revealed that majority of moms in his study (71.3%) had a strong understanding of how TBAs can increase the risk of excessive and protracted bleeding and infection. The same pattern was also observed among the study's participants, according to Adetara et al. (2018). In this study, about 53.8% of the mothers believed that TBAs cannot provide surgical treatments or other gynaecological services. This leads to the reasonable conclusion that women are aware of the limitations of the services TBAs may provide and that they do not have the same level of training as registered nurses and midwives in a typical hospital setting. Adefolaju (2016) made a similar assertion, stating that 72.4% of participants were able to successfully divide TBA tasks from those of registered nurses.

It was also shown that 61.2% of moms had a poor opinion of the services provided by TBAs. According to Natunkunda (2017), women had no complaints about the nurses who attended to them and supported them much throughout the childbirth process. Although many people said that TBAs were more compassionate than the nurses. Our study was unable to determine the cause of this phenomena. Nonetheless, many moms believed that TBAs should be outlawed because they facilitate the spread of witchcraft. On the other side, Adatara et al. (2018) found that (62%) of the women in his survey said they liked how TBAs handled their labour cases, with some calling them the best, and that they thought their services should be made more widely available.

The study revealed why people use TBA services; the majority of mothers said they went to TBAs because of their positive experiences there in the past. Ninety percent of the mothers in this study acknowledged that cultural factors significantly impacted their TBA use. Contrary to popular belief, the majority of maternal TBAs are not cheap. The majority of mothers chose TBAs over the usage of hospitals despite the study's inability to explain why this is the case. Fascinatingly, mothers in this study also reported that they use TBAs on purpose, rather than out of need or unfamiliarity with a particular hospital. The study found no correlation between mothers' expectations for TBA services and their actual understanding about TBAs. This suggests that mothers' level of familiarity with TBAs and their services has no bearing on how they evaluate such services.

Conclusion

The results of this study suggest that mothers' level of familiarity with TBAs and their services has no bearing on their evaluations of such services. Despite the fact that the mothers showed a high degree of understanding about TBAs and the services they provide. It was also demonstrated that women knowingly employ TBAs despite knowing they are not competent to care for them and that doing so exposes them to a variety of difficulties.

Limitation

The convenience sampling technique used in the study limit the generalisation of study results to a larger context. Also, the study was a cross-sectional design, which precludes a cause-and-effect conclusion.

Implication for Nursing Education, practice and research

It has been noted that the attitudes of health workers may discourage pregnant women from giving birth at a hospital; as a result, nurses must strive hard to establish a positive rapport with their patients in order to avoid utilising untrained traditional hospital attendants. In order to create a positive nurse-client connection, nurses should health educate, give labouring women their full attention and comfort. When a patient becomes pregnant again, they will feel more comfortable using the nurses' services because of this. Nurses need to be aware of and prepared to address the current problems with maternal and child care in the hospital. As a result, the nurse will effectively

care for pregnant women and meet their demands. Also, it could bring about further research on Nurses attitude towards pregnant women during Antenatal clinics.

Ethical Declarations

The authors are grateful to the Research and Ethics Committee of the primary health care development agency for the approval granted to conduct the study and all patients who participated in the study.

This study was presented for approval by the researcher's supervisor and research and ethics committee of Afe Babalola University, Ado- Ekiti. Also, before the commencement of the study, participants right to full disclosure and self- determination will be explained, they were informed about the nature of the study and what findings needed to be obtained, and thus informed consent was obtained. Participants were informed that they have the rights to choose voluntarily if they want to participate in the research or terminate their participation to ensure self- determination, and their wishes will be respected to ensure respect for them.

Declaration of Interest Statement

The authors declare no competing interest.

Declaration of Funding

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