PERCEPTIONS ON TRADITIONAL BIRTH ATTENDANTS INTEGRATION INTO THE PRIMARY HEALTH CARE SYSTEM IN IKENNE LOCAL GOVERNMENT AREA, OGUN STATE, NIGERIA

Emmanuel Okondu OGECHUKWU
Department of Public Health, Babcock University, Ilisan-remo, Nigeria

Bibiana Adebo RHENUA
PAP RashidahSa'adatulBolkiah Institute of Health Sciences
Universiti Brunei Darussalam

Rita Nkiruka EZEOKOLI
Department of Public Health, Babcock University, Ilishan-remo, Nigeria

Olanrewaju Seun ADEGBITE
Department of Public Health, Babcock University, Ilishan-remo, Nigeria

Abstract

The study assessed perceptions of traditional birth attendants on their integration into the primary health care system with credence to the Health Belief Model. Two focus group discussion sessions were held with Eighteen (18) traditional birth attendants resident in Ikenne Local Government Area in Ogun State, Nigeria. Participants were predominately female (seventy percent), compare to thirty percent male. Thematic analysis was used in the analysis of data. Data were transcribed from audio to text to facilitate analysis, cleaned to avoid repetitive reporting and then coded according to the groups, themes and sub-themes. The study revealed that traditional birth attendants had poor knowledge on their integration into the primary health care system. However, participants had a clear understanding and definition of their roles as traditional birth attendants. Governmental backing, provision of automatic referrals, and monetary compensation (commission per referral) were identified as cues to action for the participants towards the integration. It is recommended that traditional birth attendants should be sought and reached out to by the health system, as regards the intention of the government to integrate them into the primary health care system. Materials and equipment should also be provided for them. As traditional birth attendants are enthusiastic about sharing their knowledge with the health system based on monetary terms, the health system should seize this opportunity to improve on the production, standardization and management of herbal and unconventional drugs. This could go a long way in the reduction of mortality from drug misuse and overuse, and also increase the country's revenue.

Keywords: *Traditional birth attendants, Integration, Perception, Primary health care system*

Introduction

Traditional birth attendants (TBAs) are important in providing health care. A traditional birth attendant can be said to be a community-based provider of pregnancy-related care that works independently of the health system (WHO, ICM & FIGO, 2017). However, there are evidences that the care provided by traditional birth attendants is of low and poor quality and their practices are reported to be unsafe and substandard (Ali & Siddig, 2012). In spite of this, 80% of women in Nigeria prefer traditional birth attendants to modern health care practitioners (Akpabio, Edet, Etifit, & Robinson-Bassey, 2014; Olusanya, Inem, Abosede, & Olayinka, 2011).

Despite the advent of orthodox health care, in developing countries, Nigeria inclusive, traditional health care continues to provide services and are still being utilized by the populace (Oyerinde, Harding, Amara, Garbrah-Aidoo, Kanu, Oulare, Shoo, & Daoh 2012; Bergstrom & Goodburn 2001, Kassaye, Amberbir, Getachew & Mussema, 2006). Fifty-three years since the introduction of orthodox health services in Nigeria, about 64% of pregnant women still utilize traditional birth attendant services, despite the availability of primary health centres across the country (National Population Commission and ICF International, 2013, Aigbiremolen Alenoghena, Eboreime & Abejegah, 2014). Factors like the care, the respect, accessibility, affordability and prayers by the traditional birth attendants have been discovered to be some of the reasons why most women prefer and utilize traditional birth attendant services (Akpabioet al 2014; Imogie, Agwubike & Aluko, 2002)

Sixty percent of new-borns die before their first birthday globally (UNICEF, 2008). Despite the decline of neonatal mortality in Africa, Nigeria still has high neonatal mortality. Nigeria's maternal mortality is 800 per 100,000 live births and its under-five mortality ratio is 201 per 1,000. Maternal and child health is one of the components of primary health care and primary health care cannot be achieved without optimum maternal and child health. Hence, maternal and neonatal survival is directly dependent on TBA services (Abodunrin, Akande, Musa, & Aderibigbe, 2010). Nigeria has an estimated 59,000 maternal deaths and contributes to almost 10% of the world's maternal deaths (Federal Ministry of Health, Nigeria, 2005) and traditional birth attendants have been associated with the occurrence of maternal deaths due to unskilled attendance and the unsafe practices carried out by them (Babalola & Fatusi, 2009).The utilization of traditional birth attendant services by women is a major concern as it has been associated with both neonatal and maternal mortality.

Research has, in contrast, shown that babies delivered in maternity homes run by traditional birth attendants are healthier than those delivered in hospitals. Certain work shows that infants delivered at TMHs are less likely to have severe hyper bilirubinemia compared with those delivered in hospitals (Olusanya et al, 2014). Traditional birth attendants have also been shown to be involved in the management of 38% of non-abortion mortalities in Niger Delta, Nigeria (Igberase & Ebeigbe, 2007).

In 2004, the national health policy called for the integration of traditional birth attendants into primary health care (Federal Ministry of

Health, Nigeria, 2004). However, ten years down the line, this has not been successfully achieved (Okafor, Arinze-Onyia, Ohayi, Onyeka, & Ugwu, 2015). The problems of maternal mortality with eight hundred and thirty women dying daily and child mortality with about 5.9 million children dying yearly with another 250 million under-5 children at risk of sub-optimal development (WHO, 2015) is certainly alarming. At the national level, there is a drastic reduction in the Gross Domestic Product (GDP) of the country. Among certain selected countries in 2010, Nigeria had the highest maternal mortality rate of 630 per 100, 000 live births with a GDP growth of 8.0% (World Bank, 2010). Significantly, Nigeria has experienced a drastic reduction in GDP growth over the years with 6.3% in 2014, 2.7% in 2015 and -1.5% in 2016 (Nigeria Data Portal, 2017). This reduction is caused by a lot of factors but maternal mortality has certainly had a role to play in it. In Africa at large, women constitute 70% of the labour force. Maternal mortality, therefore, is a huge cost to the economy. There is dearth of research with regards to the integration of TBAs into the health system, hence, the need for the study. The objective of our study was to assess the perspectives of traditional birth attendants on their integration into the primary health care system.

Methodology

Research Design

The study adopted a descriptive survey research design of ex-post-facto type. This is so because this method enabled the researchers to carefully analyze the sampled population with a view to assessing the perceptions of traditional birth attendants on their integration into the primary health care system.

Sample

The study conducted Focus Group Discussions (FGDs) with traditional birth attendants that have not been integrated into the primary health care system in Ogun State, Nigeria. Thus, the study participants were traditional birth attendants. Two Focus Group Discussions session were held with eighteen (18) traditional birth attendants resident in Ikenne Local Government Area in Ogun State, Nigeria.

Research Instrument

The Health Belief Model was used in the development of the instrument of data collection. The instrument had the following themes: (a) traditional birth attendants role (b) challenges faced by traditional birth attendants (c) governmental solution to challenges (d) perceived benefits (e) perceived susceptibility (f) perceived barriers and threats (g) self-efficacy and cue to action (h) success of the integration. The instrument was designed to assess the knowledge of participants and their perception towards their integration into the primary health care system.

Data Collection

The study conducted Focus Group Discussions with traditional birth attendants in Ogun State, Nigeria. Study participants were traditional birth attendants that have not been integrated into the primary health care system. Participants were predominantly female (seventy percent) and spoke Yoruba language. Research assistants approached participants who gave informed consent, including the audio-recording of the Focus Group Discussions. Focus Group Discussions lasted for 30 minutes on the average. The project was approved by the

Babcock University Health Research Ethics Committee.

Data Analysis

Data collected through the use of FGD were analysed, using thematic analysis. Researchers familiarized themselves with the data and transcribed it from audio to text to facilitate analysis. It was then cleaned to avoid repetitive reporting and afterwards, coded according to the groups, categorized according to themes and then summarized; containing adequate information under each theme.

Limitations of the Study

Data sources and review of previous researches might have influenced the direction of the research. Also, moderators and stenographers might have influenced the probing, direction and results of the research respectively. However, the use of moderators and stenographers skilled in the subject matter are required in the conduct of a Focus Group Discussion. The study could have also been limited by the transcription from audio to text. However, the study was done in Yoruba language and afterwards transcribed by a skilled linguist.

Findings and Results

There were 35 traditional birth attendants eligible for the study in the study area, and 18 agreed and were available to participate. There were 2 groups (G-A as group A and G-B as group B); each with 9 randomly selected traditional birth attendants. 2 sessions of the Focus Group discussions were done simultaneously in the 2 groups. The study's specific objectives guided themes and sub-themes which were identified. Content analysis of the data involving interpretative thematic analysis with distinguishing quotes that validate participants' perspectives was done. Text in italics and quotes show the verbatim oral expressions of the study participants, eliminating researchers' interpretation. Participants' responses were transcribed from Yoruba language to English language.

Theme I: Participants' knowledge on their integration into the primary health care system

The integration of TBAs in primary health care is majorly under three criteria. These are the training of TBAs, an effective referral system and the adaption of valuable traditional practices in the health system.

Sub theme I: The training of TBAs

TBA integration training should routinely involve periodic updates on sanitary practices, proper sterilization of equipment and on better methods of obstetric care. The groups expressed that there has not been adequate training provided by the government. However, they noted that certain private institutions about two or three years ago conducted brief health education exercise amongst them. Both groups agreed that they train themselves and also requested for training from the government.

> *"I train TBAs, everyone here learnt it. Most of us did not inherit the occupation, we learnt it. If someone wants to join the group, we ask for the certificate of training. We issue certificates here. The certificate is not important……certain questions will be asked to test the person's knowledge. For example, if he/she is asked to get bitter leaf and he/she does not know it". [G-A]*

"Firstly, we look at you if you are up to the task, capable. You know, some people do not know about the work. As you said you want to join us and we do not know where you trained. We do not know if you only heard about TBAs and decided to just join and we do not want you to implicate us. You understand?" [G-A]

"…they (the government) should give us more training and materials. They came to us a long time ago, but there has been no update; things change over time….we want more knowledge" [G-B]

Sub theme II: An effective referral system

This comprises knowing the limits as a TBA and referring complicated cases to orthodox health facilities. A unanimous response from both groups reflected that they understood the referral system and make use of it.

"TBA work has limit…..firstly, there is a limit to which we can work because we do not perform caesarean section; but, if for over 2 hours, a pregnant woman's cervix has not expanded and no change is noticed over time, we know it is not our work. You understand? We then immediately refer her, immediately" [G-A]

"We refer to community centres. The centres work with us, they said if we have a patient that we cannot handle, and we should send the patient to them. We refer to government hospitals" [G-A]

Sub theme III: Adaption of valuable traditional practices into the health system

The adaption of valuable traditional practices into the health system includes the modification of herbal drugs and its standardization. It also includes appropriate and adequate research concerning the use and usefulness of the herbs used by the traditional birth attendants. Conflicting perspectives concerning the sharing of knowledge with the health system arose among individuals in the various groups. Bottom line is that the sharing of knowledge with the health system must involve financial or gain in kind on the part of the TBAs.

"We are willing to share our knowledge with the government if it will bring money. Everything is on a money basis. There is no problem as far as there is money." [G-A]

"One year, 2002 or 2003, we were asked to pay some money at the State's Ministry of Hospital Services, Abeokuta. They collected forty thousand naira each to teach us how to make herbal medicine in form of capsules and tablets. Up till now, we have not seen or heard anything and I as a person, I paid forty thousand naira as I stand here. We did not see any returns, we did not see any machines…….we did not see anything. They know it, they practiced it…it worked. But, they didn't give us. That is why we are not cordial with them". [G-B]

Knowledge on the integration entails having an understanding of what the integration of traditional health care into the primary health care system is. There is limited knowledge on the integration of traditional health care into the health care system amongst traditional birth attendants. Responses indicated that participants had not been duly

informed and adequately informed about the integration of traditional health care in the primary health care system.

"We have not heard that (the integration) yet, they (the government) has not given us any notice as to whether we are joining them or not. We do not know, but you are letting us know now" [G-A]

Theme II: Assessment of the perception of TBAs towards their integration into the primary health care system in the local government:

Positive perception is required on the part of traditional birth attendants for the success of the integration of TBAs into the primary health care system. Poor perception of TBAs towards the integration of TBAs into the primary health care system could translate into intentional impediments and delays created by the TBAs to hinder the integration. Positive perception towards the integration of TBAs into the primary health care system, on the other hand would facilitate a heightened rate of integration.

Subtheme I: Perceived susceptibility:

This construct aimed as assessing the perception of TBAs as to what makes them susceptible to the integration. Varying perspectives on susceptibility were observed and expressed across the groups.

> *"We did not say that we do not want to join them (the government), they are the ones who do not accept us. You understand? They are the ones doing badly" [G-B]*

> *"We cannot go to meet them (the government), if we are not called by them" [G-B]*

> *"We do not think we will lose anything from the integration, it is a way of moving forward" [G-A]*

Sub theme II: Perceived benefits:

This was aimed at assessing the perspectives of TBAs as to what is to be gained as a result of their integration into the PHC system. Both groups unanimously itemized trainings as a benefit to be obtained, they also expressed that hitherto there were benefits but none as at now.

> *"There were benefits before, but now there are no benefits, they are sitting on the benefits" [G-B]*
> *"There would be benefits on all sides; they could organize trainings for us and could give financial support; but as at now there is nothing" [G-A]*

Sub theme III: Perceived barriers and threats:

These are impediments and obstacles identified by the study participants as reasons why their integration into the PHC system has not been successful. The study's participants believe that the government see no value in them and do not see their work and methods as a reality. They also expressed that during referrals, their patients are treated below par and unfairly by the health facility to which they are referred. Inconsistency by the government was also mentioned as a problem by the participants.

> *"This is the reason for failure. They do not value us or see us as anything, because if they do; they would inform us of programmes they are organizing. We are the ones closest to the community, we could inform the community about immunization*

and deworming exercise organized by the government" [G-B]

"The health centres believe that what we do is not a reality. We know what we do, what we practice is what we see and it is a reality, but they do not want to accept that for us."[G-B]

"Sometimes, they (orthodox health facilities) let the patient die. They allow the loss of lives as they would not attend to them on time, they would not attend to them as supposed to. They will say; after all you saw us (orthodox health facilities) before you went to the herbal home. They (TBAs) have used herbs to spoil your life. That way the child and mother is lost" [G-B]

Sub theme IV: Self-efficacy:

This is the participants' belief and conviction that the integration of TBAs into the PHC system can be successful with his/her help. Participants generally had reasonable self-efficacy and seemed to know their roles well.

"About the immunization exercise that happened some time ago, children were immunized and everyone was picking up their children from school. We as TBAs, have the right to tell them to leave their children to be immunized. They will listen to us than anybody else" [G-A]

"We are the ones closest to the community than they are. We know what is going on in the community, in our area, in our local government. We can be giving them feedback. [G-B]

"Assuming there was to be an immunization exercise, we are the ones who see which mother is taking good care of her child and who is not. Okay, if anything like that happens, Oya! This one o! The government is bringing it. Get ready! Take your children o!
The deworming that became a problem, when they do not want to spend money, they kept it. We would have disseminated the information" [G-B]

It (the integration) has to be successful. If we are honest, it will be successful" [G-B]

Sub theme V: Cue to action:

This is what motivates the participants for a successful integration. Despite the negativity pungent in the perspectives of the participants, a positive outlook is expressed towards the integration.

"We want the integration to be very successful……we are going to move forward as a result of the integration" [G-A]

"We are interested in the integration as far as there are benefits…..we are interested if they accommodate us" [G-B]

"No one works with the government and regrets. It is the government we are talking about. If we say we accept the integration, they might think to site a traditional hospital here in our vicinity and equip it or

decide to send some of us for trainings to learn; or maybe as we are working, they might give us automatic referral that if there is any problem or emergency any time, whatever hour, we knock at a certain door and they will answer us. If all these are there, it will be an advantage for us. Everyone will be able to work conveniently and know that if anything happens, the government is solidly behind him/her" [G-A]

"We accept the integration as long as there are benefits. That is the soup" [G-A]

Tabular format of perception of participants on their integration into the primary health care system

Themes	**Perspectives of participants**
a. Training of TBAs	- Inadequate trainings by the government - Equipment should be provided
b. Effective referral system	- Incentives should be available per referral from a TBA
c. Adaptation of valuable traditional practices into the health system	- Do not trust the government based on past experiences - Are willing to share valuable knowledge in exchange for monetary compensation
d. Knowledge on the integration	- Not been informed about the integration. - Exclusion from government-organized community outreach programmes
e. Perception towards the integration	**Perceived benefits** - No benefits at the moment. - There are benefits to gain later if successful. **Perceived barriers** - Perception of non-usefulness by the government. - Lack of belief in them by government-owned health facilities. - Lack of trust in the government due to past experiences. - Inconsistency by the government
f. Self-efficacy and cue to action	**Self-efficacy** - Influence in the community **Cue to action** - The prospect of moving forward, - Provision of benefits, - Siting of traditional hospitals, - Training programmes, - Provision of automatic referrals, - Commission per referral, - Governmental backing

Discussion

The study result indicates that there has been no training exercise conducted for the participants. The most recent "similitude" of a training exercise was carried out 3 years ago and it was not organised by the government. Our finding is contrary to a certain study concerning support from local health authorities to traditional birth attendants (Olusanya et al 2011).

Although participants seem to know their roles and boundaries in the health system and also seem knowledgeable in matters of sanitary practices and sterilization of equipment, a lot is still to be learnt concerning improved obstetric care and medical breakthroughs as there is no such avenue for them to learn. Our finding is similar to some recommendations which call for the reinforcement to train and engage traditional birth attendants (Olusanya et al 2011). They are quite enthusiastic and eager to acquire more knowledge concerning their bespoke occupation.

Training and regular periodic updates organized for traditional birth attendants would invariably increase the quality of health services provided by the TBAs, ensuring safer practices as TBAs would be better informed on how best to effectively discharge their duties (Okafor et al 2015, Akpala, 1994, and Itina, 1997). All these would result in a decrease in the maternal mortality indices of the country and the world at large, if handled and managed properly.

Findings from this study is in agreement with the study conducted by Ofili and colleagues indicating that TBAs lack adequate training or do not have any at all (Ofili & Okojie, 2005). This revelation only goes to corroborate the importance and necessity of the training of traditional birth attendants. The essence of training TBAs is to allow uncomplicated labour attendance and immediate referrals in complications (Imogie, Agwubike & Aluko, 2002, Okafor et al, 2015).

When asked about possible solutions that could facilitate a successful integration in regards to an effective referral system and certain other activities, an incentive/commission system was mentioned. This finding is certainly a first among previous researches. According to the participants, certain private health facilities give commissions based on referrals from a TBA.

Commission per referral can be arranged if the long term goal of safe motherhood is scrutinized and ranked top of the priorities. Commission per referral would definitely encourage and stimulate referrals of complicated cases by TBAs to orthodox health facilities. This way; it is a win - win situation. TBAs are pleased with their commission and do not feel cheated and the orthodox health facilities provide essential obstetric care to the women. The most important of it all is that lives are saved. This finding is consistent with other research (Chukwuma, Mbachu, Jessica, Bossert, & McConnell, 2017).

Study participants expressed that they are usually oblivious about programmes organized by the government, citing a recent example of a deworming community outreach exercise carried out in schools that caused a stir. They also indicated that they were not aware about the integration. This finding is not consistent with certain research (Oyerinde et al, 2012). TBAs are to serve as the bridge between the health system and the people. According to the

results of this study, the health system is not effectively utilizing and managing this link. TBAs pose great potentials in the dissemination of health information and the creation of awareness about health issues relevant to their indigenous communities.
The finding revealed that TBAs believe that the government health system does not believe in them or their abilities. This is seen in the excerpts from the Focus Group Discussions. A feeling of unworthiness and disbelief is associated with anything related to TBAs in the health system. This has certainly unavoidably caused the present gap between the TBAs and the health system. TBAs also do not have a cordial relationship with skilled health workers. However, this is necessary (Chukwuma et al 2017).

The findings of this study indicate that TBAs utilize the referral system. This finding is consistent with studies as to the utilization of the referral system by traditional birth attendants and their reason for these referrals being to maintain a good reputation (Izugbara, Ezeh, and Fotso, 2009).

Conclusion and Recommendations

The study revealed that participants have positive perspectives towards their integration into the primary health system, although majority showed negative perspectives in matters related to lack of trust and inconsistency by the government. Research should be carried out among health workers, stakeholders and primary health care staff concerning their perspectives on the integration of traditional birth attendants into the primary health care system. It is, therefore, recommended that traditional birth attendants should be sought and reached out to by the health system, as regards the intention of the government to integrate them into the primary health care system. Materials and equipment should also be provided for them. One of the cues to action based on the findings is a prospect of commission per referral. Commission per referral should be considered by the primary health system stakeholders as a means to liaise with traditional birth attendants around the country.

As traditional birth attendants are enthusiastic about sharing their knowledge with the health system based on monetary terms, the health system should seize this opportunity to improve on the production, standardization and management of herbal and unconventional drugs. This could go a long way in the reduction of mortality from drug misuse and overuse, and also increase the country's revenue.

References

WHO, ICM & FIGO. Making pregnancy safer: the critical role of the skilled attendant. Accessed at http://www.who.int/maternal_child_adolescent/documents/9241591692/en on 28th, July, 2017.

Ali & Siddig (2012). Poor practice and knowledge among traditional birth attendants in Eastern Sudan. *Journal of Obstetrics and Gynaecology*. Vol. 32 (8), p. 767-769. DOI:10.3109/01443615.2012.696157 . Accessed from www.search.ebscohost.com

Akpabio I., Edet O.,Etifit R.& Robinson-Bassey (2014). Women's preference for Traditional Birth Attendants and Modern Health Care practitioners in Akpabuyo Community of Cross River State, Nigeria. *Health Care for Women International.* DOI: 10.1080/07399332.2013.81571.

ISSN: 1096-4665. Accessed from www.search.ebscohost.com

Olusanya O., Inem A.,Abosede A.& Olayinka (2011). Infants delivered in Maternity homes run by Traditional Birth Attendants in Urban Nigerian: A Community-based Study. *Health Care for Women International*. Jun, Vol. 32 Issue 6, p 474-491. DOI: 10.1080/07399332.2011.565531 ISSN: 0739-9332. Accessed from www.search.ebscohost.com

Oyerinde, Harding, Amara, Garbrah-Aidoo, Kanu, Oulare, Shoo & Daoh (2012). A Qualitative Evaluation of the Choice of traditional birth attendants for maternity care in 2008 Sierra Leone: Implications for Universal Skilled Attendance at Delivery. *Maternal and Child health Journal.* DOI: 10.1007/s10995-012-1061-4.

Bergstrom S. &Goodburn E. (2001). *The role of traditional birth attendants in the reduction of maternal mortality studies in health services Organization and Policy,* 17.

Kassaye K., Amberbir A., Getachew B., Mussema Y., A (2006), historical review of traditional medicine practices and policy in Ethiopia. Ethiopia Journal of Health. 20 127-134.

Nigeria Demographic and Health Survey 2013. Accessed from http:// www.population.gov.ng/images/ndhs_data/ndhs_2013/2013_ndhs_final_report.pdf

Aigbiremolen A., Alenoghena I., Eboreime E., & Abejegah C (2014), Primary health care in Nigeria: From Conceptualization to Implementation. Journal of Medical and Applied Biosciences, 6 (2)

Imogie A., Agwubike E., Aluko K. (2002). Accessing the role of traditional birth attendants (TBAs) in health care delivery in Edo State, Nigeria. *African Journal of Reproductive Health.* Aug, Vol. 6 (2), pp. 94-100. Accessed from www.search.ebscohost.com

UNICEF (2008), The state of the world's children.

Abodunrin O., Akande T., Musa I., and Aderibigbe S. (2010). Determinants of referral practices of clients by traditional birth attendants in Ilorin, Nigeria. *African Journal of Reproductive Health*. Vol. 14:pp. 77-84

Federal Ministry of Health (2005). Road map for accelerating the attainment of the millennium development goals related to maternal and neonatal health in Nigeria. *Federal Ministry of Health*, Abuja.

Babalola & Fatusi (2009). Determinants of use of maternal health services in Nigeria – looking beyond individual and household factors. *BMC Pregnancy and Childbirth.* 9:43. DOI: 10.1186/1471-2393-9-43.

Igberase & Ebeigbe (2007). Maternal mortality in a rural referral hospital in the Niger Delta, Nigeria. *Journal of Obstetrics and Gynaecology*. Vol. 27 (3), p275-278. DOI: 10.1080/01443610701213687. Accessed from www.search.ebscohost.com

Federal Ministry of Health (2004). Revised National Health Policy. *Federal Ministry of Health,* Abuja.

Okafor I., Arinze-Onyia S., Ohayi S., Onyeka J., and Ugwu E. (2015). Audit of Childbirth Emergency Referrals by Trained Traditional Birth Attendants in Enugu, South East, Nigeria. *Annals of Medical and Health Sciences Research.* Vol.5. Issue 4

Akpala C. (1994). An evaluation of the knowledge and practices of trained traditional birth attendants in Bodinga, Sokoto State, Nigeria. *The Journal of Tropical Medicine and Hygiene.* February; Vol. 97 (1), pp. 46-50.

OfiliA. & Okojie O. (2005). Assessment of the role of traditional birth attendants in maternal health care in Oredo Local Government Area, Edo State, Nigeria. *Journal of Community and Primary health care.* June 2005; 17(1): 55-60

Chukwuma, Mbachu, Jessica, Bossert & McConnell (2017). "Once the delivery is done, they have finished": a qualitative study of perspectives on post-natal care referrals by traditional birth attendants in Ebonyi state, Nigeria. *Biomedical Central Pregnancy and Childbirth.* DOI: 10.1186/s12884-017-1616-x

Izugbara C., Ezeh A., Fotso J. (2009). The persistence and challenges of homebirths: Perspectives of traditional birth attendants in Urban Kenya. *Health policy and planning.* Vol. 24, pp. 36-45.