



Perceived Factors Influencing the Utilization of Traditional Birth Attendants' Services in Akinyele Local Government, Ibadan, Nigeria

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ABSTRACT

Background: Studies have shown that one of the major causes of maternal death especially in developing countries is unskilled birth attendants at pregnancy and childbirth. The aim of this study is to determine the reasons for the utilization of traditional birth attendants' services among mothers in Akinyele Local Government, Ibadan, Nigeria.

Methodology: The study design was cross sectional and interviewer-administered questionnaire was used to elicit information from the women who had ever given birth. Data was collected from the women who attend the post-natal and Immunization clinics in the selected health centres. A total of 130 questionnaires were retrieved and analyzed using statistical package of the social sciences (SPSS) and presented as tables and figures. Two hypotheses were tested using chi-square test $p \leq 0.05$ level of significance.

Results: The findings revealed that 55.4% have ever utilized the TBA. Significant reasons for patronizing of TBAs by the women were that the TBAs were more user friendly ($p=0.012$), were readily accessible ($p=0.000$) and their belief in them ($p=0.000$). Poverty ($p=0.988$) and educational level ($p=0.133$) were not found to be statistically significant in this study.

Conclusion Effort should be made by care providers and policy makers to ensure that our modern health care services for mothers are more accessible, user friendly with culturally sensitive care.

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INTRODUCTION

Reduction of maternal mortality has been a major concern in many developing countries. Every day, approximately 830 women die from preventable causes related to pregnancy and childbirth and 99% of all maternal deaths occur in developing countries and more from Rural area.¹ One of the major reasons for maternal death especially in developing countries is that women are left in the hands of unskilled birth attendants at pregnancy and childbirth.² World Health Organization (WHO)¹ reported that, the high number of maternal deaths in some areas of the world reflects inequities in access to health services, and highlights the gap between rich and poor. Many women in developing countries like Nigeria do not have access to skilled care during

pregnancy and childbirth thus such women rely on traditional birth attendants for care. Also, it has been reported that many of the practices of these traditional birth attendants (TBAs) are detrimental to the health of mothers resulting in many complications and ultimately maternal death as many of them are not skilled.³

The World Health Organization (WHO)⁴ defines a skilled attendant as “an accredited health professional such as a midwife, doctor or nurse who has been educated and trained to be proficient in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns. While a Traditional Birth Attendant (TBA), is a

person who provides basic pregnancy and birthing care and advice based primarily on experience and knowledge acquired informally through the traditions and practices of the communities where they originated.⁴

Many traditional midwives are also herbalists, or other traditional healers.⁵ In many countries, TBA training has been used as a means of extending health services to underserved communities especially in developing nations with the hope of decreasing mortality and morbidity.⁶ They sometimes serve as a bridge between the community and the formal health system, and may accompany women to health facilities for delivery.⁷

Around the world, one third of births take place at home without the assistance of a skilled attendant.⁸ Skilled attendants assist in more than 99% of births in more developed countries while 51% of women in low-income countries benefit from skilled care during childbirth.¹ The vast majority of the 4 million neonatal and 500,000 maternal deaths each year occur in resource-poor countries where traditional birth attendants (TBAs) participate in 43% of deliveries.² There are re-emerging birth complications with the resurgence of home births attended by TBAs, who are now excluded from the health system in countries like Sierra Leone.¹⁰ The care given during the prenatal, intranatal and postnatal periods and the environment in which the women find themselves to a very great extent can determine the state of the health of women.¹¹ All women need maternity care in pregnancy, childbirth and after delivery to ensure optimal pregnancy outcomes. The challenge now is implementing effective and affordable interventions so that progress towards the reduction of maternal mortality can become a reality. Skilled attendant at every child birth is one of the affordable measures which is now being advocated for and adopted by many countries in order to reduce maternal mortality. Despite the level of advocacy the researcher observed that some women still utilize the services of TBAs. Thus the need for this study on

Perceived factors influencing the utilization of traditional birth attendants' services among mothers in Akinyele Local Government, Ibadan, Nigeria.

Hypotheses

H₀1: There is no significant association between level of poverty and utilization of TBA services.

H₀2: There is no significant association between women's level of education and utilization of TBA services.

METHODOLOGY

Description of study area: The study was carried out among women attending selected Primary Health care centres in Akinyele local government, Ibadan, South West Nigeria. The local government is big and has many rural communities predominantly occupied by Yoruba people¹². Thus, was highly appropriate in this community since the TBAs are likely to be more in the rural than in the urban area.

The LGA was created in 1976 out of the former Ibadan North district. and has twelve wards. The total population of the LGA is 211,811 as at 2006 Nigeria census.¹² There are only about seven functioning primary health centers (PHCs) out of which three were randomly selected using ballot method. They are namely Ojoo, Moniya and Ajibode (PHCs). Two TBAs were identified by snowball method within the local government and were interviewed.

Study design: Cross-sectional descriptive design was utilized for the study.

Study population: The study population includes women who attend both post natal and immunization clinics in the three selected health centers within Akinyele local government. The post natal and immunization clinics in the three selected health centers normally holds once in a week. The total number of women who attend both clinics within the period of one week in all the selected clinics is 69. The total number within 2 weeks was 138.

Inclusion Criteria: The study include only the

women who must have had one or more children and gave birth in the last one year and visited the clinics for post natal care or came with children for immunization.

Exclusion criteria: Women who were not biological mothers of babies brought to the clinic.

Sample size determination: Krejcie and Morgan¹³ formula for calculation of sample size was utilized.

$$s = X^2NP(1-P) \div d^2(N-1) + X^2P(1-P).$$

s = required sample size.

X^2 = the table value of chi-square for 1 degree of freedom at the desired confidence level (3.841)

N = the population size (138).

P = the population proportion (.50 since this would provide the maximum sample size).

d = the degree of accuracy expressed as a proportion (.05).

$$s = 3.841 \times 138 \times 0.50(1-0.50) \div 0.05^2(138-1) + 3.841 \times 0.50(1-0.50)$$

$$530 \times 0.25 \div 0.0025 \times 137 + 3.841 \times 0.25$$

$$132.5 \div 0.3425 + 0.96025$$

$$132.5 \div 1.30275 = 101.7 + 10\% \text{ attrition } (10.2)$$

$$101.7 + 10 \text{ from TBA centres} = 112 + 10\% \text{ Attrition} = 112 + 11.2 = 123.2$$

$$s = 123$$

Since the total population was not large enough, hence all eligible women were selected for the study. Thus the total number of women that participated was 130.

Sampling technique: Akinyele LGA was purposely selected, then the seven functional health centers within the local government were identified and three health centers were randomly selected using ballot method. Women were selected using convenient sampling method. The two TBAs were identified through snowball method and were interviewed.

Data collection technique: Data was collected

from all the 130 consenting women who attended the clinics during the study period in the three selected health centres using the interviewer-administered questionnaire during the waiting time of the clinic. Their responses were documented in the structured questionnaire.

Exploratory-interview¹⁵ was done for two identified TBAs by the researcher, they were asked about how they carry out their ante natal clinics, the instruments they use in taking delivery and the general method they use in taking delivery. The interviews were recorded and later transcribed and common themes were identified and reported. A total of 10 women seen in the TBA clinics; four with one TBA and six with the other TBA were also interviewed. Their opinions and responses were equally documented.

Data management and analysis: A total of 130 questionnaires collected were analyzed and presented using frequency tables and charts. Descriptive statistics of simple percentage, tables, and charts was used to analyze and present the data. Non-parametric statistics (Chi-square) and analysis of variance were used to test for hypotheses at $p \leq 0.05$.

Information from the TBAs was transcribed and organized into themes and were reported.

Ethical consideration: Necessary approvals were obtained for the study. Ethical approval was obtained from the Ethics committee of the University of Ibadan/University College Hospital, Ibadan Research Ethics committee with approval number, UI/EC/12/0047.

RESULTS

Table I shows the socio-demographic data of the respondents. The age distribution reveals that the majority 38 (29.2%) were between 25-29 years, 73 (56.2%) had secondary level of education and were mainly traders by occupation 45 (34.6%). Also, 76 (58.5%) had 1 or 2 children and majority 84 (64.6) were delivered in government hospitals.

Table 1 : Socio-demographic characteristics of the respondents

Variables	Frequency N = 130	Percentage (100%)
Age		
15-19	13	10.0
20-24	33	25.4
25-29	38	29.2
30-34	28	21.5
35-39	15	11.5
45-49	3	2.3
Level of Education attained		
No formal education	6	4.6
Primary education	11	8.5
Secondary education	73	56.2
Higher education	40	30.8
Occupation		
Civil service	22	16.9
Student	10	7.7
Trading	45	34.6
Selfemployment	33	25.4
Unemployed/ Full housewife	20	15.4
Number of Children		
1 - 2	76	58.5
3 - 4	37	28.5
5 - 6	17	13.1
Place of Delivery		
Government hospital	84	64.6
Private hospital	19	14.6
Home	27	20.8

Figure 1 shows that majority 80 (61.5%) of the respondents' income ranges between N5,000-N19,000. The monthly income is further categorized into four by the researcher in World Bank¹⁴ categorization to determine the poverty level on table II which showed that 61.5% had very high level of poverty.

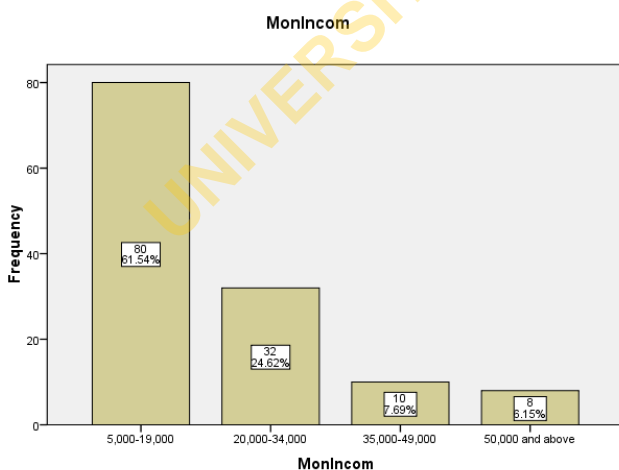


Figure 1: Monthly income of the respondents

Figure 2 shows that 72(55.4%) of the respondents had patronized the Traditional Birth Attendant at one time or the other while the remaining 58(44.6%)

have not.

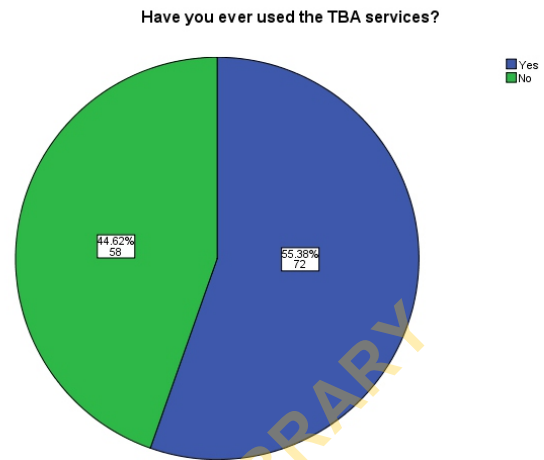


Figure 2 showing the number of respondents who have ever used the TBA service

Table II: Category of poverty level of the respondents¹⁴

Monthly income	Percentage	Poverty level
5,000-19,000	61.5%	Very High
20,000-34,000	24.6%	High
35,000-49,000	7.7%	Moderate
50,000 and above	6.2%	Low

Table III: Opinion of the respondents about the traditional birth attendants' (TBAs') services

Opinion about TBA services	Yes (%)	No (%)	Not Sure (%)
Use of sterile instrument for their services	25 (19.2%)	65 (50%)	40 (30.8%)
Have adequate skills to take delivery	33 (25.4%)	75 (57.7%)	22 (16.9%)
Can easily recognize and treat complications	27 (20.8%)	87 (66.9%)	16 (12.3%)
Support that the TBAs be banned from practicing	30 (23.1%)	87 (66.9%)	13 (10%)
Will like TBAs to be incorporated into modern health care	88 (67.7%)	40 (30.8%)	2 (1.5%)

Table III shows the respondents' opinion about traditional birth attendants' services. Many(50%) of the respondents believe that they do not use sterile materials for delivery and 57.7% of the respondents think they do not have appropriate skills also, 66% believe TBAs cannot easily recognize and treat complications. Majority, 87(66.9%) do not support that, the TBAs should be banned from practicing and 88(67.7%) respondents will like the TBAs to be incorporated into the modern health care.

Table IV: Perceived factors influencing the utilization of traditional birth attendants' (TBA) services

Perceived factors influencing the utilization of TBA services	Agree (%)	Indifferent (%)	Disagree (%)
Women patronize the TBAs because it is user friendly	63(48.5%)	19(14.6%)	48(36.9%)
Women utilize the TBA's Services because it is cheap	89(68.8%)	16(12.3%)	25(19.3%)
Ignorance is part of the reasons why women patronize the TBAs	74(57.0%)	16(12.3%)	40(30.8%)
TBAs are patronized because there is no alternative	86(66.2%)	12(9.2%)	32(24.6%)
TBAs are patronized because they are readily accessible	101(77.6%)	17(13.1%)	12(9.2%)
Women utilize the TBA services because of their belief in them	102(78.5%)	12(9.2%)	16(12.3%)
Modern health services are too expensive for women to afford	50(38.5%)	1(0.8%)	79(60.8%)
Modern health care services are not available unlike TBAs' especially in rural areas	81(62.3%)	6(4.6%)	43(33.1%)

Table IV shows that 63(48.5%) of the respondents agree that women patronize the traditional birth attendants' services because it is user friendly, 89(68.8%) agree that TBAs services are utilized because it is cheap, 74(57.0%) agree that women utilize the TBA services due to ignorance. Also, 86(66.2%) respondents agree that TBAs are patronized because there is no alternative and 101(77.6%) said they are readily accessible while 102(78.5%) were of the view that women believe in them. Majority 102(78.5%) of the respondents disagreed that, women patronize the TBAs because the modern health services are too expensive for women to afford but 81(62.3%) agree that modern health care services are not available in rural areas unlike the TBA services.

Table V: Association between poverty and women's utilization of TBAs

Monthly Income	Women's utilization of TBAs		Total	df	X	P-Value
	Yes	No				
5,000-19,000	32	42	76	7	2.184	0.988
20,000-34,000	18	18	36			
35,000-49,000	5	5	10			
50,000 and above	3	5	8			
Total	58	70	130			

Table shows V shows that the association between level of poverty and utilization of TBA was not significant ($p=0.988$). Though the more

respondents that were of the lower income group utilized TBA. Out of the 58 women that utilized TBA, 32 earned less than ₦20,000.

Table VI shows that, there is no significant association between the level of education and TBA utilization ($P=0.133$). Since $p=0.133 > 0.05$ the H_0 is therefore not rejected. It could then be concluded that there is no significant association between women's level of education and utilization of TBA services. Though, more respondents with lower level of education; 66.7% of the respondents with no formal education utilize the TBA services, 63.6% utilize it among those with primary education, 61.6% utilize it among those with secondary education while only 40% utilize it among those with higher education.

Table VI: Association between women's level of education and utilization of Traditional Birth Attendants' services

Level of Education	Utilization of TBA		N	df	χ^2 Cal	P Value
	YES	NO				
No formal education	4(66.7%)	2(33.3%)	6	3	5.601	0.133
Primary level of education	7(63.6%)	4(36.4%)	11			
Secondary level of education	45(61.6%)	28(38.4%)	73			
Tertiary level of education	16(40%)	24(60%)	40			

Two TBAs were interviewed by the researcher, they were asked about how they usually carry out their ante natal clinics, the instruments they use in taking delivery. Four women were met with the first TBA and the second woman, six women. Both TBAs over sixty years of age.

One TBA had training while the other woman did not have training. The one that had training woman uses the method of boiling to sterilize the instruments for delivery, while the other woman uses Dettol only. The trained TBA uses sterile scissors for cutting the umbilical cord while the other used new blade and ties it with the wool used for sowing. Thus, the difference in their method is the training the first woman has which helps her to understand

how to take care of the instruments.

Their antenatal clinics activities were similar as they majorly focused on singing, dancing and praying. The TBA that had training only weighs the pregnant women. Both TBAs do not check the blood pressure and urine test was not done routinely. They however encouraged their clients to register in the hospitals so as to monitor their progress in pregnancy. Both claimed that, majority of the pregnant women come back to them during labour.

They were also asked on how they recognize and handle complications they both could not quickly recognize an impending complication though they commonly notice postpartum haemorrhage, they both manage it by praying and giving herbal drinks. About the referral system, both do not want to refer their clients early in complications.

DISCUSSION

The study was carried out among child bearing women and over 50% were within 25- 29 years age group and had up to secondary school level of education. They were mainly traders with many having low income. This suggests that some of the women may not be financially empowered to afford modern health care. These findings were consistent with a study on Perception and utilization of traditional birth attendants by pregnant women attending primary health care clinics in Ogun State¹⁶ in which despite the fact that over half had secondary education they were either involved in unskilled job or were unemployed. Many women with lower level of education and lower financial status used more of the services of the TBAs than those with Higher socioeconomic status.

Although many of the respondents believe that TBAs do not use sterile instruments for their services and lack adequate skills to easily recognize and treat complications, but they still do not support that the TBAs to be banned from practicing but rather to be empowered.

From the test of the hypotheses, it was concluded that there is no significant association between poverty and utilization of TBA services. Also, that there is no significant association between women's level of education and utilization of TBA services. This is not consistent with common assumptions thus, there could be other sociocultural factors apart from finance and education. The following perceived factors were identified as contributory to the utilization of TBAs services by women. Women patronize the TBAs because it is user friendly not necessarily because it is cheap. Some women patronize the TBAs because there is no alternative and because they are readily accessible. Others utilize the TBA services because of their belief in them. The findings in this study is consistent with Imogie¹¹ that some women will always use the TBAs because of their belief in the TBAs and also because it is cheap while modern health care is too expensive for them.

The women met with the TBAs were also interviewed, majority (80%) of them also register in the hospital, when they were asked where they will give birth, some said in the hospital while some said in the TBA facility. When they were asked why they still come to the TBA they admitted that both work together for their good. The above findings are in accordance with Bello¹⁷ who found out that majority of traditional birth attendants use new (not sterile) razor blade to sever the cord, a few use scissors (unsterile) while some use bamboo stick. This is the same with the findings in this study where majority believed that the TBAs did not use sterile instruments to take delivery.

A study on the role of traditional birth attendants in Atakunmosa, Nigeria¹⁸ showed that more than 80% of TBAs were older women with more than four children, practiced single-handedly and held other occupations. It was also reported that many had no designated room for deliveries; and did not consider any pregnant woman to be at high risk; unable to recognize complication or referred patients.¹⁸ This

also is in accordance with the observation of the identified TBAs by the researcher.

There are women who would always depend on the TBAs, to some of them, cultural affinity remains one of the strong reasons why people will continue to patronize TBAs. Other reasons include the high hospital fees, the distance of the hospitals or maternity homes.¹¹

The findings in this research study it has been discovered that some of the practices of traditional birth attendants are harmful including using unsterile instruments for delivery, not having adequate skills to recognize and treat complications, delay referral to modern health care facilities in case of complications. This has led to complications to baby and mother and ultimately death of either or both. According to Byne and Morgan¹⁹ the key piece missing in TBA training is an adequate referral system, which allows TBAs to use their close ties with the community to link pregnant women to skilled birth attendants (SBA).

The effectiveness of TBA referrals to health facilities is dependent on the healthcare system's ability to support an increase in services provided and the supervision needed to support TBA integration.¹⁹ This is also in line with the findings of this research as many of the respondents suggested that adequate collaboration should be with the modern health care system and the TBA.

It was also discovered that many pregnant women will register in the hospital and deliver their babies either at home with a relative in attendance or TBA. The nurse should also educate the pregnant women in the clinic and also know about their birth plan. Encourage the women to feel free to discuss this so that the nurse will be able to elicit information that will help her to intervene effectively. In order to reduce life-threatening risks and reduce mortality, good-quality maternal health services by trained health workers must be available and must be used as well as ensuring access to services.²⁰

Addressing maternal health means ensuring that all women receive the care they need to be safe and healthy throughout pregnancy and childbirth. Many of these deaths occur in developing countries where there are no facilities to address this issue. Traditional birth attendants are often older women, respected in their communities.

They consider themselves as private health care practitioners who respond to requests for service. The focus of their work is to assist women during delivery and immediately post-partum. Frequently their assistance includes helping with household chores.²¹

The factors responsible for the utilization of the TBAs according to this research study include cultural belief, lack of other alternative, inadequate health care facilities in the rural areas, TBA being user friendly. Some of the factors responsible for women utilizing the TBA even when they know the implications include; the cultural belief in the TBAs, the level of education of the women, when there is no alternative that is, the woman has already delayed till late first stage, poverty, unavailability of modern health care services especially in the rural areas.²² Also, lack of education of women on the health implications of utilizing TBA services could be a contributory factor.

Some of the women who utilize the TBA services still want to continue using them. This is an important challenge to the modern health practitioners. The nurses should be well informed about these factors and educate the women about the importance of their health during pregnancy and childbirth.

Limitation of the study

The major limitation of this study is the use of self-report both for the women and traditional birth attendants. Also, there was difficulty locating TBAs hence the researcher could only interview two. The available population for the study was small thus larger sample size could not be achieved.

CONCLUSIONS

Addressing the issue of maternal mortality and utilization of TBA services needs a collaborative effort of the health care providers to ensure health care is easily available. The cultural beliefs of our contemporary society will make it obvious that some women will still utilize the TBA care and also because of various factors outlined. Thus the urgent needs to address identified challenges as well as inform women on the need to use modern healthcare. Also, where TBAs are the only means of care, the identified TBAs should be trained on early recognition and referral through effective collaboration and support of the society as a whole is needed.

Recommendations/ Suggestions for Further studies

The solution to the challenge on the issue of reducing maternal mortality and traditional birth attendants in Nigeria to the health care system may include some of my suggestions which are:

- Good referral training for TBAs allowing them to act as intermediaries between the community and the modern health care system. This training will improve collaboration, increase the number of referrals and improve communication.
- There should be education of the public and also the women on utilizing skilled birth attendants, capable of averting and managing complications during pregnancy, childbirth and postpartum period. Improvement of access to hospitals both in rural and urban areas.
- Policymakers and maternal health advocates must understand the causes of increase maternal mortality rates within the country and make effort to formulate health policies that will reduce the factors.
- Funding agencies, and non-governmental organizations (NGOs) could also help to

donate funds to make maternal health an urgent health priority and make financial support to be dedicated to this effort.

Suggestions for further studies: Direct observational studies could be carried if possible to really determine utilization of the TBA services among women.

Social cultural factors influencing utilization of TBAs should be explored using qualitative research methods in a larger population.

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