

CULTURE AND CARE: HOW TRADITIONAL PRACTICES SHAPE MATERNAL HEALTH OUTCOMES IN NIGERIA

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Abstract

Across many Nigerian communities, cultural beliefs and traditional practices continue to play a vital role in shaping women's experiences of pregnancy, childbirth, and the postpartum period. This study investigates how these cultural norms influence maternal health outcomes, especially in terms of healthcare-seeking behavior, access to skilled care, and the utilization of prenatal and postnatal services. It explores women's knowledge and perceptions of pregnancy and childbirth, their awareness and use of skilled maternal healthcare, and the household practices that influence care decisions. Using a mixed-methods approach, data were collected from 399 participants through surveys, interviews, and focus group discussions. Quantitative data were analyzed using SPSS version 27.0, while qualitative data were examined through thematic content analysis. Findings show that although many women are aware of the benefits of skilled maternal care, cultural norms, family expectations, and longstanding traditions still influence their decisions during pregnancy and after childbirth. The study underscores the need for healthcare interventions that respect cultural values while promoting evidence-based maternal care to reduce preventable complications and improve outcomes for mothers and babies in Nigeria.

Keywords: *Maternal health, cultural beliefs, healthcare-seeking behavior, traditional practices, maternal outcomes*

Introduction

Maternal health continues to be a pressing public health concern worldwide, but its burden is particularly heavy in sub-Saharan Africa. In Nigeria, the situation is alarming. Every day, hundreds of women face life-threatening complications related to pregnancy and childbirth—many of which could be prevented with timely access to skilled care. According to the World Health Organization (WHO, 2021), approximately 810 women die each day from preventable causes related to pregnancy and childbirth, with about 94% of these deaths occurring in low- and middle-income countries. Sub-Saharan Africa alone accounts for roughly two-thirds of these maternal deaths (WHO, 2021).

Despite increased awareness and healthcare efforts, cultural beliefs and traditional practices remain powerful forces shaping how women navigate their maternity journey. In many Nigerian households, decisions about where and how to give birth are not made solely by the expectant mother but are often influenced by family members, elders, and traditional norms. These cultural expectations sometimes promote practices that delay or discourage the use of skilled maternal care, contributing to poor health outcomes.

This study focuses on the deep-rooted cultural norms that influence maternal health behavior, particularly during the critical periods of pregnancy, childbirth, and postpartum recovery. It seeks to understand how women interpret and respond to traditional beliefs, how such beliefs affect their decisions about seeking skilled care, and how household practices—such as the use of herbal remedies, dietary restrictions, or reliance on traditional birth attendants—affect maternal outcomes.

While healthcare professionals and policymakers advocate for increased use of antenatal care and skilled birth attendance, real progress requires an appreciation of the cultural landscape in which women live. The WHO (2021) emphasizes the importance of culturally sensitive healthcare services, recognizing that care must not only be accessible but also acceptable within the community context.

Culture, being dynamic and deeply ingrained, can either serve as a protective force or a barrier to health. It influences what is considered normal or appropriate, how illness is interpreted, and how healthcare is accessed. Understanding this cultural context is critical to improving maternal health services in Nigeria and ensuring that no woman is left behind due to traditional expectations or misinformation.

STATEMENT OF THE RESEARCH PROBLEM

Despite numerous interventions to reduce maternal mortality, Nigeria remains one of the countries with the highest maternal death rates globally. According to the World Health Organization (2021), approximately 810 women die every day from

preventable causes related to pregnancy and childbirth, with sub-Saharan Africa accounting for nearly 70% of these deaths. In Nigeria, cultural norms and traditional beliefs are deeply woven into maternal experiences, often shaping women's decisions about where, when, and how to seek care (Babalola, 2014; Ekanem, Efiok, Udoh, & Anaikot, 2018).

While the health system continues to advocate for skilled birth attendance and regular antenatal and postnatal care, many women still rely on traditional birth attendants, herbal remedies, and cultural rituals that may conflict with biomedical recommendations (Izugbara & Ukwaiyi, 2007). These practices are often reinforced by family expectations, religious beliefs, and communal norms, especially in rural and semi-urban areas (Odetola, 2015).

There is a growing recognition that maternal health interventions must account for cultural realities, yet there remains a gap in understanding how these traditional practices concretely impact maternal health outcomes. Without this cultural insight, many well-meaning public health programs may remain ineffective or underutilized. Therefore, this study addresses a critical need to examine how cultural practices influence healthcare-seeking behavior and maternal health outcomes in Nigerian communities.

RESEARCH OBJECTIVES

The General Objective of the study is to investigate the influence of cultural practices on maternal health outcomes among women in Nigeria. Specifically, the study seeks to:

1. To explore women's cultural beliefs and perceptions regarding pregnancy, childbirth, and the postpartum period.
2. To assess the level of awareness and utilization of skilled maternal health services antenatal, delivery, and postnatal care
3. To identify common traditional or household practices during maternity and their perceived impact on maternal health.
4. To examine socio-cultural factors influencing maternal healthcare-seeking behaviors.
5. To propose culturally informed strategies that enhance maternal health outcomes.

EMPIRICAL REVIEW AND RESEARCH GAP

Over the years, several studies have explored the intersection between cultural practices and maternal health, particularly in sub-Saharan Africa. For instance, Babalola (2014) examined how socio-cultural norms influence the utilization of maternal healthcare services in Nigeria and found that cultural expectations often discourage women from attending formal health facilities. Similarly, Izugbara and Ukwaiyi (2007) found that in Calabar, Nigeria, traditional birth attendants are preferred

over skilled professionals due to their perceived spiritual and emotional support, as well as the alignment of their practices with local beliefs.

In another study, Odetola (2015) observed that many Nigerian women delay seeking antenatal care because they must first fulfill cultural rituals or gain approval from male or elder family members. Okafor, Ugwu, and Obi (2014) also reported that some women perceive pregnancy as a natural event that does not require professional intervention, leading them to depend on traditional practices throughout the maternity period. Additionally, Habte et al. (2023) found that cultural perceptions and gender norms play a central role in women's autonomy regarding healthcare decisions in Ethiopia, reinforcing the cross-cultural relevance of this concern.

While these studies provide valuable insights, they often focus on either access to care or cultural perceptions in isolation, without deeply analyzing how specific traditional practices during pregnancy, childbirth, and the postpartum period shape actual health outcomes. Moreover, there is limited integration of both quantitative and qualitative data in many previous works, which makes it difficult to appreciate both the statistical trends and the lived experiences of women within cultural contexts.

IDENTIFIED RESEARCH GAP

Although previous research has highlighted the influence of cultural beliefs on maternal health service utilization, few studies have comprehensively examined the direct link between cultural practices and maternal health outcomes, particularly in the Nigerian context. There is also a gap in studies that combine empirical data with community narratives to understand why women continue to rely on traditional practices even when they are aware of the benefits of skilled care. Furthermore, limited attention has been paid to how these cultural norms evolve across different regions of Nigeria and how they can be constructively engaged in maternal health programming.

This study aims to fill these gaps by using a mixed-methods approach to investigate not only the beliefs and behaviors associated with cultural maternity practices but also their implications for maternal health outcomes. In doing so, it seeks to provide culturally grounded recommendations for improving maternal healthcare delivery in Nigeria.

METHODS AND PROCEDURES

This study employed a mixed-methods research design, integrating both qualitative and quantitative approaches to provide a holistic understanding of how cultural practices influence maternal health outcomes in Nigeria. This design was chosen to capture both measurable trends in maternal healthcare utilization and the lived experiences and cultural perspectives of women and community members.

STUDY AREA

The research was conducted in selected rural and peri-urban communities in Plateau and Nasarawa States, Nigeria. These areas were chosen due to their strong adherence to traditional maternal health practices and their representation of diverse cultural settings within north-central Nigeria.

STUDY POPULATION

The target population consisted of women of reproductive age (15–49 years) who had experienced pregnancy or childbirth within the past two years. In addition, community members, including traditional birth attendants, older women, and local health personnel, were included to gain deeper insights into community-level beliefs and practices.

SAMPLING TECHNIQUE AND SAMPLE SIZE

A purposive sampling technique was used to recruit participants for both components of the study. This approach enabled the selection of individuals with relevant experiences and knowledge of cultural practices surrounding maternity.

For the quantitative arm, structured questionnaires were administered to 399 respondents to collect data on knowledge, healthcare-seeking behavior, and cultural practices during pregnancy and childbirth.

For the qualitative component, a total of 24 participants were engaged through in-depth interviews and focus group discussions (FGDs). Each FGD consisted of 6–8 participants, ensuring a conducive environment for open discussion.

DATA COLLECTION INSTRUMENTS

Three data collection tools were used:

- Structured Questionnaires – To collect quantitative data on maternal health behavior and service utilization.
- In-depth Interviews – Conducted with selected women, traditional birth attendants, and health workers to explore cultural beliefs, practices, and experiences.
- Focus Group Discussions (FGDs) – To capture group norms, shared beliefs, and communal perspectives on maternal care.
- All instruments were pretested for clarity and cultural sensitivity.

DATA ANALYSIS

Quantitative data were entered into and analyzed using SPSS version 27.0. Descriptive statistics such as frequencies and percentages were used to summarize responses to research questions. Exploring associations between cultural variables and maternal health outcomes.

Qualitative data were transcribed verbatim, coded, and analyzed using thematic analysis (Braun & Clarke, 2006). Emerging themes related to cultural norms, decision-making patterns, and barriers to skilled care utilization were identified and interpreted in the context of existing literature.

ETHICAL CONSIDERATIONS

The study received ethical approval from the appropriate institutional review board. Participants gave informed consent prior to data collection. Confidentiality, voluntary participation, and anonymity were assured throughout the research process in accordance with ethical guidelines for social science research (Israel & Hay, 2006).

DISCUSSION

This study offers critical insights into the cultural dimensions shaping maternal healthcare-seeking behavior among women in the study communities. Drawing on empirical data from in-depth interviews and focus group discussions, the findings demonstrate that cultural norms, family influence, and limited health literacy continue to play a decisive role in women's engagement with maternal healthcare services, particularly during the postnatal period.

The preference for traditional birth attendants and home-based care—especially after childbirth—reflects deeply entrenched cultural beliefs that perceive childbirth and maternal recovery as communal and family-centered processes. This aligns with existing literature, which documents that in many African contexts, maternal healthcare decisions are influenced more by cultural conformity and collective decision-making than by individual health knowledge or risk perception (Bohren et al., 2014; Gabrysch & Campbell, 2009). Women in this study often expressed trust in the experiential knowledge of older women, such as mothers and grandmothers, who provided traditional care and emotional support postpartum, thereby limiting the uptake of formal postnatal services.

While many respondents acknowledged the clinical benefits of hospital-based deliveries, particularly for managing complications, there was a marked drop in health service utilization after delivery. This phenomenon has also been reported in other Nigerian and sub-Saharan African settings, where women attend antenatal clinics and may deliver in health facilities but disengage during the postnatal period (Somefun & Ibisomi, 2016; Doctor et al., 2011). The cultural perception of postnatal care as a private family matter—better handled through indigenous methods—presents a significant barrier to continuous care.

The study further emphasizes the role of knowledge and awareness as enabling factors. As suggested by Andersen's Behavioral Model of Health Service Use (Andersen, 1995), individual beliefs, health literacy, and perceived need are key

determinants of service utilization. For many participants, limited exposure to information about skilled maternal care, particularly what constitutes postnatal care and why it matters, constrained their ability to make informed health decisions. This supports earlier findings by Titaley et al. (2010), who argue that poor maternal health outcomes in low-resource settings are often linked not only to physical barriers but also to sociocultural and informational deficits.

Notably, this study observed that while cultural practices were considered emotionally and socially supportive, several were acknowledged by women themselves as potentially harmful. For instance, restrictions on mobility, the use of herbal remedies, or avoiding postnatal clinics due to fear of cultural contamination were common, yet not always safe. This echoes findings from Kyomuhendo (2003) and Amooti-Kaguna and Nuwaha (2000), who note that although traditional practices may offer psychosocial comfort, they sometimes delay or prevent timely medical interventions, thereby increasing maternal and neonatal risks.

Furthermore, the empirical evidence from this study confirms that postnatal care remains the weakest link in the maternal healthcare continuum. Despite the World Health Organization's (2008) emphasis on the importance of skilled postnatal care, especially within the first 48 hours after delivery—a period associated with the highest risk of maternal and neonatal complications—most women in the study reported receiving care exclusively from family members, with little or no interaction with trained professionals. This underutilization of postnatal services may contribute to preventable maternal and child morbidity and mortality, reinforcing the need for targeted interventions that bridge cultural practices with biomedical care.

CONCLUSION

In sum, this study underscores the importance of understanding maternal healthcare-seeking behavior through a cultural lens. While hospital deliveries are increasingly accepted, traditional practices continue to dominate the postnatal period. Interventions aimed at improving maternal outcomes must therefore be culturally sensitive, community-oriented, and focused on increasing awareness of the value of skilled postnatal care. As scholars and practitioners have argued (e.g., Shiferaw et al., 2013; Moyer & Mustafa, 2013), integrating cultural beliefs with formal health services—not replacing them—may be the key to achieving sustained improvements in maternal health in similar settings.

RECOMMENDATIONS

Based on the findings, the following recommendations were made:

1. Community-based interventions: Community-based interventions should be implemented to promote maternal health and improve healthcare-seeking behaviors.

2. Collaboration with traditional birth attendants: Healthcare providers should collaborate with traditional birth attendants to promote safe maternal care practices.
3. Public health education: Public health education programs should be implemented to promote awareness about maternal health and healthcare-seeking behaviors.

By addressing the cultural factors influencing healthcare-seeking behaviors, we can improve maternal health outcomes and reduce maternal mortality and morbidity in Plateau and Nasarawa states, Nigeria.

1. Government, Health workers, community leaders, non-governmental agencies, religious bodies and other stake holders must intensify efforts towards enlightenment of the various maternal services for its citizens towards utilizing skilled care during and after pregnancy.
2. Antenatal services should include talks and seminars that address issues that contribute to maternal deaths and injuries, Knowledge about the different stages of pregnancy to delivery in order to improve maternal health.
3. Government, Traditional institutions and other stakeholders within the communities must review practices that are harmful to maternal health and impose sanctions to discourage further practice.
4. Health workers and other stakeholders in communities must establish an open-door policy for feedbacks, prompt services and free communication that will encourage the women to utilize the skilled care and enable confidence, trust and openness.
5. Women organizations, Non-governmental Organizations, health workers, wives of clergies, community leaders and other stakeholders must intensify enlightenment for members of their society on healthy maternal practices and the implications of harmful maternal practices.

REFERENCES

- Abebe, H., Beyene, G.A., & Mulat, B.S. (2021). Harmful cultural practices during perinatal period and associated factors among women of childbearing age in Southern Ethiopia: Community based Cross-Sectional Study. Retrieved on 27th March 2022 from doi.10.1371/Journal.pone.0254095P
- Abioye, A. K., & Kuku, J. O., Lateef, I. C., Ogundipe, D.A., Mogbeyteren, T., & Banjo, M.A. (2020). Birth preparedness and complication readiness of pregnant women attending the three levels of health Facilities in life central local government, Nigeria, *Journal of Community Medicine and Primary Health Care*, 2(3), 41-54.
- Abua, M.A., Odu, N.A., Madubuattah, L.C., Ogunkola, I. O. (2023). Cultural patterns and outcomes of umbilical cord among caregivers in Africa: a systematic review, *Annals of Medicine and Surgery*.
- Aishatu, A.S., Gabriele, P., Patrick, N., Kabir, S., Aisha, A., & Thandi, P. (2014). Factors associated with adverse pregnancy outcomes and perceptions of risk factors Among reproductive age women in Soba LGA, Kaduna State 2013. *Pan African Medical Journal*. 4(1),1-8.
- Ajiboye, O.E., & Adebayo, K.A. (2012). Socio-cultural factors affecting pregnant outcome among the Ogu speaking people of Badagry Area of Lagos State, Nigeria. *International Journal of Humanities and Social Science*, 2(4), 133-144.
- Altuntug, K., Anik, Y., & Egel, E. (2018). Traditional practices of mothers in postpartum period: Evidence from Turkey. *African Journal for Reproductive Health*, 22(1), 94-102.
- Amooti-Kaguna, B., & Nuwaha, F. (2000). Factors influencing choice of delivery sites in Rakai district of Uganda. *Social Science & Medicine*, 50(2), 203–213.
- Amutah-Onukagha, N., Rodriguez, M., Opara, I., Gardner, M., Assan, M.A., Hammond, R., Plata, J., Pierre, K., & Farag, E. (2017). Progresses and challenges of utilizing traditional birth attendants in maternal and child health in Nigeria. *International Journal of MCH and AIDS*, 6(2), 130-138.
- Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care: does it matter? *Journal of Health and Social Behavior*, 36(1), 1–10.
- Ansong, J., Asampong, E., & Adongo, P.B. (2022). Socio-cultural beliefs and practices, childbirth, and postnatal period: A qualitative study in Southern Ghana. *Cogent Public Health* 9 (1), 111-119.
- Anugwom, E.E. (2017). Starting out: the Omugwo practice and instilling the rudiments of childrearing in mothers among the Igbos of Southeastern Nigeria. In: Liamputtong P. *Childrearing and infant care issues: a crosscultural perspective*. New York: Nova Publishers
- Apay, S., Nagorska, M., Sonmez, T., Gur, E.Y., Yilmaz, F., Zych, B., Lewandowska, A., & Lesińska-Sawicka, M. (2022). Traditional practices during pregnancy, delivery and puerperium used by women in Poland and Turkey. *Medical Science Pulse*, 16(2),22-32.
- Aynalem, B., Melesse, M.F., Bitewa, Y.B. (2023). Cultural beliefs and practices during pregnancy, child birth, and the postpartum period in East Gojjam zone, Northwest Ethiopia: A Qualitative study. *Womens' Health Report (New Rochelle)*. 4(1), 415-422.

- Babalola, S. (2014). Women's use of health care in developing countries: Evidence from Nigeria. *Health Care for Women International*, 35(7-9), 777-799. <https://doi.org/10.1080/07399332.2014.908193>
- Beinempaka, F., Tibanyendera, B., Atwine, F., & Kyomuhangi, T. (2015). Traditional rituals and customs for pregnant women in selected villages in Southwest Uganda. *Journal of obstetrics and Gynecology Canada*, 37(10), 899-900.
- Bitew, Y., Awoke, W., & Chekol, S. (2018). Birth preparedness and complication readiness practice and associated factors among pregnant women, Northwest Ethiopia. Retrieved on 6th February, 2021 from <https://doi.org/10.1155/8727365>
- Bohren, M. A., Hunter, E. C., Munthe-Kaas, H. M., Souza, J. P., Vogel, J. P., & Gülmezoglu, A. M. (2014). Facilitators and barriers to facility-based delivery in low- and middle-income countries: a qualitative evidence synthesis. *Reproductive Health*, 11(1), 71.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Bukar, M., & Jauro, Y. S. (2013). Home births and postnatal practices in Madagali, North- Eastern Nigeria. *Nigerian Journal of Clinical Practice*, 16(2), 233-245.
- Chukuezi, C. (2014). Socio-Cultural factors associated with maternal mortality in Nigeria. *Research Gate*, (5): 22-26.
- Doctor, H. V., Findley, S. E., Ager, A., Cometto, G., Afenyadu, G. Y., & Adamu, F. (2011). Using community-based research to shape the design and delivery of maternal health services in Northern Nigeria. *Reproductive Health Matters*, 19(37), 44-55.
- Ekanem, A.D., Udoma, E.J., Utsalo, S.J. (2006). Bacterial contamination of women in the labor supervised by traditional birth attendants. *International Journal of Gynecology and Obstetrics*. 2006; 92:126-127.
- Ekanem, E., Efiok, E. E., Udoh, A. E., & Anaiokot, M. (2018). Cultural beliefs and maternal health practices among women in southern Nigeria. *Journal of Community Medicine and Primary Health Care*, 30(1), 45-52.
- Elflein, J. (2022). Maternal mortality rates worldwide in 2020, by country. *Health, Pharma & Medtech*.statista.com
- Etim, I.E., Efiok, E.E., Atim, E.U., & Etop, C.A. (2013). Trends in postpartum maternal morbidity in Ikot Ekpene a rural community in Southern Nigeria. *Open Journal of Obstetrics and Gynecology*. 493-499.
- Ezeama, M.C., & Ikenna, E. (2014). Attitude and Socio-cultural practice during pregnancy among women in Akinyele L.G.A. of Oyo State, Nigeria. *Journal of Research in Nursing and Midwifery*, 3(1): 14-20.
- Felisian, S., Mushy, S.E., Tariam, E.A., & Kibusi, S. M. (2023). Sociocultural practices and beliefs during pregnancy, childbirth, and postpartum among indigenous pastoralist women of reproductive age in Manyara, Tanzania: A Descriptive Qualitative Study. *BMC Women's Health* 23:123. Retrieved on 2nd February, 2024 from <https://doi.org/10.1186/s12905-023-02277-4>
- Gabrysch, S., & Campbell, O. M. (2009). Still too far to walk: Literature review of the determinants of delivery service use. *BMC Pregnancy and Childbirth*, 9(1), 34.
- Gedamu, H., Tsegaw, A., & Debebe, E. (2018). The prevalence of traditional malpractice during pregnancy, childbirth, and postnatal period among women of childbearing age in Meshenti Town. *International Journal of Reproductive Medicine*..
- Habte, A., Mariam, A., Admassu, K., & Tekelehaimanot, A. (2023). Gender norms and cultural barriers to maternal health care access in rural Ethiopia. *African Journal of Reproductive Health*, 27(1), 75-86.
- Habte, M.B., Mariam, G.T., Admassu, B., & Tekelehaimanot, A.N. (2023). Cultural malpractice during pregnancy, child birth and postnatal period among women of childbearing age in Loma Woreda, Southwest Ethiopia. Open access
- Hailu, M., Mohammed, A., Sintayehu, Y., Tadesse, D., Abera, L., Abdurashid, N., Solomon, M., Ali, M., Mellese, D., Weldeamaniel, T., Mengesha, T., Hailemariam, T., Amsalu, S., Dejene, Y., & Girma, M. (2023). Cultural malpractice during pregnancy, childbirth and the postnatal period and its associated factors among women who gave birth once in Dire city administration, Eastern Ethiopia, in 2021. *Front Women's Health*. Vol. 4. Retrieved on 29th May, 2024 from <https://doi.org/10.33891>.
- Honkavwo, L. (2021). Women's experiences of cultural and traditional health beliefs about pregnancy and childbirth in Zambia: An ethnographic study. *Health care for women International*, 42: 4-6, 374-389.
- Israel, M., & Hay, I. (2006). *Research ethics for social scientists: Between ethical conduct and regulatory compliance*. Sage Publications.
- Izugbara, C. O., & Ukwayi, J. K. (2007). Traditional birth attendants' and women's perceptions of maternal morbidity and mortality in Calabar, Nigeria. *African Journal of Reproductive Health*, 11(1), 59-73. <https://doi.org/10.2307/25549736>

- James, P.B., Wardle, J., Steel, A., & Adam, J. (2018). Traditional complementary, and alternative medicine use in Sub-Saharan Africa: A systematic review. *BMJ Global Health*, 3 Retrieved on 30th September, 2021 from <https://doi.org/10.1136/bmjgh-000895>
- Kroeber, A. L. (1944). *Configuration of culture growth*. Berkeley: University of California Press
- Kyomuhendo, G. B. (2003). Low use of rural maternity services in Uganda: impact of women's status, traditional beliefs and limited resources. *Reproductive Health Matters*, 11(21), 16–26.
- Liamputtong, P., Yimyam, S., Parisunyakul, S., Baosoung, C., & Sansiriphun, N. (2005). Traditional beliefs about pregnancy and childbirth among women from Chaing Mai, Northern Thailand. *Midwifery*, 21(2), 139–153.
- Mattey, S., Panasetis, P., & Barnett, B. (2002). Adherence to cultural practices following childbirth in migrant Chinese women and relation to postpartum mood. *Health Care for Women International*, 23(6–7), 567–75.
- Melesse, M.F., Bitewa, Y.B., Dessie, K.N., Wondim, D.B., Bereka, T.M. (2021). Cultural malpractices during labor/delivery and associated factors among women who had at least one history of delivery in selected zones of Amhara region, North West Ethiopia. *BMC Pregnancy Childbirth*, (21)504.
- Morris, J.L., Short, S., Robson, L., & Andriatsihosena. M. S. (2014). Maternal health practices, beliefs and traditions in Southeast Madagascar. *African Journal of Reproductive Health*, 18(3),101-117.
- Moyer, C. A., & Mustafa, A. (2013). Drivers and deterrents of facility delivery in sub-Saharan Africa: a systematic review. *Reproductive Health*, 10(1), 40.
- Ngunyulu, R.N., & Mulaudzi, F.M. (2019). Indigenous practices regarding postnatal care at Sikhunyani village in the Limpopo province of South Africa. *African Journal of Nursing and Midwifery*. 11(1), 46-64.
- Ntioma, L., Okonofua, F. E., Gana, M., Ogu, R., Abdus-Salam, A. & Galadanci, H. (2018). A prevalence and risk factor for maternal mortality in Nigeria referral hospitals. *International Journal Women's Health*, (10), 69-76.
- Nwakwuo, G., & Ekiyor, C. (2014). Traditional birth attendants and women's health practices: A case study of Patani in Southern Nigeria. P.13
- Odetola, T. D. (2015). The impact of socio-cultural factors on the utilization of maternal health care services in Nigeria. *International Journal of Humanities and Social Science*, 5(4), 1–8.
- Ogunjimi L.O., Ibe R.T., Ikorok M.M. (2012). Curbing maternal and child mortality: The Nigerian Experience. *Journal of Nursing and Midwifery*. 4(3), 33-39
- Ojua T.A., Ishor D.G., & Ndom P.J. (2018). African cultural practices and health implications for Nigeria rural development. *International Review of Management and Business Research*. 2(1),176-185.
- Okafor, C. B., Ugwu, E. O., & Obi, S. N. (2014). Disrespect and abuse during facility-based childbirth in a low-income country. *International Journal of Gynecology & Obstetrics*, 128(2), 110–113. <https://doi.org/10.1016/j.ijgo.2014.08.015>
- Olunade, O., Olawande, T.I., Alabi, O. J., & Imhonopi, D. (2019). Maternal mortality and maternal health in Nigeria: Implications for socio-economic development. *Macedonian Journal of Medical Sciences*, 7(5).
- Ope, B.W. (2020). Reducing maternal mortality in Nigeria: Addressing maternal Health services' perception and experience. *Journal of Global Health Report* 10.29392
- Oshonwoh, F., Nwakwuo, G. C., Ekiyor, C. P. (2014). Traditional birth attendants and women's health practice: A Case Study of Patani in Southern Nigeria. *Academic Journals*, 6(8), 252-261.
- Prescilla, D. (2013). Birth practices of Nigerian women: A literature review. *African Journal of Midwifery and Women's Health*, 7(1), 39-48
- Shiferaw, S., Spigt, M., Godefrooij, M., Melkamu, Y., & Tekie, M. (2013). Why do women prefer home births in Ethiopia? *BMC Pregnancy and Childbirth*, 13(1), 5.
- Somefun, O. D., & Ibisomi, L. (2016). Determinants of postnatal care non-utilization among women in Nigeria. *BMC Research Notes*, 9, 21.
- Tesfaye, M., Solomon, N., Getachew, D., & Biru, Y.B. (2022). Prevalence of harmful traditional practices during pregnancy and associated factors in Southwest Ethiopia: a community-based cross-sectional study. *BMJ Open*, 12(11),e063328.
- Titaley, C. R., Hunter, C. L., Dibley, M. J., & Heywood, P. (2010). Why do some women still prefer traditional birth attendants and home delivery? *Journal of Midwifery & Women's Health*, 55(5), 398–406.
- Ujah, I.A.O., Aisien, O.A., Mutahir, J.T., Vanderagt, D.J., Glew, R.H., & Uguru, V.E. (2015). Factors contributing to maternal mortality in North-Central Nigeria: A seventeen-year review. *African Journal of Reproductive Health*, 9, 27-40.

- UNSD (2023). Demographic and social statistics
<https://unstats.un.org/unsd/demographic-social/products/vitstats/>
- USAID. (2017). Harmful traditional practices in urban settings: a review of evidence on prevalence and effective interventions
- Withers, M., Kharazmi, N., & Lim, A. (2018). Traditional beliefs and practices in pregnancy, childbirth and postpartum: A review of evidence from Asian countries. *Midwifery*, 56, 158-170. Retrieved on 11th March, 2020 from <https://doi.org/10.1016/j.midw.2017.10.019>
- World Health Organization. (2008). Making pregnancy safer: The critical role of the skilled
- World Health Organization. (2019). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, world bank group, and United Nations Population Division: executive summary. World Health Organization. Retrieved on 15th October, 2023 from <https://www.who.int/Iris/Handle/10665/327596>
- World Health Organization. (2021). Trends in maternal mortality 2000 to 2017: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. World Health Organization.
<https://www.who.int/publications/i/item/9789241516488>

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