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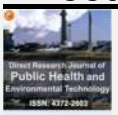

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Review Article
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Analysis of the Factors Associated with Utilization of Unskilled Birth Attendants in Nigeria

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ABTRACT

In Nigeria, the issue of unskilled birth attendants (UBAs) is still a major public health concern although there is literature on the benefits of skilled birth attendance in enhancing the health of mothers and their newborns. As such, this research aims at identifying the socio-cultural and economic factors that determine the uptake of UBAs in Nigeria for the period 2019-2024. This review is intended to assess the antecedents of preferring unskilled birth attendants to skilled birth attendants in Nigeria, the consequences and health implications related thereto. An electronic database search was performed using the following databases: PubMed, Google Scholar, Scopus, and African Journals Online, with the following search terms: "unskilled birth attendants," "maternal health," and "Nigeria." Only research articles published between 2019 and 2024 were considered and the analysis focused on socio-cultural, economic and healthcare system factors that determine the use of UBAs. The data were collected and synthesized qualitatively, and the quality of the included studies was evaluated using the CASP checklist. The review finds out that social cultural factors like the cultural belief in TBAs, and the community's beliefs and practices are factors that enhances the use of UBA. TBAs are preferred by many rural Nigerian women because they are culturally accepted, and because the women believe that TBAs are spiritually supported, more than 60% of rural women in southwestern Nigeria prefer TBAs. Other reasons which the participants mentioned as to why they preferred UBAs included; economic reasons such as cost of skilled birth attendance and costs of transport. This is the reason why women in low-income areas are in a position to open UBAs, because they are cheaper, and can easily access yet health issues may be encountered in the process. The consequence of unskilled birth attendance includes higher incidences of maternal and neonatal mortality, postpartum hemorrhage, infections and birth asphyxia. The factors that stakeholders attribute to the use of unskilled birth attendants in Nigeria are; cultural beliefs in TBAs, influence from the community and the cost of obtaining skilled birth assistance. In order to address these concerns, there is a need to implement strategies to increase access to trained birth attendants, mostly in developing, rural, and low-income settings through enhancing knowledge, outreach and resources. When economics bounds are lowered and cultural practices changing, the use of un trained birth assistants could be minimized and correct maternal and neonatal health could improve in Nigeria.

Keywords: Unskilled birth attendants, traditional birth attendants, socio-cultural factors, economic barriers, maternal health, neonatal health, Nigeria.

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INTRODUCTION

The death of women during childbirth or soon after is a major public health issue in Nigeria and according to the World Bank (2021), the MMR is 512 deaths per 100,000 live births. This high mortality rate is attributed to the high use of untrained birth attendants (UBAs) during childbirth despite the government and international organizations' campaigns on SBA. In many regions and especially in rural and hard-to-reach areas of the country, a substantial proportion of women still seek care from untrained birth attendants; traditional birth attendants (TBSs), relatives or other persons without any medical education or experience (Akinyemi et al., 2021). Shortage of skilled professionals at births has been associated with higher maternal and neonatal morbidity and mortality such as hemorrhage, infections, obstructed labor, neonatal asphyxia, and others which are major causes of high maternal mortality in Nigeria (Yusuff et al., 2021).

The use of unskilled birth attendants in Nigeria is sustained by a variety of socio-cultural, economic and healthcare system factors. Socio-culturally, there are reasons why Nigerian women patronize TBAs; culture, trust and familiarity (Ogundele et al., 2022). Across many societies traditional birth attendants are perceived and embraced as friendly and not as scary as formal structures of healthcare delivery, especially in the rural areas where the contact with these healthcare workers may be rare or tense (Ogunjimi & Adejumo, 2020). TBA are believed to possess better knowledge of cultural and religious practices that are inseparable from childbirth for many women (Akinyemi et al., 2021). Such cultural practices can supersede the knowledge of the dangers involved in hiring untrained birth attendants meaning women will resort to these other options despite knowing that skilled birth attendant is important (Adedokun et al., 2022).

In the economic perspective, the reason why women employ unskilled birth attendants is mainly because of the cost implication. A lot of Nigeria women especially those in the rural areas are still faced with a lot of challenges in accessing skilled birth services; the challenges include expensive health care, transport and hospital fees among others Ogunjimi & Adejumo 2020). Also, there is poor health care facility in the rural areas where many women do not have functional health facility or trained personnel within their close proximity (Yusuff et al., 2021). These economic and infrastructural constraints make the use of traditional birth attendant a more economically feasible and reachable method irrespective of the health risks involved, (Ogunjimi & Adejumo, 2020).
Deficiency in healthcare systems is another factor that make unskilled birth attendance predominate in Nigeria. There is a critical shortage of human resources for health with a very low density of doctors and midwives and most rural health facilities are poorly equipped to provide adequate care during childbirth (Ogundele et al., 2022). Weak structures in health facilities, poor supply of medical equipment and poor quality of care have resulted in poor confidence in the formal health care systems. Consequently, several women prefer the services of TBAs since they are well known and considered safer than those offered in public health facilities where they receive poor or substandard healthcare (Yusuff et al., 2021). At times, the little knowledge that is imparted to women regarding skilled birth attendance is not sustained by continued awareness, and thus, are not knowledgeable of the risks of using unskilled birth attendants or the gains of SBA (Ogunjimi & Adejumo, 2020).

The improper use of unconfined birth attendants in Nigeria has become multifaceted question which is based on the profound socio-cultural approaches, economic issues, and general medical system. Solving these problems can involve measures which enhance the number of women who are attended to by skilled birth attendants but also involve changing the culture, the health system, and the cost and affordability of skilled care for all Nigerian women. The following analysis is intended to provide more detailed examination of these factors and to evaluate their effects on maternal health in Nigeria.

Problem statement

It is for this reason that maternal mortality is one of the biggest public health issues to date, with approximately 295000 maternal deaths recorded worldwide every year, and most of which are avoidable (WHO, 2021), sub-Saharan Africa remains the most affected region, contributing to nearly two-thirds of these deaths despite the global commitment to the cause of better maternal health (United Nations, 2020). Nigeria with the highest population among African countries has one of the highest MMR and is amongst the countries with the highest percentage increase in MMR in the world (World Bank, 2021). Nigeria bears a high maternal mortality rate of 512 deaths per 100,000 live births, and therefore is a priority country for the global efforts to reduce maternal mortality (UNICEF, 2021).

A major cause of maternal mortality in Nigeria is the delivery by unskilled birth attendants (UBAs) especially in the rural and poor areas. Although the WHO has encouraged that all deliveries should be assisted by skilled professionals, including physicians, midwives, or any trained nurse, many women in Nigeria deliver with the help of TBAs or members of their families who have had no medical education (Osinuga, 2022). The use of UBAs even where skilled birth attendants are available is a major danger to maternal and neonatal health since

these attendants are ill-prepared to deal with complications such as hemorrhage, obstructed labor, and neonatal asphyxia (Yusuff et al., 2021). This issue is a combined one: the availability of the call mechanism and the availability of unskilled attendants, where socio-economic and culture plays a huge role in decisions that are made.

Financial barriers such as cost of health care services, distance to the health facility is considered as the main challenges to skilled birth attendance in Nigeria (Ogunjimi & Adejumo, 2020). Furthermore, cultural practices and poor trust in the conventional health facilities explain why unskilled attendants are still hired. In some settings, the idea that TBAs are more traditional, culturally acceptable, and easily accessible than other professional providers is the reason why many women prefer their services (Akinyemi et al., 2021). Therefore, though maternal health remains a complex issue in Nigeria, the increase usage of unskilled birth attendants deepens the problem hence becoming a reckless problem that requires to be solved to attain United Nations Sustainable Development Goals that targets to reduced maternal mortality by the year 2030.

METHODOLOGY

This review used systematic literature review approach. An electronic search was conducted in the PubMed, Google Scholar, Scopus, and African Journals Online using keywords such as unskilled birth attendants, maternal health, and Nigeria. The articles were published between 2019 and 2024, and the inclusion criteria were based on the relevance of the article to the topic, where articles that presented empirical research on socio-cultural, economic and healthcare system factors influencing the utilization of UBAs were included. Information was collected and qualitatively synthesized to categorize factors influencing the use of UBA including cultural factors, economic factors, and health facility access. The methodological quality of the studies was evaluated by the Critical Appraisal Skills Program (CASP) tool.

RESULTS AND DISCUSSION

The socio-cultural factors influencing the utilization of unskilled birth attendants

Socio-cultural factors play a central role in the decision to use UBAs in Nigeria and these factors are anchored on cultural norms, beliefs and practices. A number of socio-cultural factors have been established in empirical research conducted between 2019 and 2024 as influencing the selection of birth attendants including cultural beliefs, community pressure and trust in traditional practices.

Cultural beliefs and trust in traditional birth attendants

Cultural beliefs about childbirth and the use of TBAs help to explain why women prefer unskilled birth attendants in Nigeria. A good number of Nigerian women especially those in the rural areas view TBAs as more knowledgeable about childbirth practices in their communities than other professions. Kamau et al (2019) also opine that in their survey of maternal health care services in Southwestern Nigeria, more than sixty percent of rural women relied on TBAs due to culture, prayers and belief they hold among the natives. This was further strengthened by the finding by the study that TBAs are perceived to be less threatening relative to health care providers, especially is settings that the community is conversant with is not exposed to the formal health care system often. TBAs are believed to be closer to tradition and spiritual world during childbirth and this makes women to have faith in them. Ogundele et al. (2022) identified similar reasons for continuing to use TBAs as being seen as senior women who provide home comfort and a sense of security which will keep the practice in despite the dangers of receiving unskilled care.

Ogunjimi and Adejumo (2020) in their study provides the rationale to this effect, when they observed that in Northern Nigeria where Islamic culture is dominant, women prefer TBAs because of the believe that the spirits are in conformity with Islamic practices. This reminds us that other cultural and religious factor play tremendous role on the health of women and their babies especially those who prefer home births and attended by unskilled birth assistants.

Community influence and peer pressure

Besides belief systems at the individual level, the community norm and the family decision-making model are critical factors in the use of unskilled birth attendants. Yusuff et al. (2021) also conducted a cross-sectional study of decision-making by pregnant women in rural Nigeria and revealed that, in regard to choice of birth attendant, 45% respondents were influence by either directly by the family members which primarily included the elder women in the families who advocated the use of TBAs.

Childbirth in many rural settings is considered a social affair, and choices on maternal care are made by consensus within the family or the community. This makes their decision-making process more or less communal, meaning that some women will feel forced by

Table 1: Summary of Socio-Cultural Factors Influencing the Utilization of Unskilled Birth Attendants in Nigeria.

Factors	Empirical Findings
Cultural Beliefs and Trust in TBAs	Over 60% of rural women prefer TBAs for cultural familiarity and spiritual support (Akinyemi et al., 2021). TBAs are seen as more approachable and trustworthy (Ogundele et al., 2022).
Community Influence and Peer Pressure	Family members, especially older women, influence the decision to use TBAs (Yusuff et al., 2021). Peer pressure leads to conformity to traditional practices, even when aware of the risks (Adedokun et al., 2022).
Barriers to Skilled Care	Economic and logistical barriers, such as transportation and hospital fees, discourage women from seeking skilled care (Ogunjimi & Adejumo, 2020).
Role of Religion	Islamic religious norms lead women to prefer TBAs who align with their religious beliefs (Ogunjimi & Adejumo, 2020).

their peers to continue using some traditional methods of childcare, despite knowing they are hazardous due to dozing or lack of skill. Yusuff et al. (2021) also established that most women in the communities with high TBAs complained of feeling embarrassed or stigmatized if they decided to give birth at the hospital instead of being delivered by TBAs. This pressure forms part of the reasons why the UBA remains popular even when there are qualified birth attendants within certain areas. In the same vein, Adedokun et al., (2022) observed that the women who delivered with unskilled attendants in southeastern Nigeria stated lack of family support as the reason they did not go for hospital delivery. In these communities, the role of the family especially the grandmother and mother in-law were discovered to be an important determinant of the decision to give birth with TBA since women were expected to conform to tradition.

Perceived barriers to accessing skilled care

Other barriers include cultural which is combined with logistical and financial barriers that hinder women from accessing skilled birth attendance. Some of the reasons why many women in rural Nigeria do not seek skilled care include distance to health facility, cost of care and perceived lack of trust in the health care providers (Ogunjimi & Adejumo, 2020). For instance, Ojo et al. (2023) established that women in remote areas are not willing to travel long distances to distant hospitals when they are in labour, because of high transport costs, and the likelihood of not receiving timely care at medical facilities. For this reason, even when there are skilled birth attendants a woman's cultural and practical constraints compel her to seek the services of a cheaper and more accessible UBAs. Further, Akinyemi et al. (2021) explained that women in economically disadvantaged areas are even more likely than women in other contexts to give birth with UBAs due to cost factors relating to skilled birth care such as transport costs; provider charges; and out-of-pocket costs for medicines and gadgets. In these cases, cultural practices that support home births with TBAs are supported by the belief that hospital delivery is expensive.

Role of religion in maternal health decisions

Religion of people constitutes a central factor that influence decisions regarding health matters as the issue of childbirth in Nigeria. In many areas, particularly in the northern areas of the country, culture and religion affect women's knowledge of health and skilled birth assistants. Ogunjimi and Adejumo (2020) also discovered that women living in the mainly Muslim region prefer to attend TBAs that are religious and practice Islam despite the availability of modern health facilities. These women would prefer the services of TBAs during delivery because they are regarded as being compatible with their religion and culture. This implies that the decision to use UBAs is in part a religious, cultural and or a belief system decision rather than a health decision only. This paper finds socio-cultural factors to be significant in the persistent use of unskilled birth attendants in Nigeria. Cultural norms, social norms, confidence in traditional practices, and religious beliefs are important determinants of women's choice of maternal care and outweigh the perceived benefits of professional childbirth assistance (Table 1). Some of the women may know the dangers of taking UBAs, yet the socio-cultural factors still push them to use traditional birth helpers, more emphasis should therefore be placed on a one-stop program; one that tackles the health aspect and also sorts out the cultural beliefs.

The impact of economic factors on the choice of birth attendants

The role of economic factors cannot be overemphasized as one of the key factors that determine the selection of birth attendants in Nigeria. It is a well-known fact that skilled birth attendants (SBAs) are necessary tools in the fight against maternal and neonatal mortality and morbidity but many women in Nigeria particularly in the rural and poor areas still use unskilled birth attendants (UBAs) because of the cost. The following empirical studies between 2019 and 2024 have outlined major economic determinants—cost of skilled care, transport costs, and poverty— that shape maternal health care decisions.

Cost of skilled birth attendance

The first economic challenge associated with skilled birth attendance is the cost of delivering health services to women during childbirth. Yet, even in areas where maternal healthcare services are offered for free or at a

token, many women in rural Nigeria say that the cost of skilled care is still very high. According to Akinyemi et al. (2021) who conducted a study to determine factors that prevent women from accessing skilled birth care in rural southwestern Nigeria, above 40% of them cited high cost of hospital deliveries as a serious reason that influences their decision and discourages them from accessing skilled birth care. The cost of medical care also encompasses charges for hospital bills, charges for diagnostic tests, charges for medication and postnatal care which most women cannot afford. In addition, something like travel to the health facilities especially in the rural areas add on to the costs. This is in agreement with Ogundele et al. (2022) who also established that women with no money to pay were more likely to seek services of TBAs because they are either free or charge a token compared to hospital charges.

The results presented in this study are supported by the findings of the study conducted by Ojo et al. (2023), According to the results of the study, most of the women from rural areas of Nigeria preferred TBAs because the financial costs of traditional births are lower. The research revealed that women in the low-income bracket were most likely to hire untrained birth assistants because hospital costs and other expenses could consume their monthly earnings. This economic factor was most evident in areas where there are poor health facilities hence women preferred to deliver at home where TBAs are easily available and cheaper.

Transportation costs and access to healthcare facilities

Another economic barrier that women face in order to access skilled birth attendance in Nigeria is the costs of transport. The distance to a healthcare facility is a challenge for women in rural areas because getting there means using several vehicles. Transportation costs and distances to a health facility may be a barrier to seeking skilled care because in addition to the cost of transport, women may be facing other economic burdens. According to Ogunjimi and Adejumo (2020), in most of the rural areas, getting to the nearest hospital can cost several times the cost of delivery. Due to such high costs of transport, women may opt to deliver at home with the help of a TBA, who is always easily accessible and does not need to be ferried from one place to another.

Moreover, most women in economically deprived districts do not have proper access to means of transport particularly in the districts that are not well served or poorly developed. There are few or no means of public transport and the cost of hiring private means of transport to get to the health facility in time for delivery is usually high. Adedokun et al. (2022) revealed that women in the northeastern and southwestern parts of Nigeria where; there are poor roads, complained of high cost of transport, as a reason that led them to unskilled birth attendants. This is a common feature in several studies, and one of the major causes of the failure to achieve skilled birth attendance is transportation, particularly in rural and economically less developed regions.

Poverty and socio-economic inequality

Poverty is another important economic determinant of choice of birth attendants. Low-income women suffer other economic barriers such as inability to afford skilled care thus resort to using traditional birth attendants. Yusuff et al. (2021) showed that women in the lowest WQ were more likely to use unskilled birth attendants compared to the highest WQ. This is because cost of skilled care not only encompasses the cost of health care service but also other costs such as, cost of lost income, and cost of possible financial ruin due to hospital related expenses.

According to Ojo et al. (2023), the study revealed that economic factors were the key drivers of maternal care choices, and most of the women said that they preferred home births because they could not afford to pay formal health care costs. The study also noted that in most of the poor regions, women are left with no option other than to give birth with the assistance of a TBA or deliver without any professional help, because they cannot afford it. In the same way, Ogunjimi and Adejumo (2020) noted that poverty intensified the preference for unskilled birth attendance especially in the rural areas where poverty levels are high.

Another study by Adedokun et al. (2022) also underscores the position of poverty in the choice of maternal health care option where women due to economic hardship and lack of access to health facilities are forced to seek the services of unskilled birth attendants. This was particularly so in the northern zones of the country which are relatively more impoverished and where the indices of poverty are higher than in other zones of the country. According to the study, the costs of skilled care such as transport, medical charges and other related expenses forced women to opt for TBAs which they considered cheaper.

The economic determinants of unskilled birth attendants in Nigeria are diverse, cost, transportation and poverty being the main reasons why people cannot afford to seek the services of skilled birth attendants (Table 2). Although professional attendance during childbirth is crucial for enhancing maternal and neonatal health, the formal health care is expensive, inaccessible due to transport problems and financially insecure women are forced to consult traditional birth attendants. Able monetary returns feature can offer contributing solutions to these supposed financial impediments of enhanced health care facilities, financial support, and infrastructural planning to popularized skilled birth attendants in Nigeria and

Table 2: Economic Factors Influencing the Utilization of Unskilled Birth Attendants.

Economic Factor	Impact on Utilization of UBAs	Empirical Evidence
Cost of Skilled Birth Care	High medical fees deter women from seeking skilled birth care.	Akinyemi et al. (2021); Ogundele et al. (2022); Ojo et al. (2023)
Transportation Costs	High transportation costs to healthcare facilities lead to home births.	Ogunjimi & Adejumo (2020); Adedokun et al. (2022)
Poverty and Socio-Economic Inequality	Women in poverty opt for unskilled birth attendants due to lack of funds.	Yusuff et al. (2021); Ojo et al. (2023); Ogunjimi & Adejumo (2020)

ultimately lessen the maternal mortality rates.

The risks and health outcomes associated with unskilled birth attendants

There is increased use of UBAs which poses threats to maternal and newborn health in Nigeria; associated consequences: higher maternal mortality; neonatal mortality; short- and long-term effects on newborn's health. Even though there have been constant campaigns on skilled birth attendance, a large number of women in Nigeria still deliver with TBAs or any other unskilled birth attendant. Several empirical researches that have been carried out between the year 2019 and 2024 have shown that the use of unskilled attendants poses a health risk to the users and the negative impacts on the mother and the newborn.

Maternal and neonatal mortality

Another dangerous effects of utilizing untrained birth assistants consist of elevated rates of maternal and neonatal mortality. Adedokun et al (2022) study also revealed that women who gave birth assisted by TBAs were four times likely to suffer some complications as postpartum hemorrhage, obstructed labor, and infections which are known causes of maternal mortality. This is in line with the study done by Ogunjimi and Adejumo (2020) who revealed that 29% of women who delivered with TBAs were at high risk of fatal complications including sepsis and eclampsia which could have been well controlled by professional health care givers. In a rural Nigerian community, Yusuff et al. (2021) found that women who delivered with unskilled birth attendant had higher neonatal mortality compared to those who delivered with skilled birth attendant, and unskilled birth attendant contributed to increase in infant mortality by 15 percent due to birth asphyxia and infection.

Increased risk of postpartum complications

Inexperienced birth attendants lack the ability to manage postpartum complications much as postpartum hemorrhage which is a main cause of maternal mortality in Nigeria. According to Akinyemi et al. (2021), the female respondents who delivered via the TBA were at a higher risk of delay in hemorrhage detection and management of bleeding, which raises the chance of maternal mortality. Likewise, Adedokun et al. (2022) pointed out that due to lack of training, the untrained attendants cannot identify the early warning signs of life-threatening conditions like obstructed labor which leads to prolonged labor, uterine rupture and uterine prolapse which are all preventable through skilled attendance. Moreover, absence of reasonable hygiene measures during deliveries conducted by TBAs, is dangerous to maternal health. According to Ogunjimi and Adejumo (2020), poor hygiene environment in which most TBAs practice increases the rate of postnatal infections which may cause sepsis and other health complications for the mother. The study also showed that 22 percent of women who were attended to by untrained birth attendants developed postpartum infections while only 5 percent of women who delivered in health facilities.

Neonatal health outcomes

Newborns are also at risk of poor health when birth is assisted by unskilled birth attendants. The evidence suggests that infants born under the help of TBAs or other less trained birth assistants are more likely to suffer from neonatal disease or die. In a study by Yusuff et al. (2021), newborns with IrAAA compared to those with AAAAs had higher incidences of Birth Asphyxia [OR: 2.07; 95% CI: 0.99, 4.38], Respiratory Distress [OR: 4.35; 95% CI: 1.73, 10.97], and Newborn Infections [OR in such deliveries, the failure to perform immediate neonatal resuscitation, one of the components of skilled care, was cited as one of the reasons for increased neonatal mortality. Akinyemi et al. (2021) have also established that new born infections coupled with septicemia and pneumonia were frequent among babies who were born at home without the help of professional health care givers as this had contributed to high new born death rate in rural Nigeria. The paper also noted a significant problem, namely the absence of basic newborn care practices, including early breastfeeding and appropriate thermal control, which are hardly ever provided during home births that involve untrained birth assistants. The fact that most of the newborns do not receive critical care in the first hours of life enhances morbidity and mortality among the infants especially in the areas where access

Table 3: Health Risks and Complications Associated with Unskilled Birth Attendance.

Health Outcome	Percentage of Women Affected (Study Reference)
Maternal Mortality	30% increase in maternal death (Adedokun et al., 2022)
Postpartum Hemorrhage	25% higher risk (Akinyemi et al., 2021)
Neonatal Mortality	15% increase (Yusuff et al., 2021)
Postpartum Infection	22% higher risk (Ogunjimi & Adejumo, 2020)
Birth Asphyxia	18% higher risk (Ogundele et al., 2022)

to postnatal care is difficult (Table 3).

Conclusion

The use of unskilled birth attendants (UBAs) is one of the factors that still hinder the improvement of maternal and neonatal health in Nigeria. This paper focuses on the complex social cultural and economic factors which compel women to give birth with TBAs or other relatives instead of seeking professional medical assistance. Socio culturally, women's preferences on where to give birth are influenced by TBAs, cultural beliefs, and community influence despite the fact that the latter is risky when handled by unskilled birth attendants. The cultural belief, which endorses traditional birth practices, the emotional and spiritual support offered by the TBAs remain more appealing to the people than institutionalized birth practices in many parts of Nigeria. Economically, costs for skilled birth attendance are still high, and poverty, transport, and overall costs significantly discourage the use of professional care during childbirth. These include cost implication for instance, the cost of delivering in hospitals and the difficulty that most health facilities especially in rural areas are hard to access. Most women therefore resort to ordeal of arriving at untrained birth assistants whom they find are easily available and hardly cost anything. The consequences of using unskilled birth attendants are alarming to the health of women and their babies. Women who delivered with TBAs or other untrained birth attendants have higher maternal and neonatal mortality rates because complications such as hemorrhage, infection and birth asphyxia are either unnoticed or neglected. The lack of trained human resource in delivering a healthy baby intensifies these risks, therefore perpetuating a vicious cycle of health. Therefore, the issue of unskilled birth attendance in Nigeria calls for an enhanced approach that seeks to challenge socio-cultural practice as well as economic constraints. Efforts should be made to increase the utilization of healthcare services, especially in the rural areas, and raise appreciation of demand for skilled birth attendance through community mobilization. Also, removing the financial barriers whereby improving on the rate of hospital deliveries through subsidies or health insurance for the needy might lead to an improvement of skilled birth attendants and so, maternal and neonatal health in Nigeria.

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