

CULTURAL INFLUENCE OF HEALTH-SEEKING BEHAVIOR AMONG PREGNANT WOMEN IN BAYELSA STATE.

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Abstract

Health Education motivates mostly pregnant women to adopt health-promoting behaviors by providing appropriate knowledge and helping to develop positive attitude. Maternal health outcomes and indicators in Bayelsa State, are some of the worst in Nigeria, with many women and girls losing their lives or becoming incapacitated as a result of pregnancy and childbirth complications. Maternal morbidities and mortalities are preventable with the availability and regular utilization of functional maternal healthcare services. As one of the major determinants of the utilization of maternal healthcare services, maternal health-seeking behavior goes beyond individual decision, but a complexity of socio-cultural and economic factors determining women's utilization of such services in Bayelsa State. Relying on literature on the health-seeking behaviour of women in the region, this paper offers contextual explanations for women's low utilization of maternal healthcare services in the state. Bayelsa State is a predominantly Ijaw and Christian society, with a culture that is guided by the Ijaw tradition. Use of traditional medicine, traditional birth attendants, high adherence to spiritual cultural beliefs and practices, family and community influence, and interplay between traditional and modern healthcare are among the major factors impeding utilization of maternal healthcare services among women in Bayelsa State. The paper thus, recommends that, in addition to making health education more accessible to pregnant women, interventions towards increasing utilization of maternal healthcare services must inevitably target husbands, being the key factor in determining healthcare-seeking behavior within households.

Keywords: Health Education, Cultural Influence, Health Seeking Behavior.

INTRODUCTION

Pregnancy, childbirth and postnatal state are some of the very important period in a woman's life, and her health during this phase is known as maternal health. Considering its importance, maternal health and related issues are prioritized by many countries, including Nigeria, in their health programmes. The lifetime risk of a Nigerian woman dying during pregnancy, childbirth and postpartum or postnatal abortion is 1 - 22, in contrast to lifetime risk in developed countries estimated at 1 in 4,900 (World Health Organisation, 2020). Therefore, comprehensive maternal care is vital in assuring safety, and well-being of pregnant women. Seeking health-care advice as a preventive method is an ideal way of reducing risks associated with pregnancy. Health care seeking behavior involves actions undertaken to seek initial and continued care for perceived health status, with the purpose of finding an appropriate solution.

Cultural beliefs and attitudes influence health-seeking behavior among pregnant women. In the past, traditional medical practices were a way of life in indigenous societies like Nigeria. These societies had their own cultural practices for health and illness, and also had unique health care approaches. With scientific advancement and orthodox medical practice, many traditional practices were discarded especially by the educated. However certain traditional practices still flourish in Nigeria as many ethnic societies have retained some vital indigenous

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health practices, especially those relating to pregnant women. Some of these practices are seen as "cultural gems" and have persisted in many communities in Bayelsa state with the general belief that they are more efficacious than orthodox practices. In these communities, women carry out certain traditional health practices when they are pregnant. These include nutritional taboos during the pregnancy period; preference for traditional birth attendants during pregnancy and delivery; and use of other traditional practices for women's problems. In the rural communities in Bayelsa State, some of these practices include traditional massage, and the use of certain spices and herbs for the prevention and treatment of illness. It has been documented that only 34.5% of births are attended by skilled health professionals in Nigeria (Mildred et al., 2017). This may imply that many women have had to resort to traditional midwives during child birth and have utilized these traditional health practices at one time or another.

Health Education

Health Education as an emerging profession is only a little over one hundred years old, the concept of educating about health has been around since the dawn of humans. Health education professionals engage in health education to facilitate modification of health behaviors.

Health education as be defined in several ways. Levine and Stillman-Lowe (2024) define health education as the process by which messages aimed at enabling individuals to take greater control over and improve their health are disseminated. The first step in the process is to gain an understanding of the basic cause of the disease process under consideration. The second step is to identify the essential causative factors. Some of these steps will be beyond individual personal control, such as environmental factors and genetics. However, other factors may be under control of the individual and amenable to change. The final step is that to define and communicate key messages derived from the previous stages so as to improve the health of both individuals and population (Levine & Stillman-Lowe, 2024). The World Health Organization (WHO) (1998) defined it as comprising consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health. Health Education motivates mostly pregnant women to adopt health-promoting behaviors by providing appropriate knowledge and helping to develop positive attitude. The appropriate knowledge include-: danger signs in pregnancy, post-partum haemorrhage, pre-eclampsia and eclampsia, use of laboratory to prevent complications, antenatal care, dietary patterns and personal hygiene.

Post-Partum Haemorrhage (PPH)

Post-Partum Haemorrhage is the number one cause of maternal mortality in developing countries and is the cause of 25 percent of maternal deaths worldwide (United Nations, 2010; WHO, 2013). It is a common maternal morbidity in high resource countries and is trending upward (International Postpartum Haemorrhage Collaborative Group, 2009).

The American College of Obstetricians and Gynecologists (ACOG, 2016) defines early postpartum haemorrhage as at least 1,000mls total bloodloss or loss of blood coinciding with signs and symptoms of hypovolemia (that is, decrease in the volume of circulating blood) within 24 hours after delivery of the fetus or intrapartum loss. PPH is when the woman bleeds more than the 'expected amount' from the vagina and/or uterus after the baby is born. It can also include an excessive amount of blood loss during and/or after a Caesarean operation. Postpartum haemorrhage happens after the baby has been born, either before or after the placenta has been expelled from the uterus. Postpartum haemorrhage can be classified as primary, which may occur before the delivery of the placenta and within 24 hours after

delivery of the fetus, or secondary, which occurs 24 hours to 12 weeks postpartum. Primary PPH is more common than secondary PPH (Rajan & Wing, 2010).

Eclampsia

Eclampsia is the occurrence of tonic-clonic convulsions in women with preeclampsia (PE). It is one of the adverse effects of PE and is a major cause of maternal and perinatal death among women, especially in developing countries (Kirk & Chatterpadhy, 2015).

Preeclampsia is a condition that only occurs in pregnancy and causes high blood pressure. It usually occurs after week 20 of pregnancy and can happen in women who didn't have high blood pressure before pregnancy. It can lead to serious complications with mother and baby that can sometimes be fatal. It is a multisystem disorder characterized by new onset of elevated BP in the second half of pregnancy (WHO, 2011). It is the presence of a systolic blood pressure (SBP) greater than or equal to 140 mm Hg, or a diastolic blood pressure (DBP) greater than or equal to 90 mm Hg, on two occasions at least 4 hours apart in a previously normotensive patient (ACOG, 2019). It could also be seen as an SBP greater than or equal to 160 mm Hg or a DBP greater than or equal to 110 mm Hg or higher (ACOG, 2019). It is defined clinically as the presence of elevated BP and proteinuria in the second half of pregnancy (Lim & Steinberg, 2018). In the absence of proteinuria, PE is also diagnosed when there is BP elevation with any of platelet count equal to or less than 100,000/micro litre, deranged liver enzymes, newly developed renal insufficiency, pulmonary oedema, or new onset visual disturbance (ACOG, 2019).

Medical Laboratory Services

Medical Laboratory Services are an essential component of Health care and can be utilized effectively at every level of health care delivery. MLS plays a significant role in Maternal and Child Health (MCH). The Medical Laboratory Science objective of the Maternal, Infant, and Child Health addresses a wide range of conditions that affect the health, wellness, and quality of life of women, children, and families. In clinical laboratories, Medical Laboratory Scientist perform a full range of Laboratory tests as far as MCH care is concerned from; simple Pre-marital blood tests, to more complex tests to uncover diseases such as AIDS, diabetes, and cancer, typing patients and blood products for transfusion, as well as MCH interventions through programmes that deliver integrated packages of services (such as antenatal care, well child care, integrated management of childhood diseases, Vaccine Preventable Diseases (VPDs), Malaria, and respiratory diseases, identification and management of infants and children with sickle cell disease, screening newborns for devastating disorders, such as phenylketonuria, that can be prevented by early intervention; or developing the capacity to determine the levels of chemicals constituents in blood and body fluids, classify cells for abnormalities and uncover markers for cancer and inherited genetic diseases. Due to the changing world of Laboratory technology, while so many tests are now offered through kits help to reduce turnaround time, Medical Laboratory Science ensure these tests are being performed with quality by trained professionals (Sanusi, 2016).

Antenatal care (ANC)

Antenatal care (ANC) is the care a pregnant women receive during her pregnancy through various contact with trained health personnel such as midwives, nurses and doctors who are trained in pregnancy and child birth. The care is centered on the woman by providing her with important information in order to make cognizant choice. Utilization of ANC services is associated with improved maternal and neonatal health outcomes (Babalola & Fatusi, 2009; Marshall & Raynor, 2014). Adeniyi and Erhabor (2015) documented that, the vital role of antenatal care is to give antenatal education, simple advice and services that can promote the health of pregnant mothers and their unborn children; protect against complications such as

hypertension, anaemia, prolonged labour, eclampsia, antepartum haemorrhage, and premature birth. The World Health Organization (WHO) recommends at least four antenatal care visits when women are pregnant (Simkhada et al., 2007).

Dietary factors

Dietary factors are well-established independent variables that are linked to pregnancy outcomes and maternal weight gain during pregnancy. These factors include the presence or absence of food restrictions, the overall quality of the diet, feeding practices, dietary transgressions, as well as inadequate knowledge of nutrition (USAID, 2018; Gebre et al., 2018). The nutritional condition of a mother at the time of conception, during pregnancy and breastfeeding plays an important role in determining her health and well-being, as well as that of her newborn. Poor maternal nutrition during pregnancy was associated with a higher risk of having a preterm labour, low birth-weight, intrauterine growth restrictions and threat to mothers' wellbeing and survival. Widespread global Micronutrient Deficiencies (MNDs) and their consequences exist with pregnant women and under-5-year-old children at the highest risk. The reproductive period is a critical time for establishing risks of chronic diseases in offspring later in life. Malnutrition is among the most severe health problems affecting children and their mothers and malnourished mothers face higher risks during pregnancy and childbirth. Deficiency of nutrients on the other hand increases the risk for Intrauterine Growth Retardation (UGR) which usually predicts early life growth curves and survival, besides age and sex.

Personal hygiene

Personal hygiene is described as a condition of maintaining the cleanliness of one's body and clothing to preserve overall health and well-being. It includes activities related to the promotion of sanitary practices to oneself to prevent or minimize the spread of communicable diseases (Park, 2007). Personal hygiene aims to promote standards of personal cleanliness wherever people live. Personal hygiene practices that are of major concern to pregnant women are body hygiene, oral hygiene, hand hygiene, face hygiene, fingernail and toenail hygiene, hair hygiene and clothes hygiene. When these hygiene practices are ensured, this will prevent or reduce infection in pregnancy and complications can be curbed indirectly, but if otherwise, maternal mortality may occur due to complications (WHO, 2018). Infection during pregnancy is one of the leading causes of maternal mortality. It is an important, potentially preventable and yet often overlooked cause of maternal, fetal and neonatal mortality and morbidity (Nwambo et al., 2016)

Cultural Influence

Culture can also be categorized as material and non-material: the non-material aspects are the traditions, norms, and values. The behaviour shown by pregnant woman as a member of the family institution is an example of a non-material aspect of culture. Although culture may be abstract in nature, it has a significant impact on people's lives because it guides human action and behaviour. Therefore, its impact on other aspects of human survival, such as pregnancy and childbirth, cannot be neglected in a society. A range of studies has identified delay in seeking care as a factor that affects pregnancy outcome. This delay is due to some societal norms which do not allow women to initiate care until the end of the first trimester or early second trimester (Isidienu & Chiejina, 2022).

There has been a high rate of negative health complications because of some indigenous practices common among people in Bayelsa state. The risk associated with traditional practices not only affect the health and well-being of the individual but also affects the individual in totality, due to resultant limitations on an individual's interaction with, and

contribution to, their community. Despite the risks associated with utilizing traditional practices, there are also numerous health benefits associated with this form of care. Research in Delta state described reliance on traditional forms of care as an essential component of the health and well-being of the people in rural areas signifying that members of rural communities rely more on traditional than hospital-based care, which is partly linked to the low or non-availability of qualified healthcare personnel in the community. Others, too, have argued that women patronize alternative forms of maternity service due to the nonavailability of a functioning healthcare facility. Factors such as the geographical location of a facility, its distance from users' homes, costs, personal beliefs and preferences of the people and the beliefs of the members of the community about indigenous traditional practices also affect women's choices in the utilization of maternity service (Akter et al., 2019).

Every culture has some form of practice that symbolizes their values and beliefs. These are usually transferred from one generation to the next and are believed to have a profound effect on women by shaping beliefs about healthcare and, in turn, determining health seeking behaviour during pregnancy (Isidienu & Chiejina, 2022). Every culture, therefore, serves as a blueprint that determines the values and beliefs of people. This also includes those related to making choices about pregnancy and childbirth. Thus, pregnancy is governed by various norms and values within the society, with these factors influencing the health seeking behaviour of women during. This, according to the founder of the culture care theory, Madeleine (2002), is also classified as culture because it guides individual ways of thinking or doing things; therefore, a pregnant woman as an individual within a community cannot be complete without her culture.

In most communities in Bayelsa state, childbearing women carry out some traditional practices which include nutritional taboos during the pregnancy period, preference for traditional birth attendants during delivery and bathing the baby in salt water to prevent her from smelling bad. Some of these beliefs and practices may be harmful for a community and beneficial for another depending on the social, economic and ecological environment. In the rural communities in Bayelsa state, some of these traditional practices are traditional massages and use of herbs for treatment.

Ijaw traditional beliefs in Bayelsa state significantly influence pregnant women's health seeking behaviour in the following ways;

i. Use of Traditional Medicine

Pregnant Ijaw women often utilize traditional medicine and herbal remedies, believing they promote healthy pregnancy outcomes. For instance, certain herbs are used to treat conditions like haemorrhoids or prevent the umbilical cord from turning black.

ii. Traditional Birth Attendants (TBAs)

Many Ijaw women prefer TBAs, also known as "mamalettes" or "abiaumaan," who are perceived as experts in women's health matters. During labour and childbirth Women in many communities in Bayelsa state reported burning some spices (alligator pepper, dried cayenne pepper and local spices) in the fire and directing the smoke towards their vulva during labour to hasten delivery and "to open the way for the baby to come out easily." Birthing positions commonly encouraged and adopted were squatting, kneeling, standing, and sitting on a low stool. During labour, waist massage, abdominal massage, and application of heat on the abdomen and waist were commonly practised. Herbal drinks were also given for energy. If there is delayed progress of labour and/or ceased contractions herbal drinks are given, or hot herbal enema, or womb massage, or "sweeping of the womb" (with two fingers inserted into the vagina to stretch and stimulate the perineal muscles), or use of "special chewing stick", and insertion of special herbs into the vagina. For excessive bleeding before or after child birth, herbal drinks are given or herbs are inserted into the vagina.

iii. Spiritual Beliefs

Pregnant women may attribute pregnancy complications to spiritual causes, influencing their healthcare-seeking decisions. During pregnancy In some community's sexual intercourse is prohibited for some time (from second to seventh month) after pregnancy is confirmed, "so as not to poison the young foetus with sperm", "to allow the baby to form well", "to prevent miscarriage", and "to ensure that the baby's head is well formed". To ensure safe pregnancy till term, the pregnancy was said to be "locked" spiritually and traditionally through incantations on a padlock, and/or the wearing of enchanted waist charms and amulets (to prevent miscarriage vagina to induce labour"). This can lead to delayed or inadequate utilization of modern healthcare services.

iv. Cultural Practices

In the postnatal period, common traditional practices identified were "washing the womb" (with herbal sitz bath or sitting on a chair over a bowl/basin of steaming herbs, and taking hot herbal drinks), "sweat bath", "womb massage" with or without "pressing the waist, lower abdomen/uterine area with hot water". These practices were said to aid uterine drainage ("clear the womb of stale and bad blood"), prevent womb infection, assist involution, and also to reduce the bodily strain of labour. Other practices were waist massage, tying folded wrapper (cloth) around the abdomen, and standing or sitting or jumping on the woman's abdomen, back and waist etc. Any perineal tear is generally allowed to heal naturally by using hot fomentation, hot "herbal perineal wash", and use of "hot stone" (the practice of heating a special stone, sprinkling water on it to bring out steam and making the woman to squat over it so the hot steam is directed towards the perineal area). After child birth women were traditionally encouraged to rest, eat hot, highly spiced liquid foods with low oil, and avoid cold foods. The new mother is also encouraged to rub native chalk (red, yellow or white) on the abdomen to tone the skin and reduce the hyperpigmentation of pregnancy. To stimulate and sustain lactation, the woman is encouraged to drink warm sweet palm wine, and hot herbal beverage. For problems like uterine prolapse, womb setting was also practised.

v. Family and Community Influence

Elders and family members play significant roles in shaping healthcare decisions, often encouraging traditional practices and limiting autonomy for pregnant women.

vi. Interplay between Traditional and Modern Healthcare

Ijaw women may use both traditional and modern healthcare services, highlighting the need for healthcare providers to understand and respect cultural beliefs while promoting evidence-based care.

These traditional beliefs and practices can have both positive and negative impacts on maternal health outcomes. Understanding these cultural nuances is crucial for developing effective healthcare strategies that cater to the needs of pregnant women in Bayelsa state.

Health Seeking Behaviour

Health seeking behaviour refers to the actions an individual or group of individuals takes towards being healthy and maintaining that health. Hadiza and Ibrahim (2021), describe health seeking behaviour from two major perspectives; the first is viewing it in as a 'single still picture of events', in other words, seeking for factors which may influence decisions and actions during a particular illness episode. The second sees health seeking behavior as a process which unfolds during a particular illness episode. Whether as an event or a process, it all boils down to taking actions using things at one's disposal to seek and maintain health. Hadiza and Ibrahim (2021), on one hand, refers to health seeking behavior as the interplay between socio-cultural, economic, psychological and spatial factors on one hand and the patterns of utilization of health services on the other. Thus, health seeking behavior is the way by which symptoms are perceived, evaluated and acted upon by a person who recognizes pain, discomfort and other signs of organic malfunction.

Health seeking behavior are influenced by a complex web of determinants; Culture, economics, access, perceptions, knowledge, belief in efficacy, age, gender roles, and social roles. It is difficult to isolate the most influential determinants in the decision to utilize health care, prevention and treatment of illness (Rebhan, 2015). These determinants may be similar across the globe but they have unique interactions, manifestations and influence on individual's or group's lives depending on the individual's or group's peculiarities. Culture is one of the major determinant factors that influence health seeking behaviour among pregnant women. Cultural beliefs not only shape how individuals respond to health and illness but also influence decisions about which forms of care to seek. For instance, cultural beliefs surrounding certain diseases may lead to silence and denial, creating conditions that perpetuate the disease (Onyeabochukwu, 2007).

Conclusion and Recommendations

Factors such as the use of traditional medicine, traditional birth attendants, high adherence to spiritual cultural beliefs and practices, family and community influence, interplay between traditional and modern healthcare are among the major factors impeding utilization of maternal healthcare services among women in Bayelsa State. Improving health education of women is important both from long term perspectives of enhancing decisionmaking, and acquisition of knowledge and positive attitude towards utilization of maternal healthcare; including their health seeking behaviour. Interventions towards increasing utilization of maternal healthcare services must inevitably target husbands, being key actors in determining healthcare-seeking behaviour within the households.

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