

Safe Motherhood in Nigeria: A philosophical Enquiry into Women's Rights and Maternal Health

Ekaette Okon Okop¹, Happiness Elufidipe-Olumide^{2*}, Kingsley Asogu Ogbonnaya¹

¹Department of Adult Education and Extra-Mural Studies, University of Nigeria, Nsukka,

²Department of Human Kinetics and Health Education, University of Nigeria, Nsukka

*Corresponding Author: Email address : happiness.olumide@unn.edu.ng 08038509681

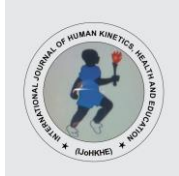
Abstract.

In many Nigerian cultures, motherhood is revered as a sacred institution, and the birth of a child is celebrated greatly. Safe motherhood means ensuring that all women receive the care they need so as to be safe and healthy throughout pregnancy and childbirth. Safe motherhood practices ensure improvement in the quality and safety of lives of women through adoption of healthy and non-healthy strategies. Nutrient intake, medical and lifestyle factors can adversely influence the health of the pregnant woman, fetal development, growth and the condition of the newborn. Most of the women especially in the rural areas are ignorant of some basic principles of health promotion, maintenance and balanced diet during pregnancy. The paper therefore reviewed the safe motherhood practices of pregnant women in Nigeria with particular interest on maternal health requirements, health needs of pregnant women, societal norms, cultural and ethical dimensions and philosophical enquiry into women's rights. The authors recommended among others, the need for sensitization and seminars to be organized by health officers and stakeholders against some societal norms and cultures that are contrary to safe motherhood.

Keywords: Safe Motherhood, Maternal health, Practices; Health needs, Societal norms, Cultural, Ethical dimensions. Philosophical enquiry, Women's rights

Introduction

In many Nigerian cultures, motherhood is revered as a sacred institution, and the birth of a child is celebrated greatly. However, the harsh reality is that this joy is often short-lived, as many mothers succumb to preventable deaths. This paradox raises fundamental questions about the value placed on women's lives and the importance of safe motherhood in Nigeria (United Nations Children's Fund [UNCF], 2020). A pregnant woman is more likely to remain healthy and bear a healthy child if engaged in some practices that are safe for her condition. Some people do not think that prenatal influences are important, but research has shown that practices of pregnant women can affect the subsequent mental and physical health of the child. According to Dobson (2011), safe motherhood is a process whereby a woman goes through the process of pregnancy or delivery does not get injured or loses her life or that of the baby. Safe motherhood refers to the provision of quality care to all women during pregnancy, childbirth, and the postpartum period, ensuring their safety and well-being (WHO, 2022). It is known in history that this concept gained international attention during the Safe Motherhood Conference held in Nairobi, Kenya, in 1987. The conference marked the first concerted global effort to reduce infant and maternal mortality, highlighting the need for collaborative action to improve maternal and child health outcomes. The target of the initiative was the reduction of an annual estimated 500,000 maternal deaths globally by 50% by the year 2000 (Starrs, 1987) This was the beginning of safe motherhood initiative (SMI). The safe motherhood initiative was launched in Nigeria in 1990 (Ekanem & Gharoro, 2000).



The WHO (2019) reported that Nigeria still has one of the highest maternal mortality rates (MMR) in the world ranging from 800 through 1,500 deaths per 100,000 live births in developed countries. According to Anyanwu (2020), Nigeria has the second highest maternal mortality in the rural communities; he reported that the rate of maternal mortality in the rural communities and the rate of maternal mortality in rural communities is 825 deaths per 1,000,000 live births. Anyanwu further stated that a recent hospital based study in Enugu showed MMR of 900 deaths per 100,000 live births. Also in Kano, the MMR was reported recently by Aliyu (2018) to be as high as 2000 deaths per 100,000 live births. So high maternal mortality is still very much in Nigeria. Maternal mortality has continue to rise and now constitute a development indicator with the greatest disparity between developed and developing countries. Poor knowledge is a primary barrier to safe motherhood among female in selected rural communities in northern Nigeria (Okereke et al., 2013). Safe motherhood practices aims to ensure improvement in the quality and safety of lives of women through adoption of health and non-health strategies.

In Nigeria, childbirth and upbringing has been a problem, especially in rural areas with illiterate women. Many pregnant women have lost their lives during childbirth for lack of knowledge of necessary measures that make gestation and delivery of babies safe. These deaths and disabilities are as a result of poverty, culture and poor management of pregnancies and deliveries. Nutrient intake, medical and lifestyle factors can adversely influence the health of the pregnant woman, fetal development, growth and the condition of the newborn. Most of these factors can be controlled by laying emphasis on safe motherhood. There is emphasis on equitable access of maternal healthcare services to the different groups of the community by safe motherhood. Safe motherhood clearly deliberates on the distribution of maternal healthcare across different sociocultural, socioeconomic status and different geographical locations (Gazi et al., 2018). Most of the women in the rural areas are ignorant of some basic principles of health promotion, maintenance and balanced diet during pregnancy. This paper is therefore concerned with reviewing safe motherhood in Nigeria with emphasis on maternal health requirements, health needs of pregnant women, societal norms, cultural and ethical dimensions and philosophical enquiry into women's right

Maternal Health Requirements

There is no living entity that can survive without food including women. Food is any liquid or solid material which when eaten and digested can provide the body with nourishment (Anyakoha, 2021). The WHO (2019) stated that for safe motherhood to be successful during pregnancy, husbands and family members of pregnant women should ensure that as soon as pregnancy is confirmed, women should be encouraged to eat what is healthy in order to improve maternal health. If the diet of a pregnant woman is not nutritious enough to produce adequate nutrients for the mother and the foetus, the woman experiences dizziness, blurred vision, swelling of some parts of the body such as legs, face and fingers. Anyanwu (2020) further added that for good health, every meal taken by a pregnant woman is expected to contain basic classes of food: carbohydrates, proteins, vitamins, minerals, fat and oil and water, and they should be taken in adequate proportion. Carbohydrate is generally known as a primary source of energy. Ezekwesili (2020) referred to carbohydrates as energy-giving foods or body fuels. The main sources of carbohydrates are yam, garri, bread, corn, honey, rice etc. Deficiency of carbohydrates in the body leads to lack of energy while excess of it caused diabetes (Omovevah, 2021). Protein is one of the classes of food that is vital for the repair of worn out tissues. Ikegbune (2021) stated that proteins are nitrogen containing substances

necessary for body building and energy giving. Sources of protein include meat, fish, beans, soybeans, milk among others. Hodgen (2019) stressed that deficiency of these could lead to failure of the body processes and may cause kwashiorkor and this can be very dangerous for a pregnant woman and her foetus. A pregnant woman needs protein in greater quantity for her body processes and body building. Vitamins are good for body maintenance and welfare. Ezekwesili (2020) stated that vitamins are micro-nutrients that are vital to the metabolic processes of the body. They contain chemicals required by the body which enable the body to carryout its work effectively. Also, Anyanwu (2020) affirmed that human body needs little quantity of different vitamins for normal growth and development. Sources of vitamins include eggs, liver, fish, yeast, fruits and vegetables such as carrots, banana, pineapples, okro, pawpaw, garden eggs among others. Vitamins are made up of water soluble (vitamin B, C, etc) and fat soluble (Vitamin A, D, E, and K). Deficiency in vitamin A causes night blindness while deficiency in vitamin B causes beriberi. Also, deficiency in vitamin C, D, E and K causes scurvy, rickettsia, sterility in rodents and haemorrhage respectively. Therefore, a pregnant woman needs vitamin at appropriate proportion to keep herself and her baby's metabolic processes functioning and to avoid haemorrhage. Minerals are inorganic elements which are necessary for the formation of body structure and the maintenance of health. (Anyanwu, 2020) Sources of minerals are milk, legumes, green vegetables, salt, meat among others. Deficiency of mineral leads to poor teeth and bone formation, rickets, anemia, muscle cramps, goiter etc. Deficiency of mineral leads to poor teeth and bone formation, rickets, anemia, muscle cramps, goiter among others.

Water is essential for human survival and all living organisms. Water is a major component of the body parts and body fluids (Ezekwesili, 2020). It is important in many chemical reactions in the body and it acts as universal solvent, it also acts as a lubricant around the joints. It protects such sensitive tissues as the spinal cord from shock. The fluid that fills the eyes serves in a similar way to keep optimal pressure on the retina and lens. Sources of water include rain water, surface water (stream, lake, sea etc) and underground water such as wells, boreholes and springs. Furthermore, Anyakoha (2021) further attested that deficiency of water for a 3-5 days can leads to death. A pregnant woman needs enough water for her effective body chemical reactions. According to Bryd (2018), a pregnant woman can only survive 3-5 days without water as water protects the baby in the womb. Anyanwu (2020) stated that fat is a concentrated energy food (more than carbohydrates) and are necessary especially for pregnant women for skin and other cell constituents. Sources of fats and oil are groundnut oil, coconut oil, soyabean oil, margarine, among others. Ikegbunne (2021) noted that deficiency of fat and oil leads to poor supply of heat and energy to the body, low conversion ability of stored fat to energy. Low supply of fatty acids which are necessary for healthy skin and hair. It is important to note that woman have right to life, care and reproductive health. Women are expected to take all the food classes in the right proportion for optimum health and wellbeing. Bryd (2018) noted that a pregnant woman is expected to take more of protein, vitamins and minerals and less of fats and oil and carbohydrates. This helps to have well developed skeleton, teeth and jaws, also bones and muscles as well as normal blood supply that carries adequate amount of oxygen and nutrients to the cell. Omevevah (2021) affirmed that balanced diet is needed by pregnant women, the foetus and the new baby for well development. A pregnant woman who lacks these basic nutrients in appropriate quantity may feel discomfortable and weak, headache, constipation and faintness, and it will adversely affect the foetus (Lardon, 2022). Further, the author added that to sustain the rapid development occurring during prenatal period and prevent 'slow-growing babies' the expectant mothers are advised to avoid malnutrition. Ebede (2015) added that malnutrition resulting from vitamin deficiency, for instance, may produce physical



abnormalities such as rickets, nervous instability or general physical weakness. He further postulated that protein and vitamins deficiencies can result in eye and internal organs, defects and an increase in a number of malformations of the fetus. Unfortunately, some expectant mothers especially in rural communities do not pay attention to the kind of food they eat which often results to their being anaemic due to insufficient nutrients required for blood building. Therefore, the aforementioned classes of food are required in an adequate and balanced proportion in order to boost and maintain a good maternal health with subsequent safe motherhood.

Health Needs of Pregnant Women

Health is a dynamic and multidimensional concept that encompasses physical, mental, and social well-being, and is influenced by a range of factors, including lifestyle, environment, and social determinants (Horton, 2020). The health needs of pregnant women are very important in order to enable them preserve their health, that of the growing foetus and the reduction of the risk of pregnancy and childbirth. The foetus relies upon its mother for all functions, and the healthier the mother, the stronger and healthier the child. Anyanwu (2020) outlined the aspects of health needs that can foster sound health in pregnant women. They include personal hygiene, environmental sanitation, prevention and control of diseases as well as their treatment, nutritional hygiene and welfare clinics. Personal hygiene is one of the crucial health needs of women. Nasir (2012) defined personal hygiene as the practice of keeping one's body and environment clean. For instance, in communities that use pit latrines, they need to ensure neatness of the toilet to avoid the spread of germs. Safe drinking water for the pregnant women and safe disposal facilities for disposal of wastes is very important. There is need to cover food to prevent the perching of flies on them which can lead to disease infestations. On the overall, there is need for the cleanliness of the living environment to avoid the spread of diseases. Another health need of pregnant women according to Chimeze (2019) is having adequate and regular exercise. Chimeze emphasized that women should exercise themselves throughout the period of pregnancy so that they will be healthy and fit for labour. The author stressed that women at this stage in life should not engage in very strenuous exercise which could threaten their pregnancy and state of health, for example, press up, weightlifting or running. They could engage in dancing, walking and singing among others.

Other health need of pregnant women according to Bryd (2018) is the emotional and psychological health. Adequate sleep and rest is necessary to provide the body with necessary strength and energy needed by pregnant mothers to create a conducive internal environmental influence on the foetus. Quenem (2019) emphasized the importance of pregnant women avoiding quarrels, nagging, emotional upset such as much weeping, anxiety, and depression in work areas, lack of rest and sleep, poor social interactions among others, could introduce complications and make internal environment of the foetus not conducive since the blood pressure of the mother will not be suitable for the foetus. The blood pressure will be high and this is dangerous. Therefore, emotional and psychological over-labouring of the body or mind during pregnancy is injurious to both the mother and the child and such need to be avoided as much as possible.

Drug is also a very important health need. According to WHO (2019), drugs and alcohol have negative effects on the health of the pregnant woman. At certain stages in prenatal development, drugs including antibiotics are so powerful that when taken at the first trimester of pregnancy may seriously affect the developing embryo in the uterus and even deform bone

formation of the foetus. Drugs need to be taken according to the qualified physician's prescription and should be taken regularly as prescribed to avoid resistant effect of the drug in the body, thereby rendering the drug ineffective. Jones (2019) stated that careful observation of alcoholic mothers has shown that they are more prone to producing babies with limb and facial malformations and learning disabilities. Hodgen (2019) added that alcohol in maternal blood stream causes temporal reduction in the supply of oxygen to the fetus, a situation which can result in minimal brain damage. It is advisable that pregnant mothers consult qualified medical practitioners whenever they have health problems.

Antenatal care is another indispensable health need of pregnant woman. WHO (2019) stated that ante-natal care is a branch of preventive medicine dealing with pre-symptomatic diagnosis of general, medical disorders, nutrition, immunology, health education and social medicine in addition to prevention and early detection of pregnancy disorders. Jones (2019) described ante-natal care as the period in which doctors devote much attention to the care of the pregnant woman during the 40 weeks of pregnancy. Ante-natal care functions as a detector and management of complications that can have damaging sequences of pregnancy and childbirth. Post-natal morbidity and mortality. Ante-natal care also makes available drugs that can prevent and treat sub-fertility and sterility. One of the most important functions of ante-natal care is to offer expectant mothers advice and information about birth preparedness, danger signs of obstetric complication and emergency preparedness. All these improve maternal fetal outcomes. Therefore, antenatal care ensures that every wanted pregnancy results in the delivery of a healthy baby without any impairment on the maternal health (Geltore & Anore, 2021).

The WHO (2019) stated that the objective of ante-natal care is to ensure that every expectant mother maintains good health, learns the act of child care. has a normal delivery and bears her children. Early initiation of ante-natal care preferably in the first trimester is crucial to allow early detection of existing disease and treatment, promotion of health and prevention of disease and birth preparedness. Jones (2019) noted that some women dread attending antenatal clinics because they are shy about opening their vagina for examination especially the first timers. Such personal questions may include inquires by the doctor about the date of the last menstrual period of the pregnant woman, the duration of the average menstrual cycle, the progress of the pregnancy and her past health illnesses and operations which may have occurred. The purpose of these inquires is to bring to light any conditions which may affect the course of the pregnancy and for which treatment can be given. The remaining of the visit is taken up with examinations such as recording her weight and noting her height. Examination of her breast and determination of the nipples' normality. The doctor listens to the woman's heart, palpates the enlarging uterus to determine if the baby is growing normally and checks the position of the baby in the uterus after 28 weeks of pregnancy. The blood pressure of the pregnant woman is also checked. This is made at every visit since it's a very important investigation. A rise in blood pressure indicates pregnancy-induced hypertension which may make baby grow improperly or may even die in the uterus. Finally, the doctor performs a pelvic examination to inspect the cervix and to take cervical smear (Bryd, 2018). Ante-natal care reduces maternal deaths during childbirth and salvages babies who might otherwise have died (Ebede, 2015). Expectant mothers are advised to go for ante-natal care, medical checkups so as to prevent any harm to the growing child. When one considers the negative effects of health problems on prenatal development in terms of undernourishment, illegal use of drugs, poor ante-natal care (medical checkups), emotional and psychological imbalance and personal hygiene of the pregnant woman, the need for Africans, especially those in the rural areas who are less educated, poor and ignorant to pay particular attention to the health needs of the expectant mothers and the babies in their uterus becomes imperative.



Societal Norms

Societal norms can significantly impact safe motherhood, influencing women's access to healthcare, nutrition, and overall well-being during pregnancy, childbirth, and postpartum. Some of these societal norms that can affect safe motherhood include early marriage and childbearing which in most cultures are encouraged and can lead to increased risks of complications during pregnancy and childbirth; limited access to education and healthcare resulting in difficulty in making informed decisions about reproductive health; cultural practices such as female genital mutilation can increase the risk of complications during childbirth; nutritional taboos; home births by unskilled attendance; stigma around family planning, male dominance in decision-making; lack of support for breastfeeding making it difficult for women to initiate and maintain breastfeeding; stigma around mental health making it difficult for women to seek help for postpartum depression or anxiety and societal norms that restrict women's access to economic resources. To promote safe motherhood, it is fundamentally essential to address these societal norms and promote a culture that supports women's health, autonomy, equity, justice and well-being (Alberta, 2024; Ansong et al., 2022; Omer et al., 2021; Mochache et al., 2020).

Cultural and Ethical Dimensions of Safe Motherhood in Nigeria

In Nigeria, different cultures guide safe motherhood in that region, in some cultures in the eastern Nigeria, a woman does not break kola nut, a pregnant woman does not climb tree, if she does she has gone against the law of the land and deserves punishment. In the primitive western Nigeria, if a pregnant woman gives birth to an albino, the child will be seen as an evil child and the mother will be excommunicated from the community and denied some mutual rights among her fellow women in the community, the same thing is applicable to having twins. Despite the fact that public health ethics involves the need to exercise the powers to ensure the health and well-being of communities by medical professionals such as doctors including the maternal health (Opara et al., 2024; Odiya & George, 2021), yet, much has not been achieved regarding safe motherhood in Nigeria. In some cultures, babies born with some marks are labeled for death, that they have not come to live, some believe the babies are reincarnated, some 'ogbanje' children are believed not to survive and the mothers subjected to some unpleasant and harmful experiences not applicable to nursing mothers (Ebede, 2015). Several facilitating and limiting factors of cultural norms and values significantly influence maternal health-seeking behaviours and use of primary health facilities. Cultural and religious structures are significant factors that could promote or limit women's use of maternal health services. All these are against safe motherhood practices (Opar, et al., 2024a; Opara et al., 2024b).

A Philosophical Inquiry into Women's Rights

The struggle for women's rights has been a longstanding and complex issue, with various philosophical perspectives offering insights into the nature of women's rights. A philosophical enquiry into women's rights reveals that autonomy, equality, and justice are essential principles for the realization of women's rights and dignity. Autonomy refers to the ability of individuals to make choices and decisions about their own lives, free from coercion or undue influence. Women's autonomy is essential for the exercise of their rights, including the right to make decisions about their own bodies, health, and well-being. Equality means the principle that all individuals should be treated with equal dignity and respect, regardless



of their gender, race, or other characteristics. Women's equality is essential for the realization of their rights, including the right to equal pay, equal access to reproduction, education and employment, and equal representation in politics and decision-making. Justice refers to the principle that individuals should be treated fairly and justly, regardless of their gender, race, or other characteristics. Women's justice is essential for the realization of their rights, including the right to equal treatment under the Laet al., 2023; Omer, et al., 2021; Cera, 2017; Social Protection & Human Rights, 2015). However, women's equality has historically been denied by patriarchal societies and institutions, which have perpetuated gender-based discrimination and inequality. This has resulted in women being denied equal opportunities and treatment, and being marginalized and excluded from decision-making processes. It is also vital to note that reproductive rights are fundamental to women's health and autonomy such as access to contraception; ensuring that women can make informed choices about their reproductive health. They also have right to maternal healthcare which involves improving access to quality care during pregnancy, childbirth, and the postpartum period among others (Darroch et al., 2020; Cleland et al., 2019). A logical overview postulates thoughts where as a pregnant woman is hungry or thirsty without a help nearby and the norms forbids her from climbing a tree to get a fruit or to quench her thirst by fetching water from the stream at a certain forbidden hour or breaking palm kernel at night or doing something contrary to the norms of the society or community where she finds herself, then the punishment she finds herself is against safe motherhood of a pregnant woman. Therefore, some of our societal norms and cultures do not accommodate safe motherhood of pregnant women, thus some pregnant women in some cases are deprived of their rights. (Chimeze, 2019).

Problems inherent in adoption of Safe Motherhood Practices by Pregnant Women

Some of the problems according to Ikegbune (2021) that make most pregnant women not to adopt safe motherhood practices are poverty, culture, ignorance. Ikegbune (2021) noted that most women do not take balanced diet during pregnancy as a result of poverty; poverty has subjected most rural women to taking unbalanced diet. The poverty affects their safe motherhood practices since they will eat foods their money can buy and not paying much attention to acquiring balanced diet which to them is costly. Also poverty also affects their attendance in ante-natal care services as they cannot afford money for the services. Supporting this, Nasir (2012) opined that in African environment majority of the families are poor and cannot provide for proper ante-natal care for the healthy prenatal development.

Culture according to Ikegbune (2021), is another reason for pregnant women taking unbalanced diet. Culture does not allow them eat certain food items that could have given them adequate nutrients. Most of the women refuse to adhere to some instructions in ante-natal programmes that are against their cultural belief. Ikegbune (2021) stated further that culture make women to undertake many laborious activities which deprive them of rest, even at the time they were about delivering. The author added that traditionally, women do not go for ante-natal visits; they rather attend to the services of traditional birth attendants (TBAs) who are untrained. Many pregnant women in rural areas prefer the services of traditional birth attendants, even when the modern trained medical providers are available. Ignorance according to Ngwoke (2015) has also prevented most women from taking balanced diet as most women especially the illiterates in the rural areas are ignorant of some basic principles of health promotion and maintenance and balanced diet during pregnancy. Most pregnant women especially in the rural areas do not attend ante-natal programmes because of ignorance; they are ignorant of the functions and benefits of ante-natal programmer. Ikegbune



(2021). Again, according to Aliyu (2018), one of the problems inherent in ante-natal programme is the cost of services. The author further stated that the high cost of services hinder pregnant women from attending ante-natal especially in the rural areas. Omovevah (2021) added to this that some of the drugs in ante-natal programme are expensive.

Conclusion and Recommendations

Safe motherhood in Nigeria has been an age long issue. Maternal health during pregnancy and childbirth has been grossly compromised as a result of societal norms and culture which has affected the pregnancy outcomes with subsequent birth complications and death. Therefore, maternal health requirements, health needs of pregnant women, societal norms, cultural and ethical dimensions and philosophical enquiry into women's right were reviewed in this paper with these recommendations made to promote the practices of safe motherhood by pregnant women in Nigeria:

1. Sensitization and seminars should be organized by health officers against some societal norms and cultures that are contrary to safe motherhood. Again, the village councils and stakeholders need to be encouraged to welcome civilization and modernization that can erode some norms and cultures that are against safe motherhood of pregnant women.
2. Safe motherhood aims at ensuring that all women receive the care they need so as to be safe and healthy throughout pregnancy and childbirth. It is a global effort to reduce maternal mortality and morbidity.
3. Synergies and advocates for women empowerment should be encouraged to fight against certain societal norms that are not favourable to pregnant women and women generally.
4. It is essential to continue to promote and protect women's rights, through philosophical enquiry, advocacy, and activism. This can only be done through the challenge of patriarchal norms and institutions, and promoting gender autonomy, equality and justice. These will go a long way in enhancing safe motherhood of pregnant women in our localities
5. State Agency for Mass Literacy, Adult and Non-Formal Education (SAME) in conjunction with the Local Government Areas should tackle seriously the low level of education of women; they should improve on adult literacy programme for rural women. This will reduce their level of ignorance and poverty.
6. Federal and State Ministries of Health should establish health centres, hospitals and maternity homes within the reach of the rural people. These hospitals should be well equipped with human and material resources. The ministries of health should also see that cost of services and drugs in the hospitals, maternity homes and health centres are made affordable to these pregnant women. If possible, free ante-natal programmes in all these hospitals for all classes of pregnant women should be introduced.
7. Churches and community-based organisations should contribute as channels for the dissemination of vital information such as benefits and importance of attending ante-natal programmes and taking adequate and balanced diet during pregnancy.
8. Adult education and health education has immense need to target programmes aimed at disabusing the minds of women against cultural beliefs that affect their nutritional intake.

These will go a long way to enhance safe motherhood of pregnant women in our localities.



References

- Aliyu, F.O. (2018) Ante-natal Care and Perinatal Mortality. *Indian Journal of Pediatrics*; 52(2).
- Anyanwu, O.F (2020) Client's Perception of the Quality of Ante-Natal Care. *Journal of the National Medical Association*; 100(9).
- Ansong, J., Asampong, E., & Adongo, P. B. (2022). Socio-cultural beliefs and practices during pregnancy, child birth, and postnatal period: A qualitative study in Southern Ghana. *Cogent Public Health*, 9(1). <https://doi.org/10.1080/27707571.2022.2046908>
- Anyakoha, E.U (2021). *Home Economics for Junior Secondary Schools*. Enugu: Africana FEP Publishers Limited.
- Ansong, J., Asampong, E., & Adongo, P. B. (2022). Socio-cultural beliefs and practices during pregnancy, child birth, and postnatal period: A qualitative study in Southern Ghana. *Cogent Public Health*, 9(1). <https://doi.org/10.1080/27707571.2022.2046908>
- Alberta J. N. (2024). The Impact of Socio-Economic Factors on Maternal Health in Rural Africa. *INOSR Applied Sciences* 12(3),29-35. <https://doi.org/10.59298/INOSRAS/2024/12.3.2935>
- Bryd , O.E (2018) *Health Philadelphia*. London: W.B. Sanuders Company.
- Cera, R. (2017). Article 5 [Equality and Non-Discrimination]. In: Della Fina, V., Cera, R., Palmisano, G. (eds.) *The United Nations Convention on the Rights of Persons with Disabilities*. Springer, Cham. https://doi.org/10.1007/978-3-319-43790-3_9
- Chimeze, F. (2019) Physical Fitness during Pregnancy. *Home Doctor*; 13
- Cleland, K., Raymond, E. G., & Trussell, J. (2019). The impact of contraception on women's health and well-being. *Journal of Women's Health*, 28(10), 1349-1356. doi: 10.1089/jwh.2019.7696
- Dobson. R, (2011) *Principles of Community Health*: New York: Sanders College Publishing Company.
- Darroch, J. E., Sedgh, G., & Weiss, K. (2020). Contraception and reproductive autonomy: A review of the evidence. *The Lancet*, 396(10247), 454–465.



- Ekanem, I. I., & Gharoro, E. P. (2000). Safe motherhood initiative in Nigeria: A review. *African Journal of Reproductive Health*, 4(1), 33-40.
- Edede, S. B. (2015) Causes of high Infant Mortality in Nigeria. *Text of a Paper Presented at a Workshop on Infant and Mortality*. Awka; Ministry of Health
- Ezekwesili, N, O (2020). *Introduction to Natural Science*. Onitsha: New Crest Publishers.
- Geltore, T.E., & Anore, D.L. (2021). The Impact of Antenatal Care in Maternal and Perinatal Health. *Empowering Midwives and Obstetric Nurses [Working Title]*.
- Gupta, M., Madabushi, J. S., & Gupta, N. (2023). Critical Overview of Patriarchy, Its Interferences With Psychological Development, and Risks for Mental Health. *Cureus*, 15(6), e40216. <https://doi.org/10.7759/cureus.40216>
- Hodgen , E.O (2019). *Food and Nutrition in Practice*. Ibadan; Macmillian Education Limited.
- Horton, R. (2020). The Lancet Commission on Global Health. *The Lancet*, 396(10245), 179-186. doi: 10.1016/S0140-6736(20)30631-9
- Ikegbune, B.I. (2021). *Safe Motherhood: Learning Needs in Aniocha Local Government of Anambra State* Unpublished B.Ed Thesis). Department of Adult Education and Extra-Mural Studies
- Jones, D.L (2019). *Every Woman*. Ibadan: Polygraphics Venture Limited.
- Lardon, O. (2022). *Motivation and Personality*. New York: Harper and Brothers Limited
- Mochache, V., Wanje, G., Nyagah, L., Lakhani, A., El-Busaidy, H., emmerman, M. & Gichangi, P. (2020). Religious, socio-cultural norms and gender stereotypes influence uptake and utilization of maternal health services among the Digo community in Kwale, Kenya: a qualitative study. *Reproductive Health*, 17(71). <https://doi.org/10.1186/s12978-020-00919-6>
- Nasir, A. (2012), Feeding the woman at pregnancy, *New Nigeria Newspaper*. Kaduna; Oct. 17
- Ngwoke, D..U., & Eze, U .N. (2015) *Developmental Psychology and Education; Theories, Issues and Trends*. Enugu; Magnet Bussiness Enterprises.



- Omer, S., Zakar, R., Zakar, M.Z. & Fischer, F. (2021). The influence of social and cultural practices on maternal mortality: a qualitative study from South Punjab, Pakistan. *Reprod Health* 18(97). <https://doi.org/10.1186/s12978-021-01151-6>
- Odia, O. J., & George, A. (Eds.). (2021). *Law and ethics in medical practice in Nigeria* (2nd ed.). Qualihealth Communications Company Limited.
- Omolveah, K, (2021) Poor Diet is the commonest case of Anaemia. *Home Doctor*; (8)
- Opara, U.C., Iheanacho, P.N., & Petrucka, P. (2024a). Cultural and religious structures influencing the use of maternal health services in Nigeria: a focused ethnographic research. *Reproductive Health* 21(188). <https://doi.org/10.1186/s12978-024-01933-8>
- Opara, U.C., Iheanacho, P.N., Li, H., & Petrucka, P. (2024b). Facilitating and limiting factors of cultural norms influencing use of maternal health services in primary health care facilities in Kogi State, Nigeria; a focused ethnographic research on Igala women. *BMC Pregnancy Childbirth*, 24(555). <https://doi.org/10.1186/s12884-024-06747-x>
- Quenem, A,A (2019) The Health Development of African Communities. *WHO Journal Brazzaville*
- Starrs, A. (1987). Preventing the tragedy of maternal deaths: A report on the Safe Motherhood Conference. *The Lancet*, 330(8566), 1067-1070. doi: 10.1016/S0140-6736(87)90615-3
- Social Protection & Human Rights. (2015) *Equality and non-discrimination* <https://socialprotection-humanrights.org/framework/principles/equality-and-non-discrimination/>
- United Nations Children's Fund. (2020). *Maternal and newborn health in Nigeria*. UNICEF Nigeria
- World Health Organization. (2019). *Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division: executive summary*. World Health Organization. <https://iris.who.int/handle/10665/327596>.