

ORIGINAL RESEARCH ARTICLE

Perceptions of healthcare professionals on collaborating with traditional birth attendants in reproductive health promotion in Northern Namibia

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Abstract

Traditional birth attendants (TBAs) render diverse culturally acceptable reproductive health services to women and the new-born babies. However, there is no collaboration between TBAs and healthcare professionals (HCPs) in Namibia. This study explored the perceptions of HCPs regarding the collaborative roles of TBAs. An exploratory, descriptive qualitative research design was utilized to purposively select and interview twenty-two (22) multidisciplinary HCPs. Latent content analysis was used to evaluate and synthesize the data thematically. HCPs agreed that TBAs are relevant in their communities and could complement the formal health system within the scope of health promotion. Collaboration can enable TBAs to encourage pregnant women to attend antenatal care and, where the need arises, may assist with emergency births in remote places in a safe manner. This study recommends developing a framework of collaboration that outlines the scope of practice for TBAs to inform regulation and recognition thereof. (*Afr J Reprod Health* 2026; 30 [10]: 95-103).

Keywords: collaboration, healthcare professionals, perceptions, roles, traditional birth attendants

Résumé

Les accoucheuses traditionnelles offrent divers services de santé reproductive culturellement acceptables aux femmes et aux nouveau-nés. Cependant, en Namibie, aucune collaboration n'existe entre les accoucheuses traditionnelles et les professionnels de santé. Cette étude a exploré les perceptions des professionnels de santé concernant le rôle collaboratif des accoucheuses traditionnelles. Une méthodologie de recherche qualitative descriptive et exploratoire a été utilisée pour sélectionner et interviewer vingt-deux (22) professionnels de santé multidisciplinaires. Une analyse de contenu latente a permis d'évaluer et de synthétiser les données de manière thématique. Les professionnels de santé ont convenu que les accoucheuses traditionnelles sont pertinentes dans leurs communautés et pourraient compléter le système de santé formel dans le cadre de la promotion de la santé. La collaboration peut permettre aux accoucheuses traditionnelles d'encourager les femmes enceintes à consulter pour des soins prénatals et, en cas de besoin, d'assister les accoucheuses traditionnelles lors d'accouchements d'urgence dans des zones reculées, et ce, en toute sécurité. Cette étude recommande l'élaboration d'un cadre de collaboration définissant le champ de pratique des accoucheuses traditionnelles afin d'éclairer la réglementation et la reconnaissance de leur rôle. (*Afr J Reprod Health* 2026; 30 [10]: 95-103).

Mots-clés: collaboration, professionnels de santé, perceptions, rôles, accoucheuses traditionnelles

Introduction

Traditional birth attendants (TBAs) provide reproductive healthcare services in rural communities.¹ By definition, TBAs are persons who assist women during childbirth in various communities and these traditional midwives acquired their skills by delivering their babies

through apprenticeship to other traditional birth attendants.² The role of TBAs in society varies. Firstly, a TBA can serve as a community-based provider of pregnancy-related care that works independently of the health system.¹ In addition, TBAs render cultural care in reproductive health, hence most women, regardless of their status in society still approach them for care believed to be

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relevant and a cultural necessity. The cultural care sometimes includes administration of traditional medicine (TM) or complementary medicine (CM) to augment labour progress amongst other indications.³ For many years, African people have handled certain health situations based on the indigenous knowledge (IK) they possess to assist those that needed care for various interventions. This kind of practice is as old as humankind, and it continued even after the introduction of modern healthcare systems, as it is believed some problems require cultural interventions.³ The World Health Organization (WHO) together with experts around the world, developed the 'WHO Traditional Medicine Strategy 2014-2023' in knowing that most people around the world make use of IK in health management. However, IK practice entails administration of traditional remedies which are consumed despite the uncertainty of dosage and safety, effectiveness, quality, availability, preservation, and regulation.⁴ Consequently, the development of the WHO Traditional Medicine Strategy was considered a necessity to enable those opting for health care using IK/TM/CM to access such care in a safe, respectful and cost-efficient manner.

Currently in Namibia, TBAs render services secretly and in fear of being blamed should anything go wrong as they are not certified nor regulated.³ While pregnant women approach TBAs for cultural services such as abdominal massages, herbal concoctions, remedies for new-born babies, amongst others, they are not yet recognized nor certified to render such care. A recent study conducted in Namibia revealed that some of the care rendered by TBAs are beneficial, while others could be harmful.³ Some of the complications that result from the administration of traditional concoctions include foetal distress, infertility, disseminated intravascular coagulation (DIC), haemolysis elevated liver enzymes and low platelets (HELLP) syndrome.³ These adverse maternal/neonatal health outcomes can be mitigated by collaborating with TBAs as members of the fundamental support system for mothers throughout pregnancy, childbirth and postpartum period.⁵

Guided by section 59 of Nursing Act 2004 (Act No. 8 of 2004) that encourages health

professionals to "identify and establish a working relationship with traditional birth attendants and community leaders to improve health services in the communities" and Article 19 of the Namibian constitution that gives authority to all citizens to practice, profess, maintain and promote any culture and language/tradition,⁶ this study aimed to explore the perception of HCPs regarding the role of TBAs in reproductive health in northern Namibia. The objectives of this study were: i) To explore the perception of HCPs on collaborating with TBAs in reproductive health services and ii) To suggest strategies that the ministry of health and social services can employ to empower TBAs on health promotion role in their communities.

Methods

Design

This study utilized an exploratory and descriptive qualitative research design to engage multidisciplinary categories of healthcare professionals. The study was conducted through an online platform in some selected regions in Northern Namibia.

Settings

Guided by the evidence that more than 50% of Namibia's population reside in rural areas and some are living far from health facilities,⁷ this study focused on HCPs to provide perceptions on the role TBAs can have in reproductive health to complement the formal health system. While the researcher is aware of the government's efforts to bring health services closer to the people, there are still reports of complications secondary to traditional medicine intoxications. The premises of the Ministry of Health and Social Services (MoHSS) in Kavango east and west, Zambezi and Ohangwena regions were used as study units.

Study population and sampling strategy

This study targeted multidisciplinary health professionals who directly or indirectly work with reproductive health programs at antenatal clinics, maternity wards and family health at district/regional level. The study utilised a

purposive sampling strategy to solicit data directly from practitioners who actively deal with maternal/neonatal health services and those managing these services at district/regional level. The total number of the targeted categories of healthcare professionals in the selected regions is estimated at 6 792,⁸ however, the qualitative nature of this study did not require a predetermined sample size. Therefore, sample size was influenced by the point of data saturation.

Data collection procedures

The researcher requested the regional health directors via the official Ministry of Health and Social Services' communication channels to identify the HCPs meeting the criteria and shared the link of the semi-structured interviews with HCPs through individual technology-mediated online interviews.⁹ A semi-structured interview guide comprised of two sections, A) sociodemographic data and B) questions related to the study. The interview guide elicited data on the perceptions of HCPs on collaboration with TBAs and to give suggestions that could contribute to the development of training materials, a framework and scope of practice for TBAs between May and July 2023. Participation in the study was entirely on voluntary basis and the data collection tool did not require entry of personal details of participants. The interviews shaped the formation of themes through the following questions:

1. What are the views of healthcare professionals regarding the relevance of traditional birth attendants in their communities?

2. What can be the health promotion role of traditional birth attendants to complement reproductive healthcare services in Namibia?

In addition, participants were requested to recommend reproductive health care topics that could be included in the training manual for TBAs. Responses were received from specialists in gynaecology and obstetrics, medical officers, primary healthcare (PHC) supervisors, family health programme officers at district/regional level and registered nurses/midwives/accoucheur. Only HCPs currently practicing in maternal and neonatal care units at district or regional hospitals over a period of twelve (12) month participated in the study. Pilot test was conducted to test validity of the

interview guide, in the same vein the research supervisor served as an expert who examined the interview guide ensure that the questions were relevant and in line with the objectives of the study.

Data analysis

The recorded responses were extracted and imported into a Microsoft Word document and subsequently analysed. Latent content analysis and qualitative data reduction and sense-making efforts were applied through reading and re-reading of the responses to generate codes from transcripts, and categorizing data into thematic areas. Credibility was ensured by adhering to the study design and methods, and the information received from the participants was not manipulated in anyway. The interview guide was scrutinized by the study supervisors and pretested on a smaller sample before the actual data collection commenced. In addition, reliability was ensured by cross-checking the transcribed data against the verbatim responses. The researcher further conducted the study in four regions, to enhance transferability.

Ethical considerations

This study obtained ethical approval from the High Degree Committee (HDC) at the Namibia University of Science and Technology (NUST) (reference: FHAS09/2022) and the Ministry of Health and Social Services in Namibia (MHSS) (reference: 22/4/2/3). After approval was granted by MHSS, the office of the regional director for the respective sites of study then purposively identified healthcare professionals in accordance with the inclusive criteria.

Results

Demographic characteristics of participants

Responses were received from twenty-two participants, in terms of gender, 64% were male, while 36% were female. Furthermore, the respondents were multidisciplinary, i.e. comprising of medical doctors and specialists in gynaecology and obstetrics, registered nurses/midwives, primary healthcare supervisors and chief health programme officers. The participants' years of experience in the

reproductive health field ranged between 4 and 29 years. Table 1 below shows a summary of the demographic variables.

Themes and subthemes

The researcher engaged with the text received through technology-mediated interviews using Google Forms from the healthcare professional that participated in the study. Majority of the participants stated that TBAs are relevant in society, but acknowledged that there is a need to train and certify TBAs in order to regulate their practices. The text trail extracted from narratives birthed the following themes and subthemes as depicted in Table 2.

Theme 1: TBAs are relevant for various roles in the communities

Subtheme: Facilitate communication with formal health system

Almost all of the healthcare professionals agreed that the TBAs are relevant in their communities while one (1) participant representing 4.5% differed from the rest. Additionally, it was also highlighted that TBAs can facilitate the communication between the communities and the formal health system. The HCPs further responded positively to the question whether TBAs need to be trained and further proposed the necessary topics.

Theme 2: Educate, support and assist pregnant women

Subtheme: Health promotion role

In this theme, most of the HCPs expressed through text that TBAs can play a vital role in health promotion. They can encourage women to initiate antenatal care early, plan for births, educate on postnatal care and immunization. Below are some of the expressions by HCPs:

HCP01 said: *“TBAs can assist in the areas of identifying the pregnant mothers in their territories, advice on the importance of attending ANC, ensure that they attend ANC too, assist mothers to plan for birth together with their families, “good relationship*

Table 1: Demographic variables

Demographic variable	Frequency (n)	Percentage (%)
Regional representation		
Kavango East	10	45
Kavango West	7	32
Ohangwena	3	14
Zambezi	2	9
Total	22	100
Sex		
Male	14	64
Female	8	36
Total	22	100
Work experience (in years)		
< /=5	3	14
6-10	3	14
11-20	13	59
>21	2	9
Not stated	1	4
Total	22	100
Job category		
Registered nurse/midwives	9	41
Primary healthcare supervisor	3	14
Health programme officers	2	9
Medical officers/specialists	8	36
Total	22	100

between the TBA (skilled) (sic) and MOHSS are important.”

Sharing the same sentiments, HCP03 also wrote: *“TBAs can assist educating the community about the importance of antenatal care, postnatal care and the importance of immunisation.”*

Similarly, HCP04 shared the same opinion, noting the importance of: *“Early identification of pregnant women in the community and referring them to their nearest health facilities for antenatal care.”*

The statements narrated above were echoed by some of the HCPs including HCP06, HCP07, HCP21 and HCP22. These HCPs concur that TBAs can play a role in encouraging women in their communities to seek reproductive healthcare and antenatal services early.

Subtheme: conduct safe emergency deliveries

Some of the healthcare professionals that took part in the study seemed to be well conversant with the fact that there are clients who live in the remotest

Table 2: Themes

Themes	Sub themes
Theme 1: TBAs are relevant for various roles in the communities	Facilitates communication with formal health system
Theme 2: Educate, support and assist pregnant women	Health promotion role Conduct safe emergency deliveries Encourage health facility deliveries
Theme 3: Risk assessment and identification of cases for referral	Recognize risks and refer timely
Theme 4: Training TBAs to improve service delivery and prevent infections	Training needs

areas and might face challenges reaching the health facilities on time when the need arises. Therefore, they recommend that where necessary and in cases of emergency, TBAs can assist with childbirth safely. However, they emphasised that TBAs should be in a position to perform risk assessments, identify danger signs and refer. The quotes below are based on the narratives expressed through text by individual HCPs. HCP02 stated the following:

“I propose that TBAs assist in delivering those who find it hard to reach Health (sic) facilities.” On the other hand, HCP03 also suggested to get help by: *“calling the ambulance for mothers in labour or home delivery in case the mother did not get time to reach health facility.”* (sic)

The quotes above were also noted in the statements expressed by HCPs 07, 08 and 11 supporting the idea of TBAs assisting with emergency deliveries at home. On the contrary, some of the HCPs were of the opinion that TBAs should be discouraged from conducting deliveries at home but should rather convince the women to go to the hospital. The next subtheme has the views on encouraging mothers to be assisted by skilled birth attendants at health facilities.

Subtheme: Encourage health facility deliveries

HCPs suggest that TBAs should discourage home deliveries and pregnant women should be referred

to the health facilities when having signs of labour. TBAs can play a role in calling ambulance services to assist in transportation to the nearest health center. HCP03, HCP06 and HCP08 respectively responded as follows:

“TBAs should assist in calling the ambulance so that the first option for place of delivery is a health facility.” *“TBAs should advocate and encourage hospital deliveries at all times.”*

“TBAs should advocate and convince women that it is dangerous to deliver at home.”

Case in point is that some HCPs expressed concerns that allowing TBAs to conduct deliveries could open room for harmful practices. Below are quotes to illustrate their concerns:

HCP04 wrote: *“TBAs must stop giving herbal concoction (that works like oxytocin) to pregnant women.”* Similarly, HCPs 15 and 21 both: *“TBAs should avoid harmful practices during pregnancy and labour.”*

Theme 3: Risk assessment and identification of cases for referral

Subtheme: Recognize risks and refer timely

Another theme that was extracted in the narratives is that of risk assessment and identification of cases for referral. This emanated strongly in at least five (5) of the responses.

HCP01 wrote: *“TBAs can assist in identifying pregnant risks in these mothers, and they should be able to recognise complicated deliveries (sic) cases for early referral. Most importantly establish good relationships between the TBA (skilled) and MOHSS”.*

Similar to the opinion narrated above, HCP04’s sentiments were that TBAs should *“refer pregnant mothers to health facilities, be cautioned about dangers of traditional oxytocin and other traditional practices e.g. putting cow dung or charcoal ashes on the new-born’s umbilical and importance of hand hygiene.”*

Sharing the same sentiment, HCP12 wrote: *If TBAs are trained well they will be able to detect complications early and refer patients to the hospital.”*

In addition, HCPs 14, 17 and 18 stated that TBAs should be able to recognise danger signs and complications and refer to the health facility for timely interventions

Theme 4: Training TBAs to improve service delivery and prevent infections

Subtheme: training needs

The healthcare practitioners were asked to indicate whether TBAs in Namibia need to be trained and certified, and 100% of respondents replied with a 'yes'. Based on that response they were further asked to suggest areas of training that TBAs should be given. The suggestions made mostly focused on infection control and prevention, recognition of danger signs, identification of high-risk mothers, communication and timely referral.

HCP01 suggested: *"the TBAs should be trained on the basic principles of obstetrics, danger signs in pregnancy, Identification (sic) of high-risk mothers, labour management and postnatal follow-up check."* However, HCP02 added: *"TBAs should be taught the signs of true labour, how to conduct a normal delivery and how to help a baby breath (sic)."*

HCP03 was of the opinion that TBAs be oriented on how to identify danger signs of pregnancy, and how to conduct a sterile/ clean delivery to avoid infections. The professional further added that TBAs should be familiarised with equipment and materials for delivery.

HCP05 and HCP11 both were of the opinion that TBAs should be trained on *"maternal and Child Health care, Infection Prevention and Control."*

HCP11 further added that TBAs should be trained on *"MAMA I-CARE (Maternal Assistance & Motherhood Aid for Improved Child-birth, Ante-Natal, and Reproductive Education) Proposed topics: Haemorrhage (ante and postpartum), Puerperal sepsis and general Infection prevention and control, HIV PMTCT, Complications of labour, Ethics (in modern society)."*

Discussion

HCPs in this study agree that TBAs are relevant and the varied role they play warrants the need to

collaborate with the formal health system if trained, certified and have their practice regulated. Similarly, a systematic review previously conducted identified TBAs, community and formal based skilled birth attendants, women and family members as stakeholders to improving maternal and neonatal health outcomes.¹⁰

It was done through interventions that include well defined roles for TBAs and TBA partnership.⁹ Several studies found TBAs as relevant and able to serve as auxiliary in support of conventional obstetric care.^{10,11} Some of the highlighted relevance of TBAs in the formal health system includes playing a role as birth companions, rendering traditional care, and serving as interpreters. Furthermore, research concluded that allowing TBAs in hospital is viewed as good public relations. Also, collaborating with TBAs improved the previously poor working relations to a more exclusively supportive role since 1973.¹⁰

One of the respondents in this study indicated that TBAs are not relevant in their communities. This view is supported by a study which found that some health workers could indeed have low opinions of TBAs,¹⁰ and absence of integration in the formal health system could lead to clandestine practices.¹² However, the majority of the respondents highlighted that TBAs can play a role in health promotion, assisting with identifying pregnant women in their communities and advice for early initiation of antenatal care, postnatal care and importance of immunisation. This finding is similar to a study that discussed TBAs as relevant and playing a role in caring for women with reproductive health matters.¹³ Further supporting this ideology, a study in Namibia revealed that TBAs are relevant in their communities although not yet recognised to play a role in the formal health system.³ In some settings, TBA integration meant allocating to them specific roles in providing antenatal care, conducting uncomplicated births, and creating links with upper-tier workers which aided to promote good partnerships.¹⁰ Most participants in this study highlighted that TBAs can assist with emergency deliveries in their respective communities when there are challenges accessing the health facility timely.

Moreover, TBAs can perform risk assessment by referring clients opportunely for

professional help. The previous view concurs with findings of another study, that while cognisant of the importance on the use of health facilities, TBAs can assist homebirths in situations in which the woman is not able to reach the health centre.¹⁴ TBA relevance is noted in some conflict affected countries. Although they carry out their role secretly, the TBAs are embraced as an alternative to skilled birth attendants (SBAs) during the conflict time as access to healthcare facilities is usually disabled.¹² While investigating the task shifting of TBAs, the study found that TBAs can act as village maternal health workers to promote perinatal care and institution-based delivery.¹⁵ The literature widely supports the various roles highlighted by participants in this study, indicating that TBAs can assist in their communities. Moreover, another study agrees with the findings of the previous studies highlighting that TBAs can promote ANC, accompany and attend facility births, and assist at home births when women cannot access the health facility.¹⁶

Although various studies support redefining the role of TBAs, they do not dispute the recommendation by the WHO that pregnant women being assisted by skilled birth attendants at health facilities is the best option. It is unassailable that access to a skilled birth attendant (SBA) is critical for improving maternal and new-born health.¹⁷ However, in settings with low-resources and rural areas, professionally trained staff are notably often in short supply and there is a tendency for women to rely on traditional birth attendants (TBAs) for delivery.¹⁸ Another study found that collaboration with TBAs can prevent some neonatal morbidity, thus prevent complications and deaths¹⁹. One of the findings of this study,¹⁹ namely, consideration for possible collaboration between TBAs and formal health systems is in line with recommendations made in previous studies. This finding is supported by the recommendation in another study that linking TBAs into formal health systems should be considered, with emphasis on the companionship role enabling TBAs to accompany pregnant women to antenatal care, labour and after childbirth services.²⁰ TBAs-formal health system collaboration is a necessity at an antenatal level where the TBAs will be able to identify complications arising early during pregnancy and

timeously refer the women to healthcare facilities for management.²¹

Statistics for Sub-Saharan Africa reveal that 23% of all births are attended by TBAs and only half of them were formally trained in modern medical childbirth techniques with a focus on clean delivery.¹⁶ Participants suggested that TBAs can be trained in order to complement the formal health system by assisting with some level of competence in their communities. In this regard, topics for training were suggested. In another study, HCPs also agreed that there is need for training TBAs, as educating them has an impact on reducing foeto-maternal death.¹⁶

In countries where TBAs are trained in basic midwifery care, the focus is on providing primary maternity care and supporting and promoting skilled birth attendance.¹⁸ In other settings, TBAs render advanced care through the support of the relevant Ministry to prevent postpartum haemorrhage. This care is rendered for deliveries that occur outside the health facility by availing misoprostol to TBA to administer to the women they assist in the community.¹⁷ Thus, training, collaborating and supporting TBAs can reduce maternal/neonatal mortality and morbidity. Some of the proposed topics of training highlighted by HCPs include infection prevention and control, conducting normal deliveries, caring for a new-born baby, recognition of danger signs in pregnancy, health education, harmful cultural practices, first aid, communication and referral. Similar topics of training echoed in other studies include identifying normal and abnormal pregnancy, care in pregnancy, labour and postpartum care, recognition of danger signs and referral.¹⁸ Other studies also recommend that TBAs be trained in accredited institutions according to the Traditional Health Practitioners (THPs) Act for a period of 12 months.

They should then receive certificates of competence on completion regarding issues of antenatal, intrapartum, and postnatal care.²² These suggestions are confirmed by another study. The proposed curriculum to train TBAs had the following aspects: (i) An overview of maternal-infant care; (ii) an introduction to ovulation, fertilisation, and the natural development of pregnancy; (iii) pregnancy complications and the

danger signs during pregnancy; (iv) an introduction to the stages of labour and complications; (v) lastly, neonatal resuscitation and care of the mother during the postnatal period.²¹.

Strengths

The utilization of Google Forms/technology-mediated platform to collect data enabled the researcher to collect data in various regions simultaneously. The healthcare professionals were able to complete the interview at their convenience. Getting opinions from multiple data sources also showed similarities in their perceptions based on similar challenges encountered. This study can thus serve as reference for future studies to improve the quality of care rendered in maternal and neonatal care.

Recommendations

Training TBAs to assist in health promotion activities is highly recommended, as empowering TBAs with relevant knowledge can address some of the challenges, e.g. harmful practices. The study further suggests the development of a framework for collaboration between TBAs and the formal health system, development of training manuals for TBAs in pursuit of recognition, and regulation of their practice.

Conclusion

In conclusion, although Namibia has various health facilities, there are also people who live in rural and remote areas with no health facilities. Consequently, these people are circumstantially assisted by TBAs. This study concludes that where TBAs are not regulated and recognized, there are reports of substandard care contributing to complications that can be costly for the formal health system. Hence the participating HCPs affirmed that TBAs are relevant. Furthermore, the study conforms to the ideology of a multifaceted approach to prepare TBAs for new roles in the formal health system and accentuate their relevance. TBAs can assist with health promotion on family planning by encouraging early booking for antenatal care. Additionally, in case of emergencies, they can assist with home deliveries

in a safe manner without risking the mother or neonate health.

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Authors contributions

Hertha Kasiku Haikera, conceptualised of the original idea; contributed to the data collection and analysis/interpretation, report writing and drafting the manuscript; Hertha Kasiku Haikera, Roswitha Mahalie contributed to the design of the study and revision of the work; Hertha Kasiku Haikera, Roswitha Mahalie, approved the final version to be published.

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