



## Challenges Associated with Midwifery Practice and Education in Northern Nigeria: Way Forward

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### Abstract

Midwifery practice has continued to gain recognition as a result of its influence on the health of mothers and newborns. However, the practice of midwifery in Nigeria is associated with numerous challenges leading to negative health indicators in the region. This paper examined the challenges associated with midwifery practice and education in Northern Nigeria with a view of exploring the way forward. Relevant literatures of stakeholders' reports and studies conducted globally and locally were searched and reviewed. Findings from the reviewed literatures showed that midwifery workforce is short of the ideal number required globally and specifically in Northern Nigeria. This shortage of midwives could be linked to the poor performance of Nigeria in achieving MDGs and now SDGs leading to outrageous Maternal Mortality Rate (MMR) in Northern Nigeria. Other highlighted challenges affecting midwifery practice and education in the region include; usurping of midwives' roles/duties by doctors lack of comprehensive data on midwives, poor attitude of midwives, poor remuneration, negative patient's perception of midwives, feminization of midwifery profession and lack of resources and equipment. The paper therefore recommends that there should be continuous training of midwives as well as a need to review of the curriculum, code of ethics, scheme of service and entry qualification for midwives.

**Keywords:** *Challenges, midwifery practice, Northern Nigeria, training*

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### Introduction

The Midwifery profession is as old as man himself and is still actively practiced throughout the world. It could be traced back to the crusading efforts of Florence Nightingale (Nursing and Midwifery Council of Nigeria [NMCN], 2020). There has been a drastic change in the perspective of midwifery when the past is compared to the present. Looking back to the 1940s and 1950s, there were many references to nurses and the nursing role but strangely midwives are rarely

mentioned as a distinct body of health workers. It was in the 1960s that midwives started to receive growing attention from the World Health Organization (WHO) as a group with unique skills and an enormous influence on the health of mothers and newborns (World Health Organisation, 2017).

According to International confederation of midwives, United Nation Population Fund, & World Health Organisation, (ICM, UNFPA & WHO 2021), the global midwifery workforce

stands at 1.9 million, which is about 900,000 short of the ideal number of midwives required globally. The ideal ratio of the midwife to a woman is at 1:4. In the United Kingdom, the ratio of midwives to women is 8.42/1000 women, in the USA, 9.9/1000 women, South Africa 5.2/1000 women, Ghana, 4.2/1000 women, and Nigeria, 1.2/1000 women (The World Bank, 2021). This shortage of midwives could be linked to the poor performance of Nigeria in achieving MDGs and now SDGs. The SDG 3.1 is to reduce global MMR to less than 70 per 100,000 live birth by 2030. The global MMR is presently at 211 per 100,000 live births, but in Nigeria, it is 814/100,000 (The World Bank, 2021; World Health Organisation, 2021).

The International Confederation of midwives have clearly defined the roles and responsibilities of an ideal midwife to include promotion and protecting women's and newborns' health and right, respect and have confidence in women and in their capabilities in childbirth, advocating for non-intervention in normal childbirth, provide women with appropriate information and advice in a way that promotes participation and enhances informed decision-making, empower women to assume responsibility for their health and for the health of their families and practice in collaboration and consultation with other health professionals to serve the needs of the woman, her newborn, family, and community (International Confederation of Midwives [ICM], 2018).

In Nigeria, there are at present 114,468 midwives registered by the NMCN, with the ratio of South to North greater than 5:1. There are also 126 nursing and midwifery schools in the South and only 83 in the North (NMCN, 2020). This inequity could be attributed to socio-cultural differences on the importance given to the education of women and most health professionals choosing to work in Lagos and other urban areas in the south leaving acute shortages in the North. It is based on this, the authors decided to conduct a

critical review on challenges affecting midwifery practice in northern Nigeria.

This paper will cover contemporary issues such as lack of comprehensive data on midwives, the attitude of midwives, remuneration, patient's perception of midwives and midwifery image, midwifery service scheme, increasing medicalization of birth, MCPDP, feminization of midwifery profession, corruption, and much more.

### **Contemporary Issues Pertinent Midwifery in Northern Nigeria**

This will be discussed under three major subheadings:

#### **1. Contemporary issues related to midwifery clinical practice in northern Nigeria**

In the last two decades, the maternal mortality rate (MMR) in Africa has been very high with special emphasis to Nigeria whose MMR is 814 per 100,000 live births. According to the 2006 population censuses, Jigawa, Katsina, Yobe and Zamfara states had an estimated population of 4.3, 5.8, 2.3, and 3.3 million people respectively and these states have the worst MMR in the country. MMR is over 1000 deaths per 100,000 live births which is significantly higher than the national average (Center for Reproductive Rights and Women Advocates Research and Documentation Centre, 2016). Some of the issues include:

**Usurping of midwives' roles/duties by doctors:** This is one of the issues or challenges faced by midwives in Northern Nigeria midwives especially in the teaching hospitals where they are not usually given opportunity to render care to their clients based on their competencies e.g. abdominal palpation during ANC visits, suturing of episiotomy, etc. This tends to bring about intrusion into the midwifery profession even with the required knowledge and skills. There is a need to change the midwifery practice in Northern Nigeria from performing roles of assistance to a profession.

**Shortage of manpower:** There is currently a global shortage of 900,000 midwives, according to the 2021 State of World's Midwifery report, published on 5 May by the International Confederation of Midwives and partners the WHO and the United Nations Population Fund. In the Sub-Saharan African region alone, fewer than 50 percent of all births are assisted by a skilled birth attendant. In Nigeria there will be a shortage of about 137,859 nurses and midwives by 2030, presently there are about 16.1 nurses and midwives per 10,000 patients. Though there is no statistical value to show the shortage of midwives in the northern part of the country, it is apparent that more midwives are needed (ICM, UNFPA & WHO, 2021).

Shortage of manpower also poses challenges to the effective running of the universities in northern Nigeria, especially in the nursing and midwifery departments. In most of the northern universities, the lecturer-to-student ratio is very low. This is because there is no replacement of retired and dead staff and a lack of recruitment of staff by the government (Oyetunde & Nkwonta, 2014).

**Patient's perception of midwives and midwifery image:** The media promote the poor reputation of the midwifery profession in two different ways. The first approach is the display of programs that often portray midwives as junior staff. Secondly, the media has provided the platform where midwives spoil the image of their own profession. Moreover, midwifery has been identified with the low levels of positive representations in the media because they failed to communicate their professionalism publicly (Cordoso, Queiros and Ribeiro 2014).

The midwifery profession has consistently not been adequately represented in the media. Midwives are often portrayed by the media as ministering angels, the battleax, naughty midwife, and doctor's handmaiden (Ndirangu, Sarki, Mbekenga & Edwards, 2021). In Northern Nigeria, the television program "Kwana Casa'in" on Arewa 24 TV has

negatively portrayed the nursing and midwifery profession (National Association of Nigerian Nurses and Midwives [NANNM], 2019). Ultimately, these images influence and shape how the general public and the midwives perceive the profession.

#### **Attitude of Midwives**

A study on attitudes and behaviors of Maternal Health Care Providers (MHCPs) states that the attitude of midwives may lead to dissatisfaction with the health system, diminishing the likelihood of seeking antenatal (ANC), delivery, and postnatal services (Mannava, Durrant, Fisher, Chersich & Luchters, 2015). The image of the midwife in Nigeria in the eyes of the patient is scary. They believe that midwives are insensitive, wicked, lack sympathy, lack good human relations and communication skills, loud and very assertive. These behaviors make it difficult for the client to build trust in the midwife and accept their services. This unfriendly attitude of some skilled birth attendants repels the women from coming to the health facilities and resorting to unskilled birth attendants and practices (World Health Organization, 2016).

In one cross-sectional study, 29.1% of women reported abandonment and neglect (Okafor, Ugwu, and Obi, 2015). In another cross-sectional study, 12.1% of women were denied companionship during labor (Sule, and Baba, 2012), whilst in the cross-sectional study by Chigbu and Onyeka, 2011, 66.5% of women were denied pain relief during labor despite requesting it. Lack of promptness of care and time-wasting was reported by a range of 10% to 24% of women in three studies (Onah, Ikeako, and Iloabachie, 2006); Iyaniwura, & Yussuf, 2009), Lamina, Sule-Odu, and Jagun, 2004).

**Remuneration:** According to NANNM 2019, the challenges faced by midwives in northern Nigeria include gross shortage of nurses and midwives, poor remuneration for members, inadequate working equipment in the hospitals, and implementation of a 10 percent

increase on the Consolidated Health Salary Structure (CONHESS) for their members at local government councils (NANNM, 2019). Midwives have reported earnings that are lower than those in similar professions, sometimes requiring them to depend on other sources of income to survive, or to charge informal payments. Such situations can add to the pressure and exhaustion experienced by midwives and reduce their accessibility to women, newborns, and adolescents. These issues are not unique to low- and middle-income countries (NANNM, 2019). Midwives in some high-income countries have complained publicly about inequitable pay and sought to address the structural barriers that contribute to pay inequity.

**Feminization of the midwifery profession:**

In Nigeria as well as other countries, women form the majority in the midwifery profession. Schools of Midwifery do not offer admission to male candidates for religious and cultural reasons. Most the Nigerian male midwives got the opportunities through degree programs, the perception that it is unsuitable for men to work in the maternity wards is widespread. There is increasing global recognition of the importance of male involvement in midwifery education most especially in high fertility areas like northern Nigeria (NMCN, 2020). Over 90 percent of the midwifery workforces are women. Gender stratification in midwifery persists and reflects a bigger challenge within the health sector with women taking on more service delivery roles while men tend to be in leadership positions (Bakinbinga, 2021). Midwifery in particular is seen as “women’s work” (Currie, Azfar, Fowler, 2007) which often confuses and undervalues midwives’ economic and professional contributions to society. Midwifery is often undervalued leading to midwives having no voice and no place at the leadership table this hinders respect, access to decent work, and pay equity (ICM, UNFPA & WHO, 2021).

**Midwifery service scheme:** Nigeria has had a very poor record regarding maternal and child health outcomes. An estimated 53,000 women

and 250,000 newborns die annually mostly as a result of preventable causes (WHO, 2021). The National Primary Health Care Development Agency (NPHCDA) established the Midwives Service Scheme (MSS), a public sector collaborative initiative, designed to mobilize midwives, including newly qualified, unemployed, and retired midwives, for deployment to selected primary health care facilities in rural communities. The MSS faced five key challenges, namely: Implementation of the Memorandum of Understanding, availability of qualified midwives, retention of midwives, capacity building of midwives, and sustenance of linkages (NPHCDA, 2021).

**Lack of resources and equipment:** For the midwives, lack of equipment and resources to perform their duties daily posed a challenge. This problem concerned several areas, such as space and function and a shortage of the basic clinical equipment needed to provide care during labour, birth and after. This includes lack of birth sets, syringes, caesarean kits, blood pressure cuffs, oxygen, drugs and vacuum extractors etc. There is also shortage of personal protective equipment like work uniforms, gloves, boots, soap, birth caps, and disinfectants. Working without sufficient resources impaired not only the safety of their work environment but also their ability to carry out their work diligently, especially those in the rural areas.

**2. Contemporary Issues Surrounding Midwifery Education in Northern Nigeria**

High-quality midwifery education is essential to prepare midwives to provide high-quality care. Despite evidence of the benefits produced by an investment in it, midwifery education and training remain grossly underfunded in many countries. There are wide variations in the content, quality, and duration of education programmes, and key challenges relating to resources and infrastructure which adversely affect students’ learning experience and limit opportunities for gaining “hands-on” experience. Research across Africa and South Asia has shown that

inadequate education and training significantly jeopardize the professional identity, competence, and confidence of midwives (Furuta, 2020)

In 2019, UNFPA, UNICEF, WHO and ICM identified three strategic priorities for midwifery education: every woman and newborn to be cared for by a midwife, educated and trained to international standards and enabled to legally practice the full scope of midwifery, and the title “midwife” to be used only for providers who are educated to international standards; midwifery leadership to be positioned in high-level national policy, planning and budgeting processes to improve decision-making about investments for midwifery education to help achieve UHC; and coordination and alignment between midwifery stakeholders at global, regional and country levels to align education and training processes, knowledge, research, evidence-based materials, indicators and investment (ICM, UNFPA & WHO, 2021; World Health Organization et al., 2019).

Some of the major issues surrounding midwifery education in Northern Nigeria include:

**Employment of Non-Midwife Educators:** In 2018–2019, WHO conducted a global midwifery educator survey, collecting the views of those actively teaching midwifery in low- and middle-income countries across five of the six WHO regions (excepting Europe). Over 100 educational institutions in 35 countries responded. Across all educational institutions, just over half of the respondents were midwives, and fewer than half were trained or accredited as educators (ICM, UNFPA & WHO, 2021).

**Quackery and establishment of illegal schools of midwifery:** It is reported with dismay that some individuals or corporate bodies would want to establish a midwifery institution illegally. Such individuals or corporate bodies normally evade the rules for a minimum requirement for accreditation but would go-ahead to advertise entry for students.

Training of quack midwives across all levels in Nigeria is gradually becoming the new normal and major malpractice worsening the country’s health system. Unqualified midwives can cause many effects which include; increase maternal and childhood mortality, increase unemployment rate of registered midwives, discredit midwifery and nursing education, poor treatment outcome, and weakened healthcare system.

#### **Non-sponsorship of Higher education opportunities:**

Some administrators and directors through bureaucratic, undemocratic, and unprogressive processes frustrate the motivation and efforts of their subordinates to embark on continuing midwifery education. This has much impact on midwifery education and the nursing profession at large. For instance, the northern state university offering nursing sciences, does not admit midwives into the university as direct entry rather they breech with post-basic nursing or go direct. In some states where university nursing programmes are not accessible for midwives to combine their work and academic pursuit, most of them take up degree programmes in non-nursing/midwifery fields on a part-time basis thus diverting to other fields of life. Such ventures do not contribute to the development of the midwifery profession. Non-sponsorship has forced prospective students to defer or forgo their admission (Oyetunde et al, 2014).

**Mandatory Continuing Professional Development Programme:** MCPDP was introduced in Nigeria by the Nursing and Midwifery Council of Nigeria (NMCN) in line with the Council’s regulatory function for the training and practice of nursing in Nigeria (NMCN, 2020). Some reasons that necessitated its introduction include the assertion that the majority of nurses do not regularly read professional books. (Garba, 2011). Other reasons include changing disease patterns, new technologies in health care, new approaches to care, new drugs, changing clientele, increasing awareness, changing

needs of patients, as well as the need for quality assurance in nursing care (Oyetunde et al, 2014).

It was expected that mandatory continuing professional development programme when introduced, would significantly correct the deficiencies and weaknesses affecting the quality of nursing care and promote good leadership in nursing that will meet the new challenges (Garba, 2011,; Nsemo, John, Etifit, Mgbekem, and Oyira, 2013). The challenges faced by midwives regarding MCPDP include the high cost of the programme, timing, contents which are not peculiar to midwifery practice, and coverage of current trends in midwifery.

### **3. Contemporary issues Related to Midwifery Administration in Northern Nigeria**

#### **Health Policy, politics, and power in midwifery**

Midwives referred to lack of voice and lack of space in the political agenda and exclusion from decision-making and lack of opportunities for them to build and develop leadership within the hierarchy of the health system as one of the greatest issues affecting the profession. The professional bodies (such as NANNM) have so far been unable to move midwifery high enough up the political agenda for midwives to feel adequately supported in their work and appropriately compensated for it (WHO, 2016).

#### **Inter-Professional Conflicts**

Unfortunately, investigation and empirical research revealed that interprofessional conflicts are rife in hospitals. Such conflicts have been smoldering among the professionals in the hospitals, especially among the nurses, pharmacists, and doctors. The cause of such conflicts seems to bother on unnecessary rivalry and envy. We want to submit that such cutthroat conflicts and inferiority complex can breed professional animosity and this can affect the patients in their care. When two elephants fight, the grass suffers.

The Nigerian health system is seriously impacted by rapid population growth, lack of skilled workers, and infrastructural decay. In recent years, there have been frequent reports of conflicts between core health professionals of different disciplines in the workplace as well. These conflicts are widespread and dysfunctional, occurring at all levels of healthcare delivery. In extreme cases, violence between cross-disciplinary professionals has been reported (Olatinwo, 2014).

The Nigerian healthcare system being characterized by interprofessional disputes that have been described as “very intense, deep-rooted and crippling”.( Adeniji, 2010) Several surveys in the country have also suggested the overwhelming recognition of interprofessional conflicts by health professionals, with perceived differential treatment between the professions, the assertion of role boundaries, and communication barriers as predominant causes.( Iyoke, Lawani & Ugwu, 2015) In respect of its impact on health workers, a survey in the North-eastern region found interprofessional conflicts to be associated with diminished motivation (Chirdan, Akosu, Ejembi, Bassi & Zoakah, 2009).

Mayaki & Stewart (2013) also found out that professional hierarchy, role ambiguity and poor communication as barriers to team work. Several surveys conducted in Nigeria have documented the widespread nature of tensions and conflict, their causes, and implications. The study by Olajide et al (2015) identified limited staff interaction and “a desire for power” by health professionals as causes of conflict. Ogbimi and Adebamowo cited in Suleiman & Mayaki (2013) poor social interaction, activist unionism, “disregard for one’s profession,” amongst other factors were perceived to be associated with the occurrence of workplace conflict.

#### **Insecurity Challenges**

Ojora-Saraki, (2014), reported that in Maiduguri, the Borno State capital, the

likelihood of a woman dying is 1 in 23 compared to 1 in 4,700 in the UK. This condition notwithstanding, there is a lack of skilled health care workers, i.e. doctors, nurses, midwives, pharmacists and laboratory technicians, in health facilities. The gross insecurity of life and property in the northern part of the country most especially North Eastern part of the country in state like Yobe, it poses a huge burden on the families of the midwives. The restrictions in movement due to curfews created challenges in the duty shift of health workers who were scheduled to travel to work at restricted times. To resolve this challenge, the Hospitals Management Board convened senior physicians and nurses and made a formal change to the health worker duty shifts. Instead of three eight-hour shifts, two twelve-hour shifts (Martina, Abdulaziz, Ahmed, Petter, & Alastair, 2014).

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#### **Lack of enforcement of legal and regulatory mechanisms to promote midwifery as an autonomous profession:**

In some countries midwifery is a recognized autonomous health profession. In other countries, midwifery struggles to attain recognition as an autonomous profession. Professional autonomy implies that midwives determine and control the standards for midwifery education, regulation and practice. In Nigeria, midwifery education and practice

are being defined by those without midwifery knowledge and skills. In other areas, even though midwifery education and practice are defined by midwives, the regulation of midwifery practice rests in the hands of other health professionals or government agents who may also seek to control and limit the scope of midwifery practice. Midwifery practice may also be restricted by the misuse of policies, protocols and contractual or employers' obligations. These realities must change if women are to receive all the benefits of professional autonomous midwifery care. There needs to be recognition that midwifery is a profession that is autonomous, separate and distinct from nursing and medicine (ICM, UNFPA & WHO, 2021).

#### **The Impact of Covid-19 Pandemic on Midwifery Profession**

The Covid-19 pandemic has prompted changes in how we think about health care, it has also shone a light on the importance of investing in primary health care for meeting population health needs. Midwives are essential providers of primary health care and can play a major role in this area as well as other levels of the health system: in addition to maternity care, they provide a wide range of clinical interventions and contribute to broader health goals, such as addressing sexual and reproductive rights, promoting self-care interventions and empowering women and adolescent girls (ICM, UNFPA & WHO, 2021).

It is hoped that the pandemic will be a catalyst for change given the heightened profile of health workers. Emerging data from 2020 are starting to reveal the devastating effects of Covid-19 on almost every aspect of health care and also on the role of midwives in the provision of sexual, reproductive, maternal, newborn and adolescent health (SRMNAH). SRMNAH is an essential component of the Sustainable Development Goals. Improving SRMNAH requires increased commitment to, and investment in, the health workforce (ICM, UNFPA & WHO, 2021; WHO, 2021).

In 2020, ICM propelled a global Covid-19 survey to determine the role of midwives' associations in response to the pandemic's impact on the midwives they represent, which reported high levels of stress and burnout among midwives, and most (70%) reported that midwives had experienced a lack or shortage of personal protective equipment (PPE). Associations reported that midwives had resourcefully addressed this situation by making their own PPE (43%), purchasing their own (53%), or improvising with whatever was available (48%). Some associations reported that midwives had reused single-use PPE (30%), worked without (26%), or just not attended work (7%) (ICM, UNFPA & WHO, 2021).

Covid-19 impacted many activities in 2020 and 2021, including midwifery education and practice. Public health policies, including lockdowns, caused significant disruption to essential health services. Midwifery education, like that of other health occupations, was also disrupted, with teaching moving online, limited access to clinical placements, and changes in students' direct patient care contact hours (Furuta, 2020).

One of the more positive reported effects of Covid-19 was improved collaboration between health professionals. There have been improved and positive collaborations between health professionals, who joined forces in different ways to help each other, including midwives, obstetricians, pediatricians, infection control specialists, nurses, and in some cases the medical corps of defense units (ICM, UNFPA & WHO, 2021).

### **Way forward**

In line with the reviewed literature, the following recommendations are proposed as a way forward;

- i. Midwives are so critical to the development of the health sector, and the number of midwives in northern Nigeria is not sufficient to meet the high demand for skilled birth attendants. Hence, the need to train

more midwives and improve the skills of those that have been trained. Each state should also have a comprehensive list of all midwives in PHCs, state and tertiary hospitals which should be published and routinely updated (Dawson, Nkowane, & Whelan, 2015). The NMCN enjoined northern states to establish more schools of nursing and midwifery and stated that there were 126 nursing and midwifery schools in the South and only 83 in the North (NMCN, 2020). This will further address the issue of shortage of midwives

- ii. There is a need for reform in the midwifery code of ethics and midwives should be educated on the importance of a good relationship between them and the client so as to build trust and improve the image of the profession. The entry into midwifery education should be through degree-awarding universities like other professions. This will reduce the rate of quackery and improve the image of the profession. All northern chapters of NANNM should have laid down rules regulating how the media portray midwifery practices to society (NANNM, 2019).
- iii. The midwifery curriculum should be tailored to address the affective domain and individual student emotional intelligence, this will improve the attitude of midwives and the image of the profession (NANNM, 2019). Also, Empowering women and educating them on their rights, strengthening health systems to respond to specific needs of women at childbirth, improving providers training to include elements of interpersonal care and communication skills, and implementing and enforcing policies on respectful maternity care are important (Ishola, Owolabi & Filippi, 2017).



- iv. There should be an improvement in the salary scale of midwives so as to reduce pressure and exhaustion experienced by the midwives. This will address the issue of poor remuneration. There should also be an implementation of a 10 percent increase on the Consolidated Health Salary Structure (CONHESS) for their members at local government councils (NANNM, 2019).
- v. The NMCN released a circular which enjoined all schools of midwifery especially those in the northern states to admit male candidates into their institutions (NMCN, 2020).
- vi. The entry into midwifery education should be through degree-awarding universities like other professions. This will reduce the rate of quackery and improve the image of the profession. Midwives should be encouraged to conduct research through adequate funding from government, non-governmental organizations or philanthropies.
- vii. A standardized and uniform curriculum should be designed for midwifery schools to provide the opportunity for all students to acquire knowledge, skills, and professional behaviors necessary to enable the midwife to practice to the full extent of role as identified within the ICM definition of the midwife.
- viii. To maximize the use of funds, health research can be directed towards low-cost technology rather than expensive high-tech medical equipment, which requires extensive human, technical and financial resources to maintain. With responsible and committed leadership and relative improvement in population health indicators, human, technical and financial assistance can be requested from external multi-national organizations to sustain the potential positive changes. Midwives should be encouraged to conduct research through adequate funding from government, non-governmental organizations or philanthropies.
- ix. There was a strong recommendation by WHO for strengthened midwifery education to overcome the barriers of the perceived devaluing of midwifery profession, increasing medicalization of birth and lack of leadership opportunities through increased access to higher education and professional development, supported by well-resourced midwifery associations (WHO, 2016).
- x. In a WHO survey of Midwives across the globe, the following recommendations were made, which include ensuring that (as in some countries already) midwifery is “a profession separate from nursing with regulations specifically for midwives” and that midwives should “be policy-makers”. The need for the inclusion of rights, gender, ethics, and equality into pre-service training across the health system, and a system for peer support (WHO, 2016).
- xi. Another recommendation made in the WHO survey was ensuring midwife-led units and the strengthening of midwifery associations to support better professional and regulatory needs. The midwives described how “having midwife managers and supervisors who are part of the management team allows issues to be more visible and enables the correct decisions to be made”. There is also a need for more advocacy campaigns which will result in improvement in recognition of the midwifery profession (WHO, 2016).

### **Conclusion**

In conclusion, the midwifery profession in Northern Nigeria is associated with numerous challenges and in order to curtail the tremendously high maternal mortality rate, there is a need to address the following challenges and the way forward should be

targeted toward improving the quality of midwifery care being rendered, and addressing contemporary issues in midwifery pertinent in Northern Nigeria implemented by those responsible for change such as Government at both LGA and State level alongside the professional members.

Some of the challenges include lack of comprehensive data on midwives, the attitude of midwives, remuneration, patient's perception of midwives and midwifery image, midwifery service scheme, experiences of disrespect and subordination, increasing medicalization of birth, employment of non-midwife educators, non-sponsorship of higher education opportunities, quackery and establishment of illegal schools of midwifery, MCPDP, feminization of midwifery profession, health policy, politics and power in midwifery, lack of enforcement of legal and regulatory mechanisms to promote midwifery as an autonomous profession and interprofessional conflicts.

## References

- Adeniji, O. (2010). Group think among health workers: the Nigerian perspective. *Researcher*;2(5):1–4.
- Bakinbinga, P. (2021). Gender inequality' fuels 1million midwife shortage. *Scientific Development Net*
- Center for Reproductive Rights and Women Advocates Research and Documentation Centre (2016). Broken promises: human rights Accountability and Maternal deaths in Nigeria, Center for reproductive rights and women advocate research and documentation center, Newyork NY, USA.
- Chigbu, C.O., Onyeka, T.C. (2011). Denial of pain relief during labor to parturients in southeast Nigeria. *International Journal of Gynaecology & Obstetrics*.114(3):226–8.
- Chirdan, O., Akosu, J.T., Ejembi, C.L., Bassi, A.P., Zoakah, A.I.(2009). Perceptions of working conditions amongst health workers in state-owned facilities in north-eastern Nigeria. *Ann Afr Med*. 8(4):243–249. doi:10.4103/1596-3519.59579
- Cordoso, F.A., Queiros,P., Ribeiro, C.F., (2014). Cultural Adaptation and psychometric properties of the Portuguese version of the Therapeutic self-care Scale. *international Journal Car Science*, 7:426
- Currie, S., Azfar, P., Fowler, R.C. (2007). A bold new beginning for midwifery in Afghanistan. *Midwifery*. 23(3):226–34. doi: 10.1016/journal of .midwifery
- Dawson, A. J., Nkowane, A. M., & Whelan, A. (2015). Approaches to improving the contribution of the nursing and midwifery workforce to increasing universal access to primary health care for vulnerable populations: a systematic review. *Human Resources for Health*, 13(1), 97. <https://doi.org/10.1186/s12960-015-0096-1>
- Furuta, M. (2020). 2020 international year of midwifery – in the midst of a pandemic. *Midwifery*, 87(102739). <https://doi.org/10.1016/ journal of midwifery .102739>.
- Garba, S.N. (2011). Mandatory Continuing development programme for nurses and midwives in Nigeria. Presented at the MCPDP for nurses and midwives in Kaduna State., Labour House independence way Kaduna.
- International Confederation of Midwives. (2018). ICM Definitions. In *International Confederation of Midwives*. <https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html>
- International consideration of midwives, United Nation Population Fund & World Health Organisation (2021). *The State of the World's Midwifery, 2021*.
- Ishola, F., Owolabi, O., Filippi, V. (2017). Disrespect and abuse of women during childbirth in Nigeria: A systematic review. *PLoS ONE* 12(3): e0174084.

- <https://doi.org/10.1371/journal.pone.0174084>
- Iyaniwura, C.A., Yussuf, Q. (2009). Utilization of antenatal care and delivery services in Sagamu, southwestern Nigeria. *African journal of reproductive health*.13(3):111–22. pmid:20690266
- Iyoke, C.A., Lawani, L.O., Ugwu, G.O. (2015). Knowledge and attitudes towards interdisciplinary team working among obstetricians and gynecologists in teaching hospitals in Southeast Nigeria. *Journal of Multidisciplinary Healthcare*. 8:237–244. doi:10.2147/JMDH.S82969
- Lamina, M.A., Sule-Odu, A.O., Jagun, E.O. (2004). Factors militating against delivery among patients booked in Olabisi Onabanjo University Teaching Hospital, Sagamu. *Nigeria Journal of Medicine*. 13(1):52–5. pmid:15296109
- Mannava, P., Durrant, K., Fisher, J., Chersich, M., & Luchters, S. (2015). Attitudes and behaviours of maternal health care providers in interactions with clients: a systematic review. *Globalization and Health*, 11, 36. <https://doi.org/10.1186/s12992-015-0117-9>
- Martina L., Abdulaziz, M., Ahmed, A., Petter, D. Z. & Alastair, A. (2014). Health Systems Resilience: A Systems Analysis ‘A Case Study of Health Service Provision in Yobe State, Nigeria in the Context of the Boko Haram Insurgency’. final report
- Mayaki, S., & Stewart, M. (2020). Teamwork, Professional Identities, Conflict, and Industrial Action in Nigerian Healthcare. *Journal of Multidisciplinary Healthcare*, 2020, 1223. <https://doi.org/10.2147/JMDH.S267116>
- NANNM. (2019). *Midwifery and Midwives*. National Association of Nigerian Nurses and Midwives. <https://www.nannm.com.ng/midwifery-and-midwives>
- National Primary Health Care Development Agency NPHCDA. (2021). *Second Global Forum on Human Resources for Health*. World Health Organization. <https://www.who.int/workforcealliance/forum/2011/hrhawardscs26/en/>
- Ndirangu, E. W., Sarki, A. M., Mbekenga, C., & Edwards, G. (2021). The professional image of nursing and midwifery in East Africa: an exploratory analysis. *BMC Nursing*, 20(1), 37. <https://doi.org/10.1186/s12912-020-00531-w>
- Nsemio, M., John, R.E., Etifit, M., Mgbekem, J.E., Oyira, W. (2013). Clinical nurses perception of continuing professional education as a tool for quality service delivery in public hospitals Calabar, Cross River State, Nigeria. *Nurse Education in Practice*, pp.328-334
- Nursing and Midwifery Council of Nigeria NMCN. (2020). *North Should Establish More Nursing Schools*. <https://www.sfnigeria.org/north-should-establish-more-nursing-schools-registrar-nmcn/>
- Ogbimi RI, Adebamowo CA. (2006) Questionnaire survey of working relationships between nurses and doctors in university teaching hospitals in southern Nigeria. *BMC Nurs.*;5(1):2. doi:10.1186/1472-6955-5-2
- Ojora-Saraki, T. (2014). Health Care Workers Need Security in Northern Nigeria retrieved from [http://www.huffingtonpost.com/toyin-ojorasaraki/health-care-workersnigeria\\_b\\_5692218](http://www.huffingtonpost.com/toyin-ojorasaraki/health-care-workersnigeria_b_5692218).
- Okafor, I.I., Ugwu, E.O., Obi, S.N. (2015). Disrespect and abuse during facility-based childbirth in a low-income country. *International Journal of Gynecology & Obstetrics*. 128(2):110–3. <http://dx.doi.org/10.1016/j.ijgo.2014.08.015>.
- Olajide, A., Asuzu, M., & Obembe, T. (2015). Doctor-Nurse Conflict in Nigerian Hospitals: Causes and Modes of Expression. *British Journal of*

- Medicine and Medical Research*, 9, 1–12.  
<https://doi.org/10.9734/BJMMR/2015/15839>
- Olatinwo, A. (2014). Managing inter-professional relationships in the health sector. The Nation Available from: <http://thenationonlineng.net/managing-inter-professional-relationships-health-sector/>. Accessed February 20, 2020
- Onah, H.E., Ikeako, L.C., Iloabachie, G.C. (2006). Factors associated with the use of maternity services in Enugu, southeastern Nigeria. *Social Science Med.*;63(7):1870–78. pmid:16766107
- Oyetunde, M. O., & Nkwonta, C. A. (2014). *Quality issues in midwifery* : A critical analysis of midwifery in Nigeria within the context of the International Confederation of Midwives (ICM) global standards. 6(July), 40–48. <https://doi.org/10.5897/IJNM2013-0119>
- Sule, S.T., Baba, S.L. (2012). Utilisation of delivery services in Zaria, northern Nigeria: factors affecting choice of place of delivery. *East African Journal of Public Health.*;9(2):80–4. pmid:23139962
- The World Bank. (2021). *World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data.* <https://data.worldbank.org/indicator/SH.MED.NUMW.P3?locations=NG>
- World Health Organisation(2021). *Sustainable Development Goals (SDGs).* [https://www.who.int/health-topics/sustainable-development-goals#tab=tab\\_1](https://www.who.int/health-topics/sustainable-development-goals#tab=tab_1)
- World Health Organization. (2016). *Midwives 'Voices Midwives ' Realities.* 1–76.
- World Health Organization. (2017). *Nursing and Midwifery in the History of the World Health Organization 1948.* <http://apps.who.int/iris/bitstream/handle/10665/259535/9789241511902-eng.pdf;jsessionid=1C94D455>.