

Original Article

A Qualitative Study on Midwifery Staff's Motivations to Participate in Humanitarian Missions in Low-Resource Countries and their Personal and Professional Effects

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Abstract

Background: Non-Governmental Organisations promote international development cooperation and work in fragile and conflict-affected contexts. Various professionals are involved, including midwives, playing a significant role in improving maternal and newborn health.

Aim: The aim of the study is to describe the motivations behind midwives' decision to cooperate on an international level in low-resource countries, as well as the personal and professional effects after completing the humanitarian mission.

Methods: In this study, the researchers followed the Standards for Reporting Qualitative Research guideline (SRQR). The study used an interpretive phenomenological approach with 15 participants selected through purposeful and snowball sampling. Data were collected using semi-structured interviews. Text analysis was done using the QCAmap software, following the Colaizzi, Streubert, and Carpenter's methods.

Results: Two main motivation categories emerged: *Individual-rooted motivations* and *Desires/expectations*. Personal and professional humanitarian work was described as emotionally intense and growth-promoting yet, challenging due to burnout risks and precarious field conditions. Context-specific limitations urged the midwives to adapt constantly, facing that it is impossible to help everyone. Post-mission reintegration proved difficult, with many finding it easier to return to missions than to process their experiences. Recommendations for readjustment include taking time to process, spending time with supportive people, and psychological support.

Conclusions: The mission experience resulted positive, yet the significant emotional and psychological repercussions deserve attention. Returning to the original community often represents a social and professional challenge. Finding strategies to protect the individual during readjustment and redefining the shared vision within healthcare organizations is essential.

Keywords: qualitative study, midwives, humanitarian mission, NGOs, low-resources countries, motivations, personal effects, professional effects

Introduction

The distinguishing feature of Non-Governmental Organisations (NGOs) is that they are international, non-profit organizations which are independent from governments. They operate in contexts where an intervention is necessary to reinstate peace and societal well-being, restore dignified living conditions, and guarantee fundamental human rights in situations of hunger, poverty, epidemics, famine, and war. The work of NGOs is complex and requires a multi-professional and multidisciplinary approach. These organizations can also provide healthcare assistance, and among the many healthcare professional profiles, there are also midwives (Morton B., 2013, Evans DB., Etienne C., 2010; Schmidt H, Gostin LO, Emanuel EJ, 2015; Vega J, 2013; Sanadgol A. et al, 2021; Sajadi HS, Ehsani-Chimeh E, Majdzadeh R., 2019). After all, one of the main objectives of WHO is to ensure and promote maternal and child health at every latitude (The Italian National Institute of Health, 2010). Almost 95% of maternal mortality cases occurred in low- and middle-income countries, and most of these could have been prevented (Bongaarts et al, 2015). In 2020, 87% (253,000) of the estimated global maternal deaths occurred in South Asia and Sub-Saharan Africa (WHO, 2024).

Humanitarian, conflict, and post-conflict contexts hinder progress toward reducing the burden of maternal mortality. In 2020, 9 countries were in a "very high alert" or "high alert" state, according to the Fragile States Index (Global data, 2020; The Fund for Peace, 2017). From highest to lowest: Yemen, Somalia, South Sudan, Syrian Arab Republic, Democratic Republic of Congo, Central African Republic, Chad, Sudan, and Afghanistan; these countries had the Maternal Mortality Ratio (MMR) ranging from 30 (Syrian Arab Republic) to 1,223 (South Sudan) (WHO, 2023). Women living in low-income countries are at greater risk of maternal death during their lifetime. Deaths occur due to complications during and after pregnancy and childbirth, most of which are preventable and treatable. Other pre-pregnancy morbidity conditions may worsen during this period, especially if not

managed as part of the woman's care (Sayl et al, 2014; WHO, 2024; WHO, 2024). Women living in remote and poverty-stricken areas are less likely to receive adequate healthcare assistance (Samuel, Zewotir and North, 2021; United Nation, statistics division, 2023). Therefore, it is important to send midwifery professionals with specific skills and acquired experiences capable of providing qualified and professional healthcare assistance, as well as to train and collaborate with national staff to promote increasing local autonomy (WHO, 2024; WHO, 2024; WHO, 2015; WHO, 2021).

A significant portion of the literature on this topic covers the motivations and determining factors of national staff (Willis-Shattuck et al., 2008; Mathauer and Imhoff, 2006, Green, et al., 2009). Other studies mainly analyse the clinical and healthcare contribution of international humanitarian aid (Turkmani S. et al, 2013; Baba A. et al, 2020; Fair F., et al 2021). Based on the surveyed literature, studies that exclusively address the experiences of international midwifery staff seem to be lacking. Instead, the experience of nursing staff (Albuquerque et al., 2018), nursing and medical staff (Bjerneld, et al, 2006; Asgarjand Lawrence, 2014, Bjerneld, et al, 2004, Hunt, 2009), and general humanitarian aid workers (Selby, et al., 2009) has been investigated, but the findings for the population sampled in these studies may not be entirely transferable to the humanitarian health profile to be analysed. The literature review showed that Maslow, Herzberg, and van Genep's psycho-social theories were relevant and critical in understanding and analyzing the motivations, expectations, and concerns of humanitarian workers (Bjerneld, et al, 2006), and to help capture and describe the level of social transformation of humanitarian health workers during each mission and over time, as well as the meaning attributed to long-term commitment in the sector (Albuquerque, Eriksson and Alvesson, 2018). Regarding the extant literature, there is a need to investigate the personal and experiential motivations of international humanitarian workers in more depth, highlighting the relevance and importance of providing substantial help.

Furthermore, there is limited understanding of the reason why some humanitarian workers, despite adversities, remain in this field to continue serving on an international level in disaster-stricken areas (Fechter, 2012).

Aims: The purpose of the present study is to describe, understand, and interpret the motivations of midwifery staff who have carried out humanitarian missions in a low-resource country as well as the personal and professional effects of said missions, emphasizing the personal meaning of such experiences.

Methods

In this study, the researchers followed the Standards for Reporting Qualitative Research guideline (SRQR, 2014). The study was conducted with sensitivity to ethical issues, ensuring integrity, honesty, transparency and mutual respect towards the participants. The team consisted of two Midwives, a PhD student in Psychology, an Assistant Professor in Nursing Sciences and an Associate Professor in Nursing Sciences. The study was conducted using an interpretative phenomenological approach. 15 midwives were recruited based on inclusion criteria (midwifery staff who completed at least one mission of at least six months in a low-resource setting). The criteria were the following: time elapsed since the last mission must be less than five years; signing of the Information Sheet and the Consent Form; knowledge of Italian and/or English until data redundancy or saturation was reached. The sampling was of two types: an initial phase of purposeful sampling, followed by a snowball sampling phase, until data redundancy is reached (sampling saturation). During the recruitment phase, participants were administered a questionnaire through the Google Forms® platform. The questionnaire the material was initially analysed independently by individual researchers; subsequently, researchers compared their findings to reach a consensus; the constant comparative method was used to increase the consistency of results; at last an external coder was invited to join the research group in order to verify the replicability and reliability of the coding (Inter-Coder Agreement) (Halpin, 2024).

aimed to assess participants' eligibility based on study requirements. If the study criteria were met, the participant received a subsequent email invitation to a semi-structured individual interview conducted by one of the researchers on a multimedia platform. Participants were asked to generate a numerical code based on the last two digits of their phone number and to report it in the questionnaire during completion. The numerical code generated by the participant was subsequently requested by the researcher at the beginning of the interview, ensuring anonymity in data processing. The interviews were transcribed and analysed by three researchers in parallel, using the open-source software QCAmap for systematic text analysis based on qualitative content analysis techniques (Mayring, 2020, Mayring, 2022). The analytical process was inspired by the methodological approaches described by Colaizzi (Colaizzi, 1978), Streubert, 1991, Streubert, Streubert and Carpenter, 2003). Three researchers familiarised themselves with the material (interview transcripts). All transcripts were read carefully many times for deeper understanding. The three researchers, in parallel, identified significant text units (meaning units) by determining the unique meanings and translating it into a label, using software QCAmap. Each label was highlighted with a colour code assigned by semantic area. Labels were grouped by analogy and similarity, thus defining the categories. Researchers identified the unique character of each category by analysing the differences between the various categories. Homogeneous categories were grouped into macro-areas representing the research theme. Various strategies were used to ensure the credibility, reliability, and fidelity of the data:

Ethical Approval: Code number 327, year 2024 from the Research Ethics Commission of the University of Florence, Italy.

Results

Regarding the motivations that drive midwifery staff to undertake a humanitarian mission, the categories *Motivations rooted in the individual* and *Desires and expectations* were identified. The data analysis reveals that the strongest and

most intense motivation for participating in a humanitarian mission, found in almost all interviews is fueled by and resides in the desire to *Practice midwifery in a low-resource context*. Other motivations that were identified such as *Family context stimuli*, *Innate desire*, *Volunteering experiences*, *University stimuli*, *Dissatisfaction with own working conditions*, *Knowing other cultures*, *Feeling useful*, *Personal and professional enrichment*, can be found more heterogeneously. Labels and some text units under the theme 'motivations' are shown in Table 1.

Regarding the personal effects, seven categories were defined: *Expectations*, *Experiencing the mission as a bubble*, *Personal change*, *Adjustment*, *Advice for reintegration*, *Side effects*, and *Giving back*. Each category gathers multiple labels, as shown in Table 2. The majority of interviews showed that the humanitarian experience was positive and went beyond expectations, while only one interview described the mission as a negative experience which was below expectations.

In more than half interviews, the category *Mission as a bubble* emerged, with a predominance for the labels *Social deprivation* and *Limitation of personal freedom* compared to the label *Detachment from reality and daily life*.

The humanitarian mission experience resulted in a *Personal change* in almost all of the participants, understood as *Personal growth* and *Greater awareness in subsequent missions*, *Change of perspectives, priorities*, *Enrichment of personal values*, *Emotionally intense experience*. *Adjustment* was experienced and recounted by all participants.

In many cases it was described as *Hard to readjust to a Western country life* and the *Desire to leave again* was mentioned, followed by *Difficult withdrawal from the mission*, *Desire to return to the same mission*, *Easier to go back than to take the time to readjust*, *Sense of uselessness when not on a mission*. Some others participants described the return to a high-resource country as unproblematic.

A few midwives participating in the study provided *Advice for reintegration*, such as

Giving oneself time and *Surrounding oneself with loved ones*, *patient and understanding people*, *Need for psychological support*, *Local support to the NGO*, *taking longer breaks*, *doing shorter missions*, and *Keeping in contact with those who are currently on a mission*.

The *Side effects* related to the humanitarian midwifery work experience include: *Risk of burnout*, *Difficulty in maintaining long-distance friendships and/or relationships*, *Social self-marginalization*. Some others of the sample member testified that the humanitarian mission had no impact on friendships and/or relationships.

The *Giving back* category is present in half of the interviews as: *Important to testify through activism and giving back*, *Hard to share and talk about the mission*, *Meaning of the mission is underestimated in the Western world*, *Difficult to give back when imposed (by NGO or society)*.

From the results obtained regarding the professional effects (Table 3) on midwifery following a humanitarian mission, four categories were derived: *Midwifery skills in the mission*, *Work experiences during the mission*, *Dealing with going back to work in a high-resource country*, *Advice for reintegration*. The interviewees reported that participating in the humanitarian mission as midwives allowed them to develop the following skills: *Technical-professional*, *Greater adaptability*, *resilience*, *and work flexibility* and *Greater teamwork ability*, *Greater autonomy and responsibility*, *Better managerial skills* and *Dealing with emergencies*. Category *Work experiences during the mission* shows that it is important to *Redefine the midwifery profession according to the context* and to *Accept the impossibility to help everyone*. The experience was described as *More satisfying*, promoted the *Loss of prejudices*, allowed to face *Different health needs* and *Issues related to expatriate staff*. From category *Dealing with going back to work in a high-resource country*, the following emerged: *Dissatisfaction with own working conditions* and *Not wanting to settle professionally*, *Acceptance of leave of absence* and *Appreciation from colleagues and/or the company*, contrary to *Lack of*

appreciation from colleagues and/or the company and Struggling to accept leave of absence from company top management. Professional advice includes: Leaving with well-organized NGOs and the Need for psychological support offered by

NGOs. The relationship with NGOs shows heterogeneous data where Little protection and sense of abandonment by NGOs, while Protection by NGOs emerged in other interviews.

Table 1 - Motivations

Category	Label	Text unit
Motivations rooted in the individual	Family context stimuli	"Well, I was always in touch with the mission I did in Tanzania because I had someone in my family who had spent so many years there, so I had always kind of breathed this missionary atmosphere." (P3)
		"[...] but I also come from a family background, we are all in a busy family, we have always cooperated." (P15)
	Innate desire	"The motivations are let's say a little bit historical in the sense that it has always been an interest of mine and nothing particular has happened in my professional life. It has simply always been a desire I had since my college days." (P9)
	Volunteering experiences	"I have always done volunteer activities, of this kind." (P12)
	University stimuli (internship experience and/or teaching activities)	"I left during college with an organization, the ***, as a fellowship project, three months during my last year of college [...] So let's say I decided after an experience in cooperation as a midwife trainee." (P11)
		"Hey then let's say it had always kind of inspired me back in college when, I mean, I also had professors who had done things like that, they had talked about it and so ideally I had always said I would like it and so for that..." (P2)
	Dissatisfaction with own working conditions	"[...] and basically just before I left, who was already working at the Polyclinic, I was saying, 'I mean I have to go on a mission because at least there it's worth it to be pissed off, compared to the public system, that is.'" (P1)
		"[...] because it was a very particular time in my working life worked, in this hospital where I was on a VAT, I didn't feel valued." (P8)
Desires and expectations	Knowing other cultures	"But then from there I grew to want both to learn about that culture, to understand what it had to offer us Europeans." (P5)
		"(Working in a different context) with different cultures and traditions." (P15)
	Feeling useful	"[...] and being able to continue give them what we have to offer." (P5)
		"[...] and also human, in the sense of 'bringing help' is a bit trite; but let's say 'being supportive'." (P6)

		<i>'The motivation remains, the motivation has always been to do something that has meaning, in short, beyond a job; but that my work has a meaning, an impact, that is important to me.'</i> (P9)
	Personal enrichment	<i>"At first the first mission, which was the one in Greece, was more because I had tried this thing, I wanted to try it again, in the sense of seeing if it was actually what I liked, etc."</i> (P11)
	Professional enrichment	<i>"[...] of willingness to gamble, to learn new things."</i> (P14)
		<i>"Ehm, I wanted to learn new things honestly."</i> (P8)
	Practice midwifery in a low-resource context	<i>"[...] and then when I decided to go into midwifery I always had that goal: that it would be part of my experience to leave; and I still have that desire."</i> (P3)

Table 2 – Personal effects

Category	Label	Text unit
Expectations	Exceeded	<i>"From a medical point of view and from a human point of view for me it was the best experience of my life, still now [...]"</i> (P10)
	In line	<i>"I would say it was as I expected both from the point of view of work, life difficulties, expat's life [...]"</i> (P11)
	Below	<i>"However, expectations were not met because I had very high expectations [...]"</i> (P8)
Mission as a bubble	Social deprivation	<i>"No. It was a bit lacking as a social life: back then I was only doing hospital, you couldn't move around, it was a home-hospital context, so my social life was already practically zero and it was one of the aspects that was quite difficult to manage."</i> (P6)
	Limitation of personal freedom	<i>"That mission was shorter, first of all, three months, you arrive, you adapt, it was a convent, in the sense we couldn't go out, we couldn't do anything."</i> (P14)
	Detachment from reality and daily life	<i>"[...] because we were on our own anyway, you don't have family or friends there; the people you leave with so it's nice that maybe you create some relationships but basically you get by a bit on your own [...]"</i> (P13)
		<i>"Because on my personal life, the fallout has been that the problem is that you stay away and you miss out on life [...] and you totally detach yourself from this reality, at least, I had totally detached myself from this reality that is, family, Italy, friends[...]"</i> (P4)
Personal change	Personal Growth	<i>"Let's say that I started the mission thinking I was going to save someone, but in reality, it was the mission that saved me. Because, in a way, it made me understand many things about my character, it taught me some things about myself, and it opened my eyes to many things [...] It opened me up a lot more [...] it taught me more about how I relate to other</i>

		human beings rather than from a professional standpoint." (P10)
		"[...] On a personal level, I think it was the most important growth [...] So, definitely, on a personal level, you understand a lot about yourself [...] You have the chance to think, to understand many things, and especially if you start with reservations about certain questions, this is exactly the moment when you also find answers, because you find yourself facing something that you can't ignore [...] I mean, you can't hide anything there." (P7)
	Greater awareness in subsequent missions	"I realized over time that the adaptation process takes less time because you're more prepared, you know [...] but yes, yes, at least the adaptation phase there and the adaptation here, I found them a little quicker and therefore painless, if I can say so." (P4)
		"[...] I had already started with expectations, so they were different from the first time because I had already understood that I wouldn't be the one saving humanity. So, starting with these ideals, you realize that you can still do many small things that, in the end, stay with you. And even if you haven't saved humanity, you've still done your part." (P5)
	Change of perspectives, priorities	"[...] I remember I really struggled at work, I mean, aside from thinking, 'Why are we doing these things when we could be doing others?' or even the approach with the women who ask, 'Excuse me, what time is breakfast served?' and you think, 'I mean, we're not in a hotel!' 'What problems are you worrying about!' or issues that seem so out of place that you think, 'How did I manage to cope before?!' ... Well, it's clear that then I say, it's right that here we have our problems because these are our problems related to our reality, but over there, there are others. True, you can't compare them, I mean, my grandmother says, 'You can't compare apples to pears.'" (P4)
	Enrichment of personal values	"Well, it definitely opened my eyes, it opened my mind to a completely different culture, and so, I mean, now I'm much more curious and open to other cultures in a very positive way, meaning that I feel like I want to try to understand them, discover them, and embrace them much more." (P2)
	Emotionally intense experience	"[...] it doesn't have a value, I can't give a value to this experience. [...] it gave me quite an emotional blow. [...] I mean, those were six months that, in terms of emotional weight in my life, had more impact than many years in other things. So, well, you carry them with you, you never completely forget certain things, you're left with a bit of the 'Afghanistan ache,' like the 'Africa ache.'" (P10)
		"[...] it's such a strong experience [...]" (P3)
Adjustment	Hard to readjust to a Western country life	"I think the return from missions is somewhat underestimated because everyone prepares you for going there, but no one really prepares you for the return. They tell you it will be difficult, but I didn't think it would be this difficult, so much so that when I came back, I said, 'I'll never

		go back again,' because then, recovering, I mean, the reintegration phase here is much more... I mean, it's very difficult. [...]" (P14)
		"And I mean, I didn't imagine it would be this tough; because the return is tough, the return is tough! If I had to give a description: intolerance and feelings of loss, at least for me, definitely the first month [...]" (P9)
	Desire to leave again	"[...] and the desire, anyway, to make myself available, to serve in such a reality, has always been greater. [...] but it's something I constantly feel, and the thought keeps coming back to that place." (P3)
	Difficult withdrawal from the mission	"[...] and so, of course, I also keep this memory of the moment when I got on the plane to return, not knowing if I actually wanted to come back, I mean, I had already regretted getting on the plane to return." (P5)
	Desire to return to the same mission	"I miss them a lot. [...] And when someone asks me, 'Why do you want to go back to the same place?' 'Because I was happy with the women, with the colleagues.' So, in fact, I would return to a sort of home because those were six months, five months and something, which is a very short period, from a certain point of view, but living it in that way makes it, in fact, a family. [...] And so, I have such a positive memory that, yes, it pushes me to say I would go back." (P6)
	Easier to go back than to take the time to readjust	"[...] personally, after a few weeks, the frustration of being back home starts." (P11) "[...] but you struggle to not want to leave right away, I mean, the instinct is to say 'I'll go home, stay at home for two months, and then I have to leave again.'" (P1)
	Sense of uselessness when not on a mission	"I mean, you come back home and literally think, 'What the hell am I doing here? I'm useless in life. I should be there, saving lives, feeling useful' [...] because I feel useless. For months, I told my former mission colleagues, 'I feel useless.' Even now, when I see images of Afghanistan or Gaza, I think, 'What the hell am I doing at home? I'm useless! What am I doing for the world, for the community?'" (P10)
Advice for reintegration	Unproblematic return to a high-resource country	"Then after... I'm a person who feels good at home. I mean, I really feel very good there. And I like recharging my energy [...] I can say that, in general... It's pretty calm. I mean, really, I have a good... I'm very rooted in my city. I always have super routines there as well." (P12)
	Giving oneself time	"Well, it took me two years to mentally rebalance after the mission because, I can't explain it precisely, I don't know how, but everything was amplified, I don't know [...] I mean, over the years I've understood things I hadn't processed right away, so when I tell you it took me two years to come back from the mission, and even now I'm still a bit there, I don't know how to explain it [...] I'm taking care of myself emotionally and professionally, and I'm reworking a lot of things I did in Afghanistan. So, I have the physical and mental peace to be able to reprocess them." (P10)

		<i>"So, I took some time for myself, I always take a lot of time compared to other people because that's just how I am! [...] In that moment, you feel repulsion; so, you need to let things settle a bit before returning to work. [...]" (P14)</i>
	Surrounding oneself with loved ones, patient and understanding people	<i>"[...] You have to find, you have to look after yourself and find a place where you feel better. The right people. Sometimes, if you're lucky, you choose them; if you're a bit less lucky, the ones you have are the ones you have. You learn to live with them. But it definitely increases the discomfort when you're surrounded by people who don't really understand this life." (P9)</i>
	Need for psychological support	<i>"Yes, definitely, a good therapy session after returning from a mission never hurts anyone. Because there are a lot of things you see that you then let slide off you. [...] And also a bit more professional help, it doesn't hurt, it's necessary." (P9)</i>
	Local support to the NGO, taking longer breaks, doing shorter missions	<i>"[...] but I, for example, know that I want to focus on my work here as well, so one has to make compromises. So, I say, well, I'll do small ones, but I'll keep doing them. If it doesn't work out, I'll accept it, and they'll tell me 'no, no, it's fine,' and then I'll stay at home. But if I can, I'll collaborate from here, if I'm asked, of course. I try to find ways around it, but that's basically it." (P4)</i>
	Keeping in contact with those who are currently on a mission	<i>"And then it definitely gave me a set of memories, but also friendships that I've built and continue to maintain with the people over there." (P2)</i>
Side effects	Risk of burnout	<i>"[...] so, I developed an incredible stress-induced gastritis: I worked, worked, worked, and I weighed 48 kg; then, fortunately, a colleague arrived, but by then it was too late for me because my mission was already over." (P8)</i>
	Difficulty in maintaining long-distance friendships and/or relationships	<i>"I mean, either you find someone who does missions like you, or if you want a family life. I know that in my life, I would like to have a partner, I would like to have all these things; so, you have to find a balance because otherwise, you're still spending six months of your life disappearing, and in a year, that's half the year! And time passes for everyone, and you do need to think about these things." (P4)</i>
	Social self-marginalization	<i>"[...] I mean, THE 'while' is really a bad thing because you want to lock yourself in the house, stay there, like in a bunker, until you come up with an idea." (P13)</i>
	No impact in maintaining long-distance friendships and/or relationships	<i>"Missions don't have much influence on my friendships. Because my friendships [...] are very intense. And then all the people I've met afterward do this work. So, the relationships were built on the basis of distance. And they continue because of this." (P12)</i>
Giving back		

	<p>Important to testify through activism and giving back</p>	<p>"[...] so much so that I've decided that if I'm asked, sometimes I go to schools to share my experience, I do it because I feel..., I say: I had the privilege of seeing, being, and living with Afghan women who will perhaps never have the chance to tell their story, to talk about what they do, to tell how they fight every day, coming to work against their father who doesn't want them to, and they escape and walk to the staff bus, they come to work, do double shifts, then go home... so I said: I have to be a witness to these things because I feel I need to tell their story, be their voice, and tell what they do. So, a bit of that has changed my perspective, and I've decided that if I can, I'll share, talk about the project because it's a project I've seen, I've touched with my own hands, I feel I can stand behind it, so I do." (P4)</p>
	<p>Hard to share and talk about the mission</p>	<p>"[...] but then at a certain point, no matter what you say, if you haven't lived it, there's no witness who can truly measure up." (P14)</p> <p>"So, let's say that I always find, even while I'm away, a big difficulty in communicating, I mean, in telling... like, people write to you, 'So, how's it going?' and you don't know what to say, I mean, honestly, you live inside the hospital and you're like, 'What do I tell them?! That today 15 women gave birth, two of them died... I mean, what do I say?!' You don't know what to say [...] and even when I come back: because everyone looks at you and wants you to tell them something, and I never know what to say, I mean, it feels like, you say, 'I don't know what to say!' and everyone looks at you and says, 'What?! You've been away for six months, you must have something to tell!' and right away, that thing isn't there, it doesn't come, and it's very annoying, I mean, I felt like everyone wanted to know, but I didn't know, I couldn't say anything, and it felt like telling... I'd say, 'But everything was good, I felt fine... everything's fine...', but you don't know what to say because you don't know how to verbalize everything, that's what happened to me at least." (P8)</p>
	<p>Meaning of the mission is underestimated in the Western world</p>	<p>"[...] and when I came back, everyone told me 'I thought you'd come back more tanned'—can you say that to someone who's going to Afghanistan?! where most of the time they wear a veil! I mean, I said, 'Girls!' 'You look a bit worn out!' but I said, 'I didn't go on vacation!' I mean, I was shocked. But, I have to say, it was all medical personnel. Everyone told me 'I thought you'd come back more tanned,' and I said, 'I don't know, I went to the place that's the most covered in the world; people are covered... okay, I didn't wear the veil 24/7, but... do you think I laid out in the sun?!' I mean, I was shocked and thought, 'They didn't really say that,' and thought maybe it was just one person... but no, no, everyone! 'Oh, but you're not tanned!' I was like, 'Well, okay! Did they really say that?!' [...] But when I told my coordinator, 'Look, I'm going to Afghanistan for six months,' the response was: 'Why Afghanistan? Why don't you go to Thailand?' I said, 'Excuse me?! What kind of answer is that?!' I said, 'Because that's where the project is.' 'Well,</p>

		<i>okay, but Afghanistan doesn't have a beach, it has nothing, it's dangerous; Thailand, though, no! But I don't know, I'll ask them!" (P4)</i>
	Difficult to give back when imposed (by NGO or society)	<i>"I mean, I don't want to get involved in this. I don't want to do this, I don't want to compromise myself, it's something that makes me uncomfortable." (P12)</i>

Table 3 – Professional effects

Category	Label	Text unit
Midwifery skills in the mission	Greater adaptability, resilience, and work flexibility	<i>"[...] because I learnt so much and so I mean then anyway there were fewer resources than us so you just have to rearrange yourself and figure out how to do it in short." (P7)</i>
	Better managerial skills	<i>"[...] for me it also allowed me to live, I mean, to have made this kind of choice, I don't know... to get to teach at university, at the midwifery degree course precisely because of the experience I had gained and so it was an opportunity for me too, to grow professionally." (P2)</i>
	Greater technical-professional skills	<i>"[...] because there they were doing 3,000 deliveries a month, it was the baby factory of *** [...] But certainly from the professional point of view there is a greater security of things, in the sense that... at least personally, then I can't say about everyone, doing missions makes you see how much the human body then somehow saves itself, somehow it is the resistance of children and mothers. I mean, the aspect of physiology that is so underestimated." (P13)</i>
	Dealing with emergencies	<i>"I mean, because everything that used to scare even the girls around you, eh no longer scares you because you say whatever, these are not the problems." (P8)</i>
	Greater teamwork ability	<i>"[...] and so definitely being together and collaborating helped. [...] over time, as we got to know each other, we were able to deal with these aspects better, to say 'OK, let's wait, OK, let's do...'. [...] at the very professional level, a very great collaboration that I don't see here either, in the sense of a welcome, a predisposition to welcome what I brought as my experience, starting from the fact that they didn't know me, that is, they didn't know who I was! And so the trust and openness to what I could propose was a lot." (P3)</i>

	Greater autonomy and responsibility	<i>"While on the mission I had. Yes, so I think because of that, so having to ask for minimal things that in other contexts are a midwife's responsibility, as it should be in my opinion. And to arrive in Italy and have to ask for the doctor's opinion and validation. Or not having any right to, not being able to manage, being entrusted with anything. Not being able to have initiative on anything. To have no responsibility of your own as a midwife. [...] yes, this mainly. So, having responsibility on many levels, managerial, supply, pharmacy, human resource management, staff training..." (P7)</i>
Work experiences during the mission	Redefine the midwifery profession according to the context	<i>"OK, so certainly the figure of the midwife on a humanitarian mission is a bit different, because they do so many things that you also do here but with very different means, with a completely different organisation, with completely different women, so it's a bit of downsizing, a bit of reshaping of their profession." (P5)</i>
	More satisfying	<i>"No, it's never been that, it's always been more for me, because the realisation however that this job gives me then is extremely addictive [...] Yes, yes, by now yes. I mean, by now I, it's a job that after a few missions I think I know how to do, I know how to do well, in the sense that I function in these contexts as a midwife, I function in these contexts as a person and therefore it gives me a lot of personal satisfaction to be in these places." (P9)</i>
	Loss of prejudices	<i>"Well, I have much more attention towards foreigners, that is, I manage to involve them much more than I did before, and then especially all those ethnic groups that speak English anyway, whether from India or Africa etc., I manage to get better assistance with the language." (P2)</i>
	Different health needs	<i>"Because the priority was to bring a woman out, yes, with a living child; but the highest priority was to bring a woman out with a healthy uterus, because there making 10/12 children you can't afford to do a caesarean because trivially one heartbeat is not so good, especially for the first child, especially for an 18 year old, which on average was the age of the first child [...]." (P10)</i>
	Issues related to expatriate staff	<i>"No problem with the nationals, that is, with the others. The problem was this expat person, these two people who were the medical co-ordinator and the gynaecologist, who had very important characters [...] if you find yourself with people with whom it is very difficult to work, let's not talk about that, it was a problem that we midwives, in this mission, in this place, unfortunately encountered. [...] it was beautiful, but you had to do things in secret, this very good woman, one of the best gynaecologists I've ever met, but with a very strong character." (P8)</i>
	Accept the impossibility to help everyone	<p><i>"Yes, but you may have just resuscitated a little one who is malnourished, and you say... there's something wrong in this world. And that's a major inner conflict, but it's true that you have to get it into your head that you can't change the fate of the universe." (P6)</i></p> <p><i>"What I've learnt though is that you can do all the humanitarian missions you want, you can see all the emergencies, but you never know enough because you're never fully educated, you're never fully experienced and in things there's always something that can go wrong, something you can get wrong and so on... so a little humility goes a long way." (P10)</i></p>

Dealing with going back to work in a high-resource country	Dissatisfaction with own working conditions	<i>"[...] because I think because in Italy I had a hard time not having any role of responsibility." (P7)</i>
	Lack of appreciation from colleagues and/or the company	<i>"[...] it was an experience I could not share too much with my colleagues." (P3)</i>
	Appreciation from colleagues and/or the company	<i>"Maybe let's say if people know the kind of experience I had, they expect things a little bit different from me, in the sense that maybe they feel more confident in working with me; but not because I'm particularly good [...] my colleague, a friend of mine, and when she found out and we told each other, from there something kind of clicked between me and her, because she said 'I know what you did, because I experienced it too. So I consider you a certain type of person on a professional level and also on a personal level.' [...] But let's say it's not that they expect something more in terms of practical skills, but they don't expect me to panic, to be agitated about something because in their brain they say 'this one was in Afghanistan.'" (P10)</i>
	Struggling to accept leave of absence from company top management	<i>"[...] if I had to make or take a future leave of absence and I felt somehow at fault with the Italian management, I would tell them to go to hell. That's one good thing about being in a country like England, where you have rights. [...] However, just for the record, when I asked for leave from the hospital in England, they tried to get in my way. The Head of Midwifery had initially said 'Ah but I don't know if...' and I said 'Look, I'm not asking for leave! I'm just notifying you that I'm going on leave in May.'" (P4)</i>
	Acceptance of leave of absence	<i>"No, I didn't have any problem, I have to tell the truth. The fact that I took leave, yes I took it quite quickly, but there was no problem I mean, I didn't have if you mean someone saying something or some kind of remark about the fact that I had been away and so on, no." (P6)</i>
	Not wanting to settle professionally	<i>"Let's say that from a professional point of view, now that I have a permanent position, where I want to retire..." (P13)</i>
Professional advice	Leaving with well-organized NGOs	<i>"No, no. Change completely because unfortunately those who were supposed to protect us, I repeat, did not protect us. [...] I mean, let's say even on the return home it was planned, that is, for example, we should have had a chat call to talk about this mission. The girl I had talked to about the mission called me after three weeks then I didn't hear from her again, we should have had another chat call, we were talking about the psychologist, there was nothing. So that's why I wouldn't go with that association any more." (P8)</i>

Need for psychological support offered by NGOs	<i>"Now I am happy with *** because there is the insurance with the psychologist and it was a good mission with the support of someone and the psychologist, for example, also did the missions with ***, so when you talk about hierarchy she understands what you mean. So surely this path that started thanks to ***'s assurance will continue at least for the initial homecoming, so things will fall into place a bit more smoothly. [...] It stemmed from this person who had made me, I think he was making me exhausted practically, I didn't want to go over my limit, I went all this way to try to get it down and not to get into direct confrontation, because it would have been a problem and I would probably have left, but it went well, we arrived. And by the way, people have also arrived to investigate you. Guys, you can't." (P12)</i>
Little protection and sense of abandonment by NGOs	<i>"I think that the mission I did was... that is, I want to go back to the mission, but not with this organisation and not where I did it, because I didn't feel, let's say, protected [...] we didn't feel protected by the organisation we represented [...] so whoever was supposed to protect us didn't protect us, but unfortunately this was not only my experience because even the two midwives who were leaving, they ran away, the other one I was working with couldn't do it anymore, that is, we all felt the same emotion. [...] Then we left with a big organisation, an organisation of a six-month mission, so I think that in these cases if someone has a problem they should be protected [...] that's why I'm telling you I didn't feel protected because there should have been three of us there." (P1)</i>
Protection by NGOs	<i>"And, although here too I had, for example, a somewhat difficult experience with my direct superior, here there is a whole different network of protection. Or at least there is a listening and an openness to understand that problems exist and try to change them. Something that in other organisations, where actually everything is much smaller and everything much more familiar, you can't have. [...] Anyway, I am thankful that I am now with *** ." (P12)</i>

Discussion

The midwifery staff's motivations to continue engaging in humanitarian work are generally consistent with what was found in previous literature (Albuquerque, Eriksson, Alvesson, 2018, Bjerneld, et al, 2006, Asgary, Lawrence, 2014, Hunt, 2009), i.e., values that can be traced back to the personal family context and an innate desire on the part of the interviewees.

Additional motivating factors include volunteering experiences, the need to feel useful driven by a sense of solidarity and altruism, curiosity, and the openness to getting to know and compare different living situations and cultures. Motivations rooted in the individual, not present in the literature reviewed, also relate to dissatisfaction with one's working conditions and stimuli coming from the university context,

such as internship experiences, scholarships, and theoretical teaching activities. Regarding the meeting of expectations on the humanitarian work experience, the participants predominantly reported that the mission(s) they joined were in line with or exceeded expectations. In agreement with previous studies, the typical challenges and difficulties of missions conducted in low-resource contexts were observed, such as detachment from reality and daily life, distance from routines and relationships, total immersion in an environment where personal life is completely redefined, social deprivation, and limitation of personal freedom.

The metaphor of the "bubble" is frequently found in the participants' accounts, offering a faithful, tangible, meaningful, and profound representation of the experience in the field.

Humanitarian assistance work has produced a very deep personal change, in line with what emerged from the literature surveyed (Albuquerque, Eriksson and Alvesson, 2018, Asgary and Lawrence, 2014, Bjerneld, et al, 2004). Such work was described as an emotionally intense experience, enriching in terms of values, personal growth, change of perspectives, and priorities. Furthermore, the study highlighted that participants who had previous international cooperation experiences had greater awareness.

The present study aimed to investigate and emphasize the post-mission return phase and how adjustment to the original context can mark a difficult and challenging transition for humanitarian midwifery staff. Participants believe that there is a partial correlation between post-mission adjustment and subsequent enrolments, which can potentially be viewed as a chance to avoid the difficulty and aversion to face the issues related to returning to the country of origin. A difficult detachment from the mission and a sense of uselessness when not in the field also emerged. Overall, the desire to go back to the mission and continue to engage in international cooperation remains. There is often an interest in returning to the same mission due to an attachment to the context and the national staff and to continue the work and collaboration that were started. Similarly to the literature reviewed, among the suggestions for returning from the mission is the need for psychological support (Asgary and Lawrence, 2014; Selby, 2009). The idea that it is necessary to take enough time to readjust and process the experience is entirely new and strongly felt. In agreement with previous studies (Asgary and Lawrence 2014; Fechter, 2012), humanitarian work experiences can also pose challenges and threats to the individual. This includes a higher risk of burnout, social self-marginalization upon post-mission return, difficulty in maintaining relationships and friendships and/or romantic relationships, with the latter being a topic open to discussion, as some participants reported having found work-life balance and that the mission experience did not have negative repercussions on their personal life. A commonly debated topic in the

literature is the complexity of sharing and talking about the mission upon return due to a perceived lack of interest or difficulties in understanding and interpretation of such experiences (Albuquerque, Eriksson and Alvesson, 2018; Bjerneld, et al, 2006; Selby, 2009). The study pointed to an additional aspect, probably worthy of further reflection, described as a limited understanding, knowledge, importance, and openness of the society of origin towards the humanitarian work. This was interpreted as an underestimation of the importance of the mission by the Western world.

The professional midwifery experience during the mission was in line with what was found in previous studies conducted on medical and nursing staff in several aspects (Albuquerque, Eriksson and Alvesson, 2018; Bjerneld, et al, 2006; Asgary and Lawrence, 2014, Bjerneld, et al, 2004). The work in the mission is more satisfying, rewarding, and stimulating, gives a sense of usefulness and fulfillment, and assigns new roles and positions that determine greater autonomy and responsibility. Furthermore, the study reveals how the assignment of new tasks guarantees and promotes the achievement of better managerial skills. Specifically, the results of this study have allowed us to understand how humanitarian midwifery assistance work helped expand and develop not only transferable skills but also technical-professional skills, and especially soft skills that could never be obtained in the country of origin due to various factors. These include the availability of human, technical, and material resources; the different healthcare complexities; the political, cultural, social, and healthcare context that impact different healthcare needs. Of particular interest is the focus on how the experience of the midwives in the field enabled a different and better management of obstetric emergencies. This involved greater ability to recognize emergencies, to act promptly, and to emotionally cope with unexpected obstetric events.

Other aspects that emerged from the study concern a greater predisposition and openness to confrontation, greater resilience, work flexibility, and adaptability, openness to others,

and the abandonment of common prejudices and stereotypes. In line with what was previously reported in the literature (Albuquerque, Eriksson and Alvesson, 2018), humanitarian work has been associated with a greater ability to work in a team, even more than within one's own healthcare system, but also constant issues with expatriate staff (Bjerneld M et al, 2004). both in the work and the domestic environment, which is probably also due to constantly having to share the same spaces and living in a team. In agreement with previous findings (Bjerneld, et al, 2006), the theme of returning to work in a high-resource country following a humanitarian experience highlighted dissatisfaction with the working conditions: participants' accounts show that the mission experience is not always valued by colleagues and/or company top management. Similarly to previous studies (Asgary and Lawrence, 2014) the mission experience also allowed for greater awareness and maturity regarding one's work choices and career direction, including a desire not to settle or limit oneself. Finally, expectations regarding the role and commitment of NGOs were analysed. The importance of feeling protected and supported by the NGO during and after the field experience emerged, as well as the importance of carefully choosing the NGO to leave with and relying on those with a solid and strict organization, as well as sharing the values, principles, and mission of the aforementioned.

The results of the study also provide new insights specific to the midwifery profession. The mission experience allows midwives to internally reshape their own concept of the midwifery profession, which is related to meeting different healthcare needs and accepting that it is not possible to help everyone due to the human and context-related limitations constantly emerging in low-resource contexts. Such awareness is a slow process which begins and develops during the mission experience, but which concludes and comes to fruition in the reconceptualization of and reflection on the midwifery care practice provided in developed first-world countries.

In addition, the complexity of healthcare, excessive involvement, and difficulty in dealing

with trauma and/or death all have an impact on the personal sphere, both emotionally and psychologically, which manifests as a form of alienation and individual protection against maternal and perinatal mortality.

Conclusions: This study aimed to investigate the motivations that drive midwifery staff to participate in humanitarian missions in low-resource countries, as well as the personal and professional effects at the end of the mission. It was possible to understand how the humanitarian experience generally causes a positive change and enrichment in terms of personal life and career. Nonetheless, working in low-resource contexts has a strong and significant emotional and psychological impact on the individual, which is worthy of attention. It is considered of fundamental importance for NGOs to provide psychological support to the staff during and after the mission itself, and it is suggested to always conduct a thorough personal debriefing with appropriate duration and methods in order to identify and address the personal issues encountered and expressed by the professional. This allows for the creation of a network of protection and support, potentially contributing to promoting subsequent enrolments, ensuring continuity, and reducing turnover.

Reintegration into the original community is difficult and challenging, and sometimes further complicated by delicate relationships with employers. In the public system of Italian healthcare companies, the dynamics and relationships with the employee who wishes to join a humanitarian mission are often already compromised at the time of request and acceptance of the leave for development cooperation reasons, resulting in a lack of appreciation for the professional upon their return.

It is probably necessary to reshape the perspective and vision within healthcare companies, remove inappropriate behaviours and think strategically about the use of acquired skills and their transfer according to a logic of continuous improvement and value creation.

Further research is needed to better outline the causes and motivations for healthcare

companies' behavior concerning this topic and to obtain effective strategies and interventions. It would also be appropriate to extend the analytical process and comparison at an international level for a broader and more accurate picture.

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