

Perception of Traditional Birth Attendants (TBA) on the Health of Nursing Mothers in Etsako Central Local Government Area of Edo State, Nigeria

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Received 5 March 2024; Accepted 26 April 2024; Published 1 May 2024

ABSTRACT: The study conducted an assessment of the perception of Traditional Birth Attendants (TBA) on the health of nursing mothers in Etsako Central Local Government Area of Edo State, Nigeria. The population for the study comprised 2,098 women of reproductive age (15-49) residing in Etsako central Local government area of Edo State, Nigeria. Utilizing a descriptive research design, the study employed the accidental sampling technique to select 104 respondents representing five percent of the population. Data were collected using a validated 10-item open-ended and Likert rating scale questionnaire, with established face and content validity by experts. The reliability of the instrument was confirmed at 0.80 using the test-retest method. The data analysis revealed a high level of utilization of Traditional Birth Attendants by nursing mothers in the study area, attributed to the perception of women about TBAs. This finding underscores the significance of TBAs in the healthcare landscape of the region. As a result, it is recommended that the Government should prioritize fostering partnerships between TBAs and orthodox medical practitioners to enhance healthcare services, particularly in rural areas where TBAs play a strategic role. This collaborative approach is crucial for ensuring comprehensive and robust healthcare delivery to nursing mothers and the broader community.

Keywords: Traditional birth attendance (TBA), health of nursing mothers, health care systems, nurses

Citation: Addeh, E. and Bassey, E. I. (2024). Perception of Traditional Birth Attendants (TBA) on the Health of Nursing Mothers in Etsako Central Local Government Area of Edo State, Nigeria. Direct Res. J. Public Health and Environ. Technol. Vol. 9(2), Pp. 90-95. <https://doi.org/10.26765/DRJPHE67185209>. This article is published under the terms of the Creative Commons Attribution License 4.0.

INTRODUCTION

Maternal health is put at the core of the global health agenda, focused through one of the main development goals, MDG 5, which aims to reduce the maternal mortality ratio by three quarters between 1990 and 2015, and achieve universal access to reproductive health by the year 2015 (WHO, 2018b) and later focused through the sustainable development goal 3 which aims to ensure healthy lives and promote well-being for all at all ages. Until recently the annual number of maternal deaths has been estimated to be over 500,000. A recent study done by Hogan et al. (2020), states however that these numbers in 2018 had dropped to 350,000. The numbers are however still unacceptably high, and most of the countries are not on track to achieve SDG 3 (Hogan, et al., 2020).

A mother's death is not only a personal tragedy, but it can have huge social, economic as well as health consequences (Seifu, 2021) and will commonly have severe consequences for her children as well; a child who has lost his/ her mother is three to ten times more

likely to die at a young age (Save the children, 2018). In the "State of the world's mother's report 2008" the well being of mothers and children are compared in 146 countries. In the report the Nordic countries are among the top 10 regarding the well being of mothers and children, while sub-Saharan countries, including Ethiopia, are dominating the bottom 10 (Save the children, 2018). Around 50% of women in the world today give birth alone or with the help of an untrained birth attendant (WHO, 2018). If we compare Ethiopia with Tanzania and Kenya, which all are located in eastern Africa, we find huge differences when it comes to the utilization of health facilities and Traditional Birth Attendants (SBA). In Ethiopia it has been found that only 5 (8%) gave birth with a SBA (WHO, 2018), while the figure was 41, (6%) in Kenya and 46(3%) in Tanzania. A difference was also found between urban and rural areas in the usage of a SBA. In Tanzania the use of SBA was 80 (9%) in urban- versus 38% in rural areas, in Kenya the numbers are 72% urban- versus 34, (5%) rural areas and in Ethiopia

44, (8%) urban versus 2,(7%) rural (WHO, 2018). UNICEF, (2023), shows that from 2000 to 2020, the global maternal mortality ratio (MMR) declined by 34 per cent – from 342 deaths to 223 deaths per 100,000 live births, according to UN inter-agency estimates. This translates into an average annual rate of reduction of 2.1 per cent. While substantive, this is about one-third of the 6.4 per cent annual rate needed to achieve the Sustainable Development Goal (SDG) of 70 maternal deaths per 100,000 live births by 2030. In a report by the International Centre for Investigative Reporting, (2023), to date, maternal mortality remains a global concern in the developing world, out of which, Nigeria is ranked the second highest number of maternal, neonatal and child deaths worldwide, losing 82 women 'per thousand.

According to the Integrated African Health Observatory, (2023), in 2017, Nigeria's maternal mortality rate was estimated at 917 per 100,000 live births; it increased by nearly 14% in 2020 to reach 1047 deaths. In 2020, the maternal mortality ratio in the African Region was estimated at 531 deaths per 100,000 live births. Countries with extremely high maternal mortality rates are South Sudan with 1223 deaths, followed by Chad with 1063 deaths and Nigeria with 1047 deaths per 100,000 live births. Ntoimo et al. (2018) opined that this is somewhat ascribable to a lack in the patronage of skilled health professionals for antenatal and delivery care. This is undoubtedly because over the last decade, the average indicators for attaining safe motherhood have not improved in the country. Looking at these appalling indicators of maternal health care, it is not startling that no substantial achievements have been made over the past decade in reducing maternal mortality in Nigeria.

Chinkhumba et al. (2014) alleged that because of the poorly responsive healthcare system, most births in Nigeria take place in the homes of unlicensed and unorthodox personnel. However, the World Health Organization (WHO) advocates the use of Traditional Birth Attendants (TBAs) to improve the prospect that pregnancy complications will be properly managed, thereby, reducing the risk of maternal mortality. Hence, a Skilled Birth Attendant (SBA) is defined by the WHO as a trained nurse, midwife, or medical doctor, (no one else) who is qualified and certified to handle birth-related issues (World Health Organization, 2016).

Traditional birth attendant (TBA) according to world Health Organization (WHO) is a person usually a woman who assists the mother at childbirth and who has initially acquired her skills delivering babies by herself or by working with other traditional birth attendants. Traditional birth attendants have been involving in national and international health programmes with a peak of interventions in the 1970s and 1980s.

Ronsman and Graham (2016) found that countries with high rates of TBAs have lower rates of maternal mortality, while those with lower SBAs have higher rates of

maternal mortality. This means that the increase in the use of SBAs is presently one of the most significant interventions for reducing maternal mortality. The significance of Traditional Birth Attendants (TBAs) at birth lies in the fact that access to and use of maternity care facilities and skilled professionals, particularly skilled attendants at birth is often linked with substantial reductions in mortality rate.

The 2018 Nigerian national demographic and health survey (NDHS) reported the maternal mortality rate was 512 deaths per 100,000 live births. It has been observed over times that the activities of TBAs have contributed in no small measure to ever increasing maternal mortality ratio index of the country due to their unsafe practices which are marked by hemorrhages, infections, pre-eclampsia, prolonged labour, use of unsterilized equipment among others. In Ondo State Nigeria, the government in place between 2009 and 2016 regulated the activities of the TBAs in all the eighteen local government areas of the state following their unwholesome practices with attendants increase in maternal mortality rate among pregnant women but the exit of that government has brought back the unwholesome practices of the TBAs in the state which has assumed a worrisome dimension. It is in the light of the above that this study examines the perception of Traditional Birth Attendants (TBA) on the health of nursing mothers in Etsako Central Local Government Area of Edo State, Nigeria.

Literature review

Awotunde et al. (2017) submitted that increased maternal and infant mortality rate is blamed on many deliveries that took place at home with the help of untrained attendants, such as Traditional Birth Attendants (TBAs). According to the World Health Organization (2023), the unchecked use of unskilled Traditional Birth Attendants (TBAs) was first known in the 1990s, it was considered to socio-cultural phenomenon under the view that women culturally preferred traditional births rather than orthodox births. History has shown that TBAs have been the main human resource for women during child birth, and even today, they account for the majority of deliveries in rural areas of developing countries (Jemal et al., 2020). The WHO observed that TBAs can potentially improve maternal and newborn health at the community level and, while the role of TBAs in caring for pregnant women and conducting deliveries is acknowledged, it is noted that they are generally untrained. Lane and Garrod (2016) observed that this consideration led to the interventions consisting of the training and re-training of TBAs, to improve their skills and competencies in managing uncomplicated deliveries and referring more difficult deliveries to orthodox health facilities. Essentially, Ntoimo et al. (2018) asserted that many studies from different

parts of Nigeria reported the association of high maternal mortality rates with women who had intended to deliver with TBAs, but who had been referred late to healthcare facilities. Harrison (2011) stated that the futility of the re-training of TBAs became remarkable and consequently the WHO declared the retraining programs of TBAs as ineffective in reducing maternal mortality in developing countries (World Health Organization, 2017). The practice of traditional birth attendants has caused a lot of havoc on the health of mother and child. Despite the introduction of modern health facilities, safe motherhood initiative programs, free medical services etc., statistics showed that most children are born by TBAs both in rural and urban areas. Most deliveries are being carried out by TBAs which indicates that several deliveries still occur outside hospitals and health facilities. The Nigeria Demographic and Health Survey (2018) reported that 67% of women attended antenatal care at least once with SBAs, and 43% were attended to at birth by SBAs (National Population Commission [Nigeria] and ICF 2019). The high patronage rate of unskilled traditional providers for delivery care varies; place of residence with a higher proportion of traditional birth attendant users in the rural (25.5%) than in urban (12.4%) areas (National Population Commission(NPC) [Nigeria] and ICF 2019). This high patronage rate of unskilled traditional delivery care providers is one of the most daunting challenges that needs to be subdued to reduce the current high rate of maternal mortality in Etsako Central. It is based on this problem that this study examined the perception of Traditional Birth Attendance (TBA) on the health of nursing mothers in Etsako Central Local Government Area of Edo State, Nigeria.

TBAs fall under the informal health system which is defined by four categories, training, payment, registration and profession (Sibley et al., 2012). The authors described TBAs as having received no formal training, although they may have gone through some level of formal training such as apprenticeships, seminars and workshop funded by NGOs. stated that TBAs receive payment directly from the clients they serve (Banda, 2014). The existence of TBAs in most villages in Etsako central Local Government Area is due to limited availability of professional health care providers in rural area, leaving TBAs to fill the gap. There is a wide range between formal and informal healthcare providers due to literacy levels (Oshonwoh et al., 2014). The TBAs are here to stay. They are part of the community, socially, and culturally accepts and available whenever needed. This explains how important TBAs are in their communities. The TBAs enjoy an important status in the community, which likely explains why policy make should consult with the TBAs to improve the health of the mothers in the rural areas (Ofili and Okojie, 2015).

TBAs have existed for as long as women have given birth. The work they do has been tremendous and people

in the rural areas value their services. Originally, TBAs had no form of training but they still perform midwifery duties. Training began in the 1970s by the WHO and other funding organizations. TBAs are a link between the rural people of African and health care delivery. It was further stated that TBAs have unique talents. They use inherited knowledge of methods and practices that have evolved from the social, cultural and spiritual wealth of the communities they serve. Despite TBAs being linked to high maternal mortality, they may also play a significant role in mitigating maternal mortality because they are first and often the only health care providers who can be easily accessed in rural areas, therefore, there is a need to examine the perception of Traditional Birth Attendants (TBAs) on health of nursing mothers in Etsako Central Local Government Area of Edo State, Nigeria.

MATERIALS AND METHODS

Experimental setting

The research design adopted for this study was descriptive research design. This method allows for collection of data in quantitative manner.

Participants/sample

The population for the study comprised 2,098 women of reproductive age (15-49) residing in Etsako central Local government area of Edo State, Nigeria. The accidental sampling technique was used for the study. Five percent of the population was used for the study. Hence, 104 respondents were used as sample for the study.

Instrumentation

The instrument for data collection was a questionnaire titled, Perception of Traditional birth attendance and health of nursing mothers' questionnaire (PTBAHNMQ). The instrument contained 20 items ranging from Section A, B and C. The instrument was subjected to face validity and the reliability estimate of the instrument was ascertained using the test-retest method and the result was .80.

Statistical analysis

To assess the data, the raw scores of each item in each variable were totaled together to indicate the outcome for each variable. The findings were presented in tables using frequencies, percentages, mean, and standard deviation as means to analyze the results.

RESULTS

From the analysis of the study, the result of the age

Table 1: Demographic data of respondents

Variables		Frequency	Percentage
Age	≤20 years	35	33.65
	21-30 years	48	46.15
	≥31 years	21	20.19
	Total	104	100
Educational level	No formal education	15	14.42
	First School Leaving certificate	19	18.23
	Senior Secondary Certificate	37	35.58
	NCE/ND/Diploma	14	13.46
	First degree/HND	12	11.54
	Post graduate	7	6.73
	Total	104	100
Marital status	Single	15	14.42
	Married	66	63.46
	Divorced	13	12.5
	Widowed	10	9.62
	Total	104	100

Source: Field work (2023)

Table 2: Respondents' Views on the perception of women towards Traditional Birth Attendants on the health of nursing mother

Question	Yes		No	
	(F)	(%)	(F)	(%)
TBAs services are so important in Etsako central Local government area	65	62.5	39	37.5
Do TBAs provide concoction for mothers to drink to make the baby strong?	45	43.27	59	56.73
Do TBAs take normal delivery?	41	39.42	63	60.58
Do they provide contractual services?	67	64.42	37	35.57
Do you believe complication can arise from the TBA care?	51	49.03	53	50.96

distribution showed that, of the 104 respondents used in the study, 35 (33.65%) were 20 years old or younger, 48 (46.15%) were in the range of 21-30 years old, while 21 (20.19%) were 31 years of age or older. Going forward, the results of respondents' educational backgrounds showed that, of the 104 respondents, 15 (14.42%) have no formal education, 19 (18.23%) have completed their FSLC, 37 (35.58%) have completed their SSCE, 14 (13.46%) have NCE/ND/Diploma, 12 (11.54%) have first degrees/HND while 7 (6.73%) have completed their post graduate education (Table 1).

When asked about their marital status, 15 (14.42%) agreed that they are single, 66 (63.46%) agreed that they are married, 13 (12.5%) agreed that they are divorced while 10 (9.62%) agreed that they are widowed. From the analysis of the study in (Table 2), the result of the study in terms of respondents' Views on the perception of women towards Traditional Birth Attendants on the health of nursing mother showed that, of the 104 respondents used in the study, 65 (62.5%) agreed while 39 (37.5%) disagreed that TBAs services are so important in Etsako central Local government area, 45 (43.27%) agreed while 59 (56.73%) disagreed that TBAs provide concoction for mothers to drink to make the baby strong. Going forward, the results of respondents also showed that, of the 104

respondents, 41 (39.42%) agreed, while 63 (60.58%) disagreed that TBAs take normal delivery. 67 (64.42%) agreed while 37 (35.57%) disagreed that TBAs they provide contractual services. When asked if they believe that complication can arise from the TBA care, 51 (49.03%) agreed while 53 (50.96%) disagreed.

The result in (Table 3) showed the rating on respondents' views on the level of utilization of Traditional Birth Attendants by nursing mothers. Items 1, 2, 3, 4 and 5 had a mean rating of 2.58, 2.49, 3.30, and 2.67 respectively which are greater than the benchmark of 2.50. The grand mean of 2.62 indicates that the level of utilization of Traditional Birth Attendants by nursing mothers in the study area is high.

DISCUSSION

It is interesting to know that the level of utilization of Traditional Birth Attendants by nursing mothers in the study area is high due to the perception of women about TBAs. The finding of this study is in line the World Health Organization (2023) that the unchecked use of unskilled Traditional Birth Attendants (TBAs) was first known in the 1990s, it was considered to socio-cultural phenomenon under the view that women culturally preferred traditional

Table 3: Respondents' Views on the level of utilization of Traditional Birth Attendants by nursing mothers.

	VHE	HE	LE	VLE	MEAN	SD
To what extent						
Do you use TBAs service because they are cheaper?	45 (43.27%)	21 (20.19%)	16 (15.38%)	22 (21.15%)	2.58	1.32
Do you use TBAs services because they are culturally acceptable in your area?	34 (32.69%)	26 (25.00%)	42 (40.38%)	2 (1.92%)	2.49	1.04
Do you use TBA service because they are closer to your house than hospital services?	56 (53.84%)	23 (22.12%)	15 (14.42%)	10 (9.62%)	3.03	1.09
Do you use TBA service because they provide more compassionate care than orthodox health workers?	43 (41.35%)	35 (33.65%)	26 (25.00%)	0 (0%)	2.67	1.98
Do you think that TBAs services should be banned?	12 (11.54%)	14 (13.46%)	44 (42.31%)	34 (32.69%)	2.34	1.05
Grand mean					2.62	1.30

births rather than orthodox births. History has shown that TBAs have been the main human resource for women during childbirth, and even today, they account for the majority of deliveries in rural areas of developing countries (Jemal et al., 2020). The WHO observed that TBAs can potentially improve maternal and newborn health at the community level and, while the role of TBAs in caring for pregnant women and conducting deliveries is acknowledged, it is noted that they are generally untrained. However, the study negates the finding of Awotunde et al. (2017) that the increased maternal and infant mortality rate is blamed on many deliveries that took place at home with the help of untrained attendants, such as Traditional Birth Attendants (TBAs). Despite TBAs being linked to high maternal mortality, they may also play a significant role in mitigating maternal mortality because they are first and often the only health care provider who can easily accessed in rural area, therefore, there is a need to involve them.

Conclusion

The study concluded that many women of reproductive age in Etsako Central Local Government Area of Edo State, Nigeria have a good perception of the services of traditional birth attendants. However, there is necessity for TBAs knowledge and skills to be improved with adequate training through a sustained partnership between the TBAs and the orthodox health system. Therefore, with due juxtaposition to the locations of the previous studies with this study, the following that will foster a health collaboration between providers of orthodox and traditional maternity services which will translate into improved maternal and neonatal health outcomes in relevant settings are hereby recommended.

Recommendations

Based on the outcome of the study, the following recommendations are made:

1. Government should as a matter of necessity foster partnership between TBAs and orthodox medical practitioners with a view to have robust health care services.

This is because of the strategic position occupied by the TBAs in most rural areas.

2. Government should embark on training and retraining of the TBAs to acquaint them with the modern skills in the field of midwifery

3. Government should constitute enforcement team to monitor the activities of the TBA's both nationally and locally with a view to make them comply with the acceptable standard as laid down by the regulations

4. Providing adequate training to the TBA's by government and other stakeholders will go a long way in helping them know their scope and limitation and possibly refer mothers and their infants for immunization, family planning, and emergency services.

5. Policies should be enacted by the government that will incorporate an ecological system view which will acknowledge and recognize the contributions of TBAs and socio-historical factors that encourage their utilization.

6. Stakeholders should improve on the role of men in pregnancy and postpartum period by providing education, incentives and support for men that can be instrumental in reducing maternal mortality and thus increase health care usage. This is because if men gave their wives more permission to go to a health care center, healthcare utilization will increase.

7. Government should make the health care services affordable so as to increase the patronage of government health institutions as the present public health care services are expensive to access by the pregnant women

8. Governments should establish many more hospitals in the rural and semi-urban communities.

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