



Assessment of the Role of Traditional Birth Attendants (TBAs) In Asaba, Nigeria

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

Editor(s):

(1) Dr. Suprakash Chaudhury, Dr. D.Y. Patil Homoeopathic Medical College & Research Centre, India.

Reviewers:

(1) Bingjuan Han, Shandong First Medical University, China.

(2) Gemechu Kejela Jilo, Wollega University, Ethiopia.

Complete Peer review History: <https://www.sdiarticle4.com/review-history/72988>

Original Research Article

Received 01 July 2021
Accepted 04 September 2021
Published 17 November 2021

ABSTRACT

Introduction: The role of traditional birth attendants (TBAs) has been with the people for a long time. This cross-sectional study involved 200 women (11 - 46 years) meeting the inclusion criteria for the study.

Methodology: Information and data for this study were obtained using structured questionnaires.

Result: Results from the study indicated a high (70.0%) knowledge of Traditional Birth Attendants (TBAs). Although, perception about Traditional Birth Attendants practices was poor, the role of Traditional Birth Attendants in the improvement of maternal and child health in rural Nigeria cannot be ignored.

Conclusion: TBAs remain major health resources in rural communities in developing countries as well as some parts of urban areas. Efforts need to be harnessed for training of Traditional Birth Attendants through the involvement of the Ministry of Health and Primary Health Care facilities close to their area of practices.

Keywords: Traditional birth attendants; perception; acceptance; Asaba.

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1. INTRODUCTION

A traditional birth attendant (TBA) is a person who assists the mother during childbirth and who initially acquires skills by delivering babies herself or through an apprenticeship to other TBAs [1]. TBAs are mostly initiated into the practice through internship with family and non-family TBA practitioners, and from dreams and revelations [2]. Their practice is associated with the exercise of spiritual and physical approaches involving the use of artifacts, herbs, as well as physical examinations [2].

Presently, TBAs deliver the majority of women in Nigeria as may be the situation in other developing countries [3]. However, some of these TBAs do not freely practice their trade due to conflicts they encounter with orthodox medical practitioners, and also due to fear of not being registered by the establishment. Physicians and nurses believe that the TBAs are not properly trained, skilled or knowledgeable to practice delivery of babies, whereas the TBAs believe that they are the authority in the delivery of babies [4].

The practice of TBAs in the rural context cannot be underrated [4]. A study [3] had reported that 60- 80% of all deliveries in the developing countries occur outside modern health care facilities, and that a significant proportion of this number is attended to by TBAs. Mothers who cannot access modern healthcare services in conventional health facilities are left to make do with other options such as TBA services [2].

The main reasons women gave for birthing at home have also been identified [5] and can be related to the Three Delays Model: a late decision to seek care for obstetric complications as a result of socio-cultural factors, a delay in reaching the healthcare facilities caused by transportation problems, and a delay in receiving appropriate care after the woman has reached the healthcare facilities, which can be explained by a poorly functioning health care system. In areas where professional help is not accessible, the help of TBAs is often the only source of help women can rely on [6].

Some factors could be responsible for the rise in the need for the services of the TBAs in rural areas. These include high cost of living in the country, high poverty rate, which makes it difficult for the women to access modern healthcare and

the high cost of antenatal care. These economic factors thus encourage the choice TBAs for the women concerned.

To the best of our knowledge there is a paucity of studies that focus on the assessment of the roles of TBAs in our locality. Thus, this study thus seeks to ascertain the role of these TBAs in Asaba and its environs.

2. MATERIALS AND METHODS

2.1 Area of Study

The study was carried out in Asaba, the capital city of Delta State, Nigeria. It is located in the South-South Region of Nigeria. It has a total population of 149,603 (National Population Census, 2006).

2.2 Sample Size

Study participants involved women of reproductive ages ranging from ages 11 to 50 years, who make use of TBAs services. These TBAs involve those who work in traditional birth centers and primary health care centers.

A total sample size of 200 was used in generating data for this survey.

2.3 Sampling Technique/Procedure

This research adopted the purposive sampling technique and the simple random sampling technique. The purposive sampling technique ensures a fair representation of the target population and to ensure that all 200 copies of questionnaire were administered to the subjects of the study who patronize the services of traditional birth attendants.

2.4 Instrument for Data Collection

The main instrument for the collection of then data for analysis was the questionnaire.

2.5 Method of Data Collection

This research adopted a person to person method of data collection. Questionnaire was administered personally to respondents. The questionnaire is given directly to the respondents and collected immediately after they have been filled, to reduce the percentage of unreturned questionnaires.

2.6 Data Analysis

Data generated from the survey were analyzed using SPSS version 20. Qualitative data were presented in tables while chi square was used in establishing relationships between variables.

3. RESULTS

Table 1, shows the age group of the respondents and the most represented age group of the total respondents was 21 – 25 years (25%) followed by 26 – 30 and 31 – 35 years (20% each) with the least being above 45 years (1%) with a mean age of 12.5. About 25% of women were married, 42% were single, 15% divorced, 14% separated and 4% widowed. On the course of their education, 40% had attained no formal education while 35% had attained only primary education, 10% secondary education and 15% had attained tertiary education. 80% of respondents were Christians, 6% Islam, 2% African Traditional Worshippers and 12% practiced other religion.

Table 1. Social demographic characteristics of respondents

Variables	Frequency (%)
Age group (years)	
11 – 15	08 (4)
16 – 20	24 (12)
21 – 25	50 (25)
26 – 30	40 (20)
31 – 35	40 (20)
36 – 40	34 (17)
41 – 45	02 (1)
45 – above	02 (1)
Marital status	
Single	84 (42)
Married	50 (25)
Divorced	30 (15)
Separated	28 (14)
Widowed	08 (4)
Educational status	
No Formal Education	80 (40)
Primary	70 (35)
Secondary	20 (10)
Tertiary	30 (10)
Religion	
Christianity	160 (80)
Islam	12 (6)
Traditional	04 (2)
Others	24 (12)

Table 2 shows the relationship between the knowledge and patronage pattern of TBAs by participants, of a total of 100 participants, only

70% agreed to have heard of TBAs prior to this research, of the 70% only 35% admitted to the usage of this service, 25% admitted to the frequent usage of this service with 5% randomly or seldom patronizing the service while 65% do not patronize the service at all.

Table 2. Knowledge and Patronage of service by TBAs

Variables	Frequency
Have you heard of TBAs	
Yes	140 (70)
No	60 (30)
Do you use the services of TBAs	
Yes	70 (35)
No	130 (65)
How often do you use TBAs	
Always	50 (25)
Seldom	10 (5)
Randomly	10 (5)
Never	130 (65)

Table 3 indicates 70% of participants agreed that the services of TBA are not expensive but 90% patronize them due to TBAs being relatively cheap while 86% patronize them due to no alternatives. 23% of respondents agreed that TBAs use standard facilities and 11% agreed that they are skilled and 3% agreed that they give standard services while 20% agreed they are hygienic but 80% disagree on their hygienic state. 83% of respondents believe TBAs dont use PPEs while 17% agreed they use. 41%believe TBAs should be trained and assisted while 59% dont. 29% of the total respondents believe that TBAs should continue their services while 71% believe they should not.

Table 4 gives an insight to womens thought on TBAs and their management services. About 95% of the TBAs have being shown to be helpful to pregnant women with only 40% of them effectively handling birth related injuries and 30 % of them partaking in abortion services while 70% of them do not carry out abortion.

4. DISCUSSION

This study was concerned with the role of Traditional Birth Attendants (TBAs) in Asaba, Nigeria. Demographic data indicate that 42 respondents were single, 25 were married, 15 were divorced, 14 were separated while 4 were widowed. The high number of respondents in this study who were single points to a possible high rate of premarital sex in the area of study. This

could be due to Limited knowledge, access, and sociocultural barriers, which have been reported to influence family planning [7]. It has also been reported that single women are more likely to seek the services of TBAs than the married women [8].

Table 3. Womens perception towards TBAs

Variables	Frequency (%)
Is TBAs services expensive?	
Yes	60 (30)
No	140 (70)
Do you patronize TBAs because it is cheap?	
Yes	180 (90)
No	20 (10)
Patronize TBAs because of no alternatives?	
Yes	172 (86)
No	28 (14)
TBAs use standard facilities?	
Yes	46 (23)
No	154 (77)
Are they skilled?	
Yes	22 (11)
No	178 (89)
Are TBA services standard?	
Yes	6 (3)
No	194 (97)
Do TBAs provide hygienic services?	
Yes	40 (20)
No	160 (80)
Do TBAs use PPEs?	
Yes	34 (17)
No	166 (83)
Are TBAs trained and assisted?	
Yes	82 (41)
No	118 (59)
Should TBAs continue to offer services?	
Yes	58 (29)
No	142 (71)

Based on educational status, 40 respondents had no formal education, 35 had primary education, 10 had secondary education while 1 had tertiary education. The data indicates that majority of the respondents in this study had no formal education. Education thus plays a major role in the choice of women to either use the services of TBAs or not. It has been reported

that majority of women who seek the services of TBAs are without formal education [8].

Table 4. Acceptance of TBAs services

Variables	Frequency (%)
Helpful to pregnant women?	
Yes	190 (95)
No	10(5)
Handle birth related injury	
Effective	80 (40)
Not effective	120 (60)
Offer abortion services?	
Yes	60 (30)
No	140 (70)
Reduce mortality rate?	
Yes	94 (47)
No	106 (53)

On the knowledge and patronage of TBAs, 140 (70%) of respondents have heard of TBAs while 60 (30%) have not, 70 (35%) have used TBAs while 130 (65%) have not. Similarly, 50 (25%) respondents used TBA services regularly, while 10 (65%) have never used TBAs services.

On the perception of TBAs, 140 (70%) respondents see TBAs services as inexpensive, 180 (90%) indicated that they patronized TBAs because the services are cheap, while 172 (86%) respondents indicated that they patronized TBAs services because there was no other alternative. On the other hand, 154 (77%) respondents do not agree that TBAs use standard facilities, 178 (89%) stated that TBAs are skilled, 194 (97%) do not agree that TBAs offer standard services, while 142 (71%) agree that TBAs should continue to offer their services.

On the acceptance of TBAs services, 190 (95%) respondents agreed that TBAs services were helpful, although 120 (60%) agreed that TBAs could not handle birth-related injury, 140 (70%) agreed that TBAs do not offer abortion services while 106 (53%) agreed that TBAs do not reduce mortality rate. This may mean that the respondents see TBA services as helpful in maternal care and child delivery. People generally seek the services of TBAs because they are seen as accessible, available and exhibit friendly attitude [9]. Religion has also been reported as one of the factors that contribute to the choice of TBAs by women [10].

5. CONCLUSION

The services of TBAs have positive perception and acceptance among the women of involved in

this study. This may be because of the perceived belief that the services of TBAs are available, accessible and cheap.

6. RECOMMENDATION

1. The services of TBAs should be recognized, trained and regulated in order to ensure better services to pregnant women.
2. There should be deliberate government policy to limit the extent of the service and practice of TBAs which will help phase out untrained and inexperienced practitioners especially in rural communities;
3. There should be a robust co-existence of orthodox and traditional maternal and child care services so as to create avenue for proper referral of complicated cases.

ETHICAL APPROVAL

Ethical approval for the study was obtained from the Ministry of Health, Asaba, Delta state, Nigeria

CONSENT

As per international standard or university standard, respondents' written consent has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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Peer-review history:

The peer review history for this paper can be accessed here:
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