High Patronage of Traditional Birth Homes: A Report from Akwa Ibom, Southern Nigeria

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Citation

Abstract
The lack of skilled attendants has been identified as a major factor responsible for the rising maternal and infant mortality rate. There is sufficient evidence that traditional birth attendant-provided maternal health care has negative impacts on maternal health. Despite the presence of modern healthcare facilities, there is a rising patronage of traditional birth homes. This study seeks to determine the extent of patronage as well as the factors influencing the patronage of traditional birth homes in Akwa Ibom, Nigeria. A descriptive, cross sectional survey using structured, validated, and pre-tested questionnaires to interview 1,000 randomly selected women of child bearing age in Akwa Ibom, Nigeria. The questionnaire consisted of questions on demographic details, frequency of patronage of traditional birth attendant services as well as reasons for patronizing traditional birth homes. 76.5% of our respondents reported that they patronized the ante-natal and child delivery services of traditional birth attendants always. 78.1% of our respondents preferred the maternity services provided at traditional birth homes to that provided at modern healthcare facilities. Reasons given for this high preference for traditional birth services were; low cost (38.9%), proximity to residence (32.5%), friendly and caring disposition of traditional birth attendants (14.1%), ready accessibility (11.9%), religious and traditional beliefs (2.6%). The patronage of traditional birth attendant services as observed in this study is high. Factors influencing the high patronage of traditional birth homes are low cost, proximity, friendly and caring disposition of traditional birth attendants in the provision of their services, ready accessibility, as well as religious and traditional beliefs.

1. Introduction
Maternal mortality ratio is estimated at more than 1000 per 100,000 live births in most African countries [1]. In these developing countries, specifically in sub-Saharan Africa, many women do not have access to skilled personnel during childbirth. It is estimated that about 60% to 80% of all deliveries in developing countries occur outside modern healthcare facilities with many of these deliveries carried out by traditional birth attendants [2]. The lack of skilled attendants is believed to be a major factor responsible for the rising maternal and infant mortality.

Nigeria has approximately 2% of the world’s population but records about 10% of the world’s maternal deaths [3]. Despite the existence of modern health facilities in Nigeria over 58% of deliveries still take place at home whereas only 37% takes place in hospitals [2, 4].
Traditional Birth Attendants (TBAs), also known as traditional midwives provide the majority of primary maternity care in many developing countries. They provide basic health care, support and advice during and after pregnancy and childbirth based primarily on experience and knowledge acquired informally through the traditions and practices of the communities where they live. They are commonly found in remote rural areas. They do not receive formal education and training in health care provision, and there are no specific professional requisites such as certification or licensure. They often learn their trade through apprenticeship or are self-taught [5].

TBAs are often older women and are generally illiterate. They are highly respected in African communities. They perform cultural rituals and provide essential social support to women during childbirth. Traditional birth attendant practices are wide spread in Nigeria, particularly in the rural parts of the country. However, due to the absence of modern training on how to attend to pregnant women, TBAs are unable to recognize and attend to complications of pregnancy. Thus, deliveries attended by untrained TBAs are risky for women and their babies, resulting in poor health outcomes and in some cases death [6].

The utilization of formal health services in rural settings in Nigeria is generally low. Between 2003 and 2008, only 46% of women living in rural areas accessed antenatal care from a skilled provider, 28% of births were assisted by a skilled provider, and 25% of deliveries took place in a health facility. Pregnant women who cannot access these services are left to make do with services of Traditional birth attendants [7].

Worldwide, it is estimated that there are more than 60 million non-institutional births each year with the vast majority being attended by traditional birth attendants [8].

A study in Eastern Nigeria showed that although 93% of women in rural areas registered for prenatal care at orthodox maternity hospitals, 49% delivered at home under the care of TBAs [9]. Similarly, a study of 377 women who delivered before arrival at the hospital in Ogbomosho, south-western Nigeria, revealed that 65% of the mothers had been delivered by a TBA, while 73.3% had sought help from them for retained placenta with bleeding [10].

In Chanchaga LGA of Niger State in north central Nigeria, 84% of households interviewed utilized the services of a TBA or village health worker [4]. Sometimes women attend antenatal care at orthodox maternity hospital but still deliver with a traditional birth attendant probably because some TBAs do not offer antenatal care services.

Several attempts have been made to reduce the excessively high rate of maternal and child mortality in Nigeria by the Federal ministry of health in collaboration with various National and International Non Government organizations. Despite these attempts there is little to suggest that the situation is improving overtime, indicating that the problem is yet to be tackled at its roots.

Studies reporting exclusively on reasons why our women prefer TBAs for their antenatal care and delivery are insufficient. It therefore becomes necessary to investigate the reason for the high patronage of the services of TBAs by our pregnant women. Such information could be used to formulate health policies that could improve maternal health care services aimed at reducing maternal and child morbidity and mortality in Nigeria.

Due to the seemingly rising patronage of TBA services by pregnant women despite the presence of modern healthcare services, this study seeks to investigate the extent of patronage of TBA services by rural women of child bearing age residing in Akwa Ibom, Nigeria. Furthermore, this study attempts to gain understanding of the health concerns and conditions for which these women were consulting or visiting traditional birth homes and to determine the factors responsible for the patronage of TBA services by rural women in Akwa Ibom. It is hoped that findings from this study will provide insights into factors influencing pregnant women’s dual maternal health care-seeking behaviour and also help to reduce the incidence of maternal and infant mortality and morbidity associated with Traditional Birth Attendant services.

2. Method

This is a descriptive, cross sectional survey using structured, validated, and pre-tested questionnaires. The questionnaire was designed and used to obtain relevant information from the identified women in various local government areas of Akwa Ibom state. The questionnaires consisted of both open and closed ended questions. The information on the questionnaire included socio-demographic data such as age, sex, religion, marital status, etc. In addition to questions on demographic information, the questionnaire included questions on involvement with the patronage of Traditional birth attendants, reasons for patronizing them, frequency of use of traditional birth attendant services, preference between traditional birth attendant services and modern healthcare services amongst other information.

Akwa Ibom state is made up of three senatorial districts namely; Eket, Ikot Ekpene, and Uyo senatorial districts. There are 31 Local government areas (LGAs) in Akwa Ibom state. Four LGAs in each senatorial district were randomly selected by simple random sampling method. 300 adult women of child bearing age were randomly selected (from local markets, churches and community gatherings) and interviewed in each senatorial district with an additional 100 women in Uyo senatorial district. The questionnaires were administered by the researcher with trained assistants who were university undergraduates. The women were interviewed on a one on one basis while maintaining strict confidentiality.

Sample selection was done on a set inclusion criteria. The sample size (n) was calculated according to the formula described by Yamane (1967; 888). Quantitative data was analyzed using Statistical Program for service solutions (SPSS) version 16.0 computer package.
Ethical clearance and formal approval for this survey was obtained from the Akwa Ibom State Ministry of Health.

3. Result

A total of 1000 women were interviewed. The most prevalent age group in the study was 31-40 years (36.1%), the rest were 41-50 years (24.3%), 18-30 years (23.6%), 51-69 years (13.5%), and 61-70 years (2.5%). More than three-quarters of the respondents (783 (78.3%)) were married, while 20.1% (201) were widowed, the rest 16 (1.6%) were separated from their spouses. More than half of the respondents (750 (75.0%)) were employed, the rest 250 (25%) were either unskilled or unemployed. Approximately half of the respondents had attained only secondary level of education 502 (50.2%), while 29.5% (295) had attained only primary level of education, 125 (12.5%) had no formal education, and the rest 78 (7.8%) had attained tertiary level of education. More than half of the respondents had more than 4 children (517), while 27.8% (278) and 20.5% (205) had between 3 to 4 and 1 to 2 children respectively.

Majority of the respondents reported that they used the antenatal and child delivery services of TBAs always (76.5%) 765, 12.9% (129) of the respondents occasionally patronized TBAs services while 106 (10.6%) claimed to have never patronized TBAs services (This is shown in Figure 1 below). All the respondents that patronized the services of TBAs sought the consent of their spouses/partners and their spouses/partners were supportive of their decisions to patronize TBA services. More than three-quarter (78.1%) 781 of the respondents preferred TBA services to modern healthcare services while (219) 21.9% of respondents preferred modern healthcare services to TBAs services. Reasons for the preference/patronage of TBAs services as reported by respondents who prefer maternity services rendered by TBAs include: low cost 304 (38.9%), proximity to their residence 254 (32.5%), friendly and caring disposition of TBAs 110 (14.1%), ready accessibility of TBA services 93 (11.9%), and religious and traditional beliefs supporting the patronage of TBAs 20 (2.6%). This is shown in figure 2 below.

Reasons given for the preference of modern healthcare services as reported by 21.9% of our respondents that prefer the maternity services of contemporary healthcare facilities include: perceived diabolic nature of TBAs 95 (43.4%), the risk of HIV infection with deliveries at traditional birth homes 69 (31.5%), poor hygiene practices of TBAs 39 (17.8%), and unacceptable method of delivery used by TBAs 16 (7.3%).

All the respondents (100%) were aware that contemporary healthcare facilities have well trained personnel to handle complications. Most of the respondents 873(87.3%) believed that traditional birth attendants do not have the required skills and facilities to handle complications during labour and childbirth. 62 (48.8%) of the respondents that trusted TBAs to handle complications during delivery reported that TBAs have some concoction that can be taken orally to stop complications, 38 (29.9%) of these respondents claimed TBAs had spiritual powers that could be used to handle complications while 27 (21.3%) of the respondents reported that TBAs give herbal leaves to rub on the stomach of the woman during delivery to prevent complications.

Majority of the respondents 782 (78.2%) stated that if modern healthcare services are made more accessible and affordable they will not patronize TBAs services. However 218 (21.8%) said they will continue to patronize TBAs services even if orthodox maternity services is made more affordable and accessible.

Slightly more than half of the respondents 522 (52.2%) said they were not satisfied with TBA services while 478 (47.8%) of respondents were satisfied with TBAs services. Majority of the respondents said they will not support the banning of traditional birth attendants 931 (93.1%) while others said they will support the banning of traditional birth attendants 69 (6.9%).

4. Discussion

The role of Traditional birth attendants in the delivery of maternity services should not be ignored. TBAs have been
identified as an alternative source of healthcare for pregnant women in developing countries. This study assessed the extent and frequency of patronage of TBAs services, their attitudes towards the utilization of TBAs services, and factors influencing patronage of TBAs services amongst 1,000 adult women of child bearing age residing in Akwa Ibom State despite the existence of modern healthcare facilities. About 7.8% of the respondents had tertiary level of education, while 50.2% had attained only secondary level of education. We observed a higher percentage of preference for orthodox maternity hospitals among respondents who had attained secondary and tertiary levels of education compared with others whose educational level was below secondary school education. Studies by Chakravarty et al. in 1996 and Oshonwoh et al. in 2014 also recorded similar findings [11, 12]. There appear to be a strong relationship between educational level and the health seeking behaviour of an individual. A study by Fatusi in 2004 observed that the level of education of a woman influences her health seeking behaviour in pregnancy and delivery. The study also observed that maternal mortality level is much higher among women with no education compared to women with secondary or higher levels of education [13]. Thaddeus and Maine identified lack of proper health education as a primary factor inhibiting access to quality healthcare [14]. In many instances the lack of proper health education deters the utilization of life saving services [15]. Oftentimes people who lack adequate formal education may become superstitious regarding where and how to seek cure for their conditions, especially reproductive health conditions. Onah et al. in their report opined that health education in Nigeria must be directed towards improvements in Nutrition (in other to reduce the incidence of anaemia in pregnancy), avoidance of harmful traditional practices, warning women about critical factors requiring transfer and utilization of family planning services. They believed that health education should target both low and medium income classes [16].

Our study revealed a very high demand and patronage of antenatal and child delivery services of TBAs. Majority (78.1%) of the respondents preferred the services of Traditional Birth attendants to that of modern healthcare facilities; this may be an indication that in relative terms, the percentage delivery in modern maternity facilities is low compared to deliveries at TBA facilities. While this is in agreement with previous studies in other Nigerian populations [13, 17-20], it contrasts with the situation in Latin America, East Asia and North America where percentage of delivery at modern health facilities have been reported as 64%, 93% and 100% respectively [21].

One of the reasons for high patronage of TBAs as identified in this study is the relatively low cost of TBAs services. The finding that cost is a major determinant of the choice of place of delivery is in consonance with a previous study by Imogie et al. in Edo, Nigeria in 2002 [22]. Imogie et al. observed that TBA centres are usually devoid of prohibitive hospital fees, illegal fees and bribery [22]. Murakami et al. in 2003 also identified cost as a major factor influencing the preference of TBAs services by rural women [23]. Lack of funds can be a significant barrier to the decision to seek proper medical care especially where the cost of proper healthcare is substantial. Sometimes pregnant women residing in rural areas are obliged to travel far distances to keep clinic appointments in hospitals. The cost of transportation for these women can be daunting. Furthermore, it has been observed that women often prefer TBAs because of their flexible mode of payments, sometimes delivering the woman free of charge or receive payments in kind [19].

We also identified proximity as a compelling factor influencing the patronage of TBAs. Omotore in his paper presented at the 6th African population conference in Burkina Faso stated that utilization of maternal health facilities decreases as the distance increases [24]. This corroborates the fact that distance from health facilities affects the utilization of health services in these facilities [24]. Many of our respondents justified their patronage of TBAs services with the claim that TBAs are more tender, loving and caring in the provision of maternity services which is in line with a similar study by Ebuechi et al. In their report they stated that TBAs receive a remarkable level of patronage from pregnant women because they are perceived to be more compassionate than modern health workers [25]. Pregnancy is a trying period in the life of a woman and thus the woman deserves total care, assistance, and love during this period. Promptness of care and friendliness of staff has been reported as a major factor affecting the choice of maternity care [16]. Long delays in initiating treatment tend to lead to maternal deaths [13, 16, 20]. In addition, the unfriendly and uncompromising attitude of health workers particularly in public health institutions often creates a considerable social and psychological distance between the population and the institution [26]. Thaddeus and Maine in 1991 opined that when patients are dissatisfied with services the reason is often as a result of institutional factors such as procedures performed, staff attitudes and long waiting times [14]. Patients may not be motivated to seek healthcare services from modern healthcare facilities if staff attitude is not positive or there are long waiting times.

Religion and traditional beliefs is another factor influencing the patronage of TBAs.

In our study 2.6% of the respondents claimed their religious and traditional beliefs support the patronage of TBAs. The services provided by TBAs appear to be culturally acceptable in many African countries. Studies have shown that on the average in Nigeria, urban population constitute 50% of total population and most Nigerians, irrespective of where they live, are strongly influenced by the cultural and traditional norms of their ethnic origin [27]. There is a distinct interplay between cultural beliefs about pregnancy, women’s expression of fear, and the ways they seek and use available maternity care services [28].

A systematic analysis of determinants of antenatal care use in developing countries identified cultural beliefs and perceptions about pregnancy as a principal factor [29]. Historically, Some African culture views pregnancy as a
potentially dangerous period that demands spiritual protection [28]. Therefore, care for pregnant women is considered to be multifaceted, involving the medical and also psychosocial, economic and spiritual support. A study in Ghana showed that care-seeking behaviour of pregnant women is largely mediated by socio-cultural influences that shape individual perceptions of threats to pregnancy [28]. In a bid to address social, cultural and spiritual concerns during pregnancy, contemporary Christian churches have provided a new avenue for many pregnant women to seek protection from the dangers they perceive from the natural and supernatural forces such as witches, wizards, and sorcerers. Many women choose to deliver at prayer homes rather than in health facilities [30]. Furthermore, TBAs are known to enjoy patronage due to their high sensitivity to socio-cultural norms together with a greater ability to incorporate psychosocial care into their services compared to modern health facilities [31].

TBAs usually are acquainted with the women and their families with whom they share their cultural ideas about how the birth has to be prepared for and performed. TBAs are believed to know the medicines and rituals which are used before, during and after deliveries [32].

Some of our respondents believed that TBAs have sufficient knowledge and skills to manage obstetric complications. According to them TBAs can handle complications by various methods such as: the use of spiritual powers, use of traditional medicinal plants etc. Pregnancy related complications are among the leading causes of death and disability among women in Nigeria. Common causes of maternal mortality in Nigeria is obstetric haemorrhage, hypertensive disease of pregnancy and eclampsia, obstructed labour, malaria, ruptured ectopic gestation, pulmonary and amniotic fluid embolism [33]. Most maternal death can be prevented if women have access to appropriate health care during pregnancy, childbirth and immediately afterwards. Although TBA-provided maternal health care has been reported to be affordable, accessible and more culturally acceptable as evidenced in its high patronage, studies have shown that many of their practices have adverse effects on the health of mothers [34]. In evaluating the cost-benefit importance of TBA-provided maternal health care, it is important to examine its impact on mothers and the children. A report in 1997 from Akwa Ibom, Nigeria posits that 72% of maternal mortality occurred among women who were either unregistered for hospital antenatal care or were registered but nevertheless attempted deliveries with TBAs [4]. The link between maternal mortality and TBA-provided maternal care has been investigated. Studies have revealed that TBA-provided maternal health care poses a risk to maternal and child health as it increases vulnerability of pregnant women and or their newly-born to infections [35].

TBAs lack sufficient knowledge in obstetrics and thus are not able to handle most potentially fatal complications during pregnancy and at delivery. A typical TBA is an illiterate and may lack the potential to recognize birth complications. Therefore, TBA-provided maternal health services are unsafe to the health of mothers and the babies. However, the training of TBAs can be employed as a strategy to improve maternal and child health care in developing countries where availability and access to proper health care is lacking. Although such training has not contributed directly to reduction in maternal mortality, it does appear to improve their effectiveness in other areas such as the reduction of neonatal tetanus, increasing the provision and use of antenatal care, and increasing referrals in case of complications [6].

5. Conclusion

The patronage of TBA services as observed in this study is high. Factors influencing the high patronage of TBAs as found in this study are proximity to patients; ready accessibility of traditional birth attendants; friendly, loving, and caring nature of TBAs in the provision of their services; low cost of TBAs services as well as religious and traditional beliefs. There is need for the various Governments to improve access to and reduce cost of maternity services. There is also need to adequately train TBAs, supervise their operations and possibly collaborate with them.

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Hygiene poor utilization of primary health care services in a rural Med.


