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Traditional Birth Attendance (TBAs) and health of women of child-bearing age in rural Areas of Ogoja Local Government Area, Nigeria.

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Abstract: Aim: This study assessed the relationship between Traditional Birth Attendance (TBAs) and health of women of child-bearing age in rural Areas of Ogoja Local Government Area, Nigeria.
Method: The survey research design was adopted in this study. the purposive and accidental random sampling techniques were adopted in selecting the 300 respondents sampled for the study from the population. A validated 12 items four-point modified Likert scale questionnaire was the instrument used for data collection. The face and content validity of the instrument was established by experts in Test and Measurement. The reliability estimates of 0.86 of the instruments were established using the test-retest method. Pearson's Product Moment Correlation statistical tool was used to test the hypotheses formulated for the study. The hypothesis was tested at a 0.05 level of significance.
Results: The results obtained from the data analysis revealed that there is a significant relationship between Traditional Birth Attendance (TBA) and health of women of child-bearing age in rural Areas of Ogoja Local Government Area, Nigeria.
Conclusion: The finding concludes that there is a significant relationship between Traditional Birth Attendance (TBA) and health of women of child-bearing age in rural Areas of Ogoja Local Government Area, Nigeria.
Recommendation: Based on the finding of the study it was recommended that It is important to train TBAs and provide them with the necessary resources to deliver appropriate services during pregnancy and labour in a holistic way, with much emphasis on the areas they find challenging such as cutting of the umbilical cord.

Keywords: Traditional Birth Attendance (TBA), Health of Women, Pregnancy, Labour, Nurses

INTRODUCTION

Pregnancy-related poor maternal health and maternal death remain major problems in most Nigerian states including Cross River State. The acute impact of these problems is borne more heavily by rural communities where most births take place at home unassisted or assisted by unskilled persons. These problems are due to a mixture of problem recognition and decision-making during obstetric emergencies leading to delayed actions. Every pregnancy faces risk, and prenatal screening cannot detect which pregnancy will develop complications. If the goal of reducing maternal morbidity/mortality is to be achieved, increasing the number of women receiving care from a skilled provider (doctor/nurse/midwife) during pregnancy, delivery, and post- delivery and prompt adequate care for obstetric complications has been identified as the single most important intervention.

Around the world the birth of a baby is a major reason for celebration and societies expect women to bear children and honour them for their role as mothers. Yet, pregnancy and childbirth is a very dangerous journey in most of the developing countries (Ransom & Yinger, 2018). Most Nigerian people (women) live in rural areas where the burden of reproductive ill health is higher while the issue of health-seeking behaviour of these women is one of the most neglected maternal mortality research activities in the country (Osubor, Fatusi&Chiwuzie, 2016).

According to the World Health Organization (WHO), thecurrent estimate ofmaternal mortality ratios is more than1000 per 100,000 live births in most African countries(WHO, 2018). In developing countries, specifically inSub-Saharan African, many women do not have accessto skilled personnel during childbirth (WHO, 2015). Thelack of skilled attendants is one of the major factorsresponsible for the rising maternal and infant mortality(WHO, 2018). Pregnancy and the events surrounding itare generally viewed as feminine issues exclusively forwomen and the outcome of pregnancies and theirsequelae are purely left to the providence of thesewomen especially in many rural communities (Nwakwuo, & Oshonwoh, 2018).

Nigeria, a country with more than160 million people has about 70% of its populationresiding in the rural areas. These areas lack the basicamenities of life, good road networks, portable drinkingwater, and adequate health facilities. The inadequacy ofhealth care facilities and services propagates theexistence of Traditional Birth Attendants (TBAs). A Traditional birth attendant (TBA), according to WHO is "a person who assists a mother during childbirth and who initially acquired her skills by delivering babies herself or through apprenticeship to other traditional birth attendants"Despite the existence of modern health facilities

inNigeria, over 58% of deliveries still take place at homewhereas only 37% take place in hospitals (United NationsChildren's Fund, 2001). It is estimated that between 60 to80% of all deliveries in developing countries occuroutside modern health care facilities, with a significantproportion of these attended by TBAs (Tsui, Wasserheit& Haaga, 2016).

In Ogoja Local Government Area of Cross River State, some TBAs place women in labour in a pounding mortar and when labour unduly delays, the woman is accused of concealing secrets such as infidelity and that labour will only progress after confession (Dorwie & Pacquiao, 2014). Traditional birth attendants also use herbal medicine to manage prolonged labour and retained placenta but when overwhelmed by complications they refer to health facilities (Vyagusa, Mubyazi, &Masatu, 2018). Some TBAs add spiritual practices to their care with the belief that pregnant women are susceptible to spiritual attacks that can hinder successful outcome (Dako-Gyeke, Aikins, Aryeetey, Mccough, & Adongo, 2013). In view of this, before childbirth TBAs offer prayers for effortless and safe birth. Some believe that a jerk of a right arm or eye is an indication of uncomplicated labour but complications are anticipated if the left was involved. For most cultures, placenta and other birth products are associated with rituals. For instance, in some cultures people believe that the placenta is buried, burnt or thrown into a river just after childbirth because contact with vaginal blood could cause ill health or premature death (Vallely, Homiehombo, Kelly-Hanku, Vallely, Homer, & Whittaker, 2015). However, there is fear that when the placenta is disposed of inappropriately, evil people can use it to harm the baby.

Governments of most of the 193 United Nations member States have made several efforts to achieve the Millennium Development Goals (MDG) of reducing child mortality and improving maternal health. Nigeria is not left out in these attempts, and has developed policies and programmes to address the problem of high burden of maternal and child health such as the Reproductive Health Policy which aimed to reduce maternal mortality by half by 2006 (Federal Ministry of Health, 2001), the Integrated Maternal, Newborn and Child Health Strategy of 2007 targeted at addressing 90% of causes of maternal deaths and the Midwives Service Scheme (MSS) which involved the recruitment, training and deployment of midwives at PHC level to perform Basic Emergency Obstetric Care signal functions in all States of the Nigerian Federation (National Primary Health Care Development Agency, 2010). Unfortunately, despite these efforts by government to provide maternal and childcare, Nigeria still ranks very high in maternal and child mortality making it needful to appraise the level of access to and utilization of the services provided by the people.

Despite efforts to reduce maternal and infant mortality, low- and middle-income countries like Nigeria where Ogoja is situated continue to report significant mortality rates, with some of the reasons being poor access to or low quality of professional care. Despite, there is few evidence of the practice of TBAs in urban areas, their roles in rural community health especially in developing nations can never be over emphasized. With the rising patronage of TBA services by pregnant women who also utilize modern maternity services, there is need to train, incorporate and equip TBAs with necessary assistance to practice and improve maternal and child health. Based on this background, this study assessed Traditional Birth Attendance (TBAs) and health of women of child-bearing age in rural Areas of Ogoja Local Government Area, Nigeria.

Purpose of the study:

The purpose of this study is to assess the relationship between Traditional Birth Attendance (TBAs) and health of women of child-bearing age in rural Areas and to ascertain the reasons why women patronize TBAs inOgoja Local Government Area, Nigeria.

Research questions:

1. What is the relationship between Traditional Birth Attendance (TBAs) and health of women of child-bearing age in rural Areas of Ogoja Local Government Area, Nigeria?
2. Why do women prefer to patronize TBAs rather than nurses in health care centres?

Statement of hypothesis:

The hypothesis states thus,
There is no significant relationship between Traditional Birth Attendance (TBA) and health of women of child-bearing age in rural Areas of Ogoja Local Government Area, Nigeria .

LITERATURE REVIEW

TBAs deliver many women in Nigeria as in other developing countries (Tsui, Wasserheit& Haaga, 2016). An EasternNigerian study showed that although 93% of rural womenregistered for prenatal care, 49% delivered at homeunder the care of TBAs (Imogie, 2018).Similarly, a study of 377 women who delivered beforearrival at the hospital in Ogbomosho, South-WesternNigeria revealed that 65% of the mothers had beendelivered by a TBA, while 73.7% had sought help fromthem for retained placenta with bleeding (Fajemilehin, 2019). In Chanchaga LGA of Niger State in North-CentralNigeria, 84% of households interviewed utilized theservices of a TBA or village health worker (Itina, 2017).The place of delivery is one of the determinants ofmaternal and child morbidity and mortality. With shortageof skilled birth attendants particularly, who are alsounevenly distributed geographically (United NationsChildren's Fund, 2018), Traditional Birth Attendants tendto fill in the gap (Inem, Kanu &Atere, 2018). Traditional birthattendants have also been shown to exist in urban areas (Itina, 2017).

Statistics have shown that approximately 630,000maternal deaths occur annually of which over 99%occurred in low- and middle-income countries, mostly Sub-Saharan Africa. Over half of thesedeaths occur at home without skilled care and are shown to concentrate around labour, delivery, and the immediate post-partum period. It suffices to note that up to two-thirdsof these deaths are preventable with low-cost, low-techcommunity-based interventions which extends pregnancythrough childbirth and could be handled by

communityhealth workers (Darmstadt et al.,2015). Skilled personnel plus an enabling environment toprovide essential obstetrics and neonatal care arenecessary to achieve a significant reduction in maternaland infant mortality (Ebuehi&Akintujoye, 2018).

Maternal mortality rate in Nigeria is estimated to beapproximately 630 deaths/100,000 live births in 2010;and the main causes identified includehaemorrhage, infection, obstructed labour and hypertension (Oshonwoh et al. 2016). Nigeria accounts for 40% of the global burden of vesico-vaginal fistula, which translates to an estimated800,000 women suffering from a condition arising from prolonged labour and complicated deliveries. Access in its various dimensions is a criticaldeterminant of maternal mortality. These dimensionsinclude physical access, cost, cultural factors andappropriate information which are significant in attaininggood maternal indices (Ahmed, Azad, Law, Black, Santosham, & Darmstadt, 2017).

The impact of TBAs practice on maternal outcomesremains inconclusive for years. Efforts to formalize therole of TBAs in maternal and neonatal health programshave had limited success. TBAs continued attendance athome deliveries suggests, however, their potential ininfluencing maternal and neonatal outcomes (Falle et al., 2019). Although, the assumptionthat training of TBAs would contribute greatly to reducematernal mortality has been disproved in recent years, interventions to prevent maternaldeaths are complex and many are feasiblefor a wide range of community health workers and also the TBAs (Campbell & Graham, 2016).
In recent years, there has been increasing debate overthe usefulness of TBAs in maternal health care. Opponents of TBA care are of the viewthat TBAs have done little to improve maternal health.They opine that TBAs have frustrated laudable effortsmade by governments in Sub-Saharan Africa to reducematernal mortality, while proponents have expressed theneed for a sustained partnership with TBAs as a strategyto improve access to basic maternity care in rural areasto achieve significant reductions in maternal mortality(Ebuehi&Akintujoye, 2019).Despite the World Health Organization's recommendationfor skilled attendance at delivery excludes TBAs (WHO,2014a), some studies have shown the role of TBAs inimproving the health outcomes of mothers and newborns.

About 30% (95% CI: 18 to 41%) significant reduction inperinatal mortality and 29% (95% CI: 17 to 43%)reduction in neonatal mortality in a cluster randomizedtrial conducted in Pakistan was associated with TBAspractice (Jokhio et al., 2015). Additional studies haveshown reduction in the incidence of postpartumcomplications and increased referralto health facilitieswith TBAs interventions. Also, astudy carried out in India on TBAs training in themanagement of pneumonia was shown to reduceneonatal pneumonia by 44% (Bang et al., 2014). This iscontrary to the joint declaration of WHO/UNFPA/UNICEFthat 'Training of TBAs alone, in the absence of back-upfrom a functioning referral system and support fromprofessionally trained health workers is not effective inreducing maternal mortality" and the assertion that "thereis no evidence that such training of TBAs alone leads toreductions in maternal mortality. Although TBAs canprovide culturally appropriate nurturing in the communitysetting, offer a first-line link with the formal healthcaresystem, and provide some simple services such as thedistribution of nutrition supplements" (World HealthOrganization, 2019).

MATERIALS AND METHODS

Experimental setting:

The study utilized a survey research design. According to Salaria (2012), a research design is used when the goal of a survey is to gather and evaluate information about the examined phenomena from a representative of the entire population with the hope of generalizing the findings to the entire population.

Participants/Sample:

The population for the study comprised of 2,437 childbearing women only in Ogoja Local Government Area of Cross River State, Nigeria. Purposive sampling was used to select 300 women for the study. The study used the accidental sampling approaching administering the research instrument on the respondents. That is to say, any woman seen at that point who is of childbearing age was given the questionnaire for data collection.

Instrumentation:

The instrument for data collection was a questionnaire titled, Traditional birth attendance and health practices questionnaire. The instrument contained 15 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 .86.

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 given in frequencies, percentages, tables, and inferential statistics because all hypotheses were evaluated using Pearson's Product Moment Correlation at 0.05 level of significance (i.e., 95% confidence interval). The raw scores of all the items in each variable were added together to reveal the outcome for each variable toanalyse the data.

RESULTS

Statistical tool for data analysis:

To answer the research questions addressed in this study, item-by-item analyses were used with the help of Statistical Package for Social Sciences (SPSS) version 25. The hypothesis was tested using the Pearson's Product Moment Correlation statistical tool.

RESULTS

TABLE 1: Personal data of respondents

Variable		Frequency	Percentage
Age	≤20 years	56	18.6
	21-30 years	103	34.3
	≥31 years	141	47.0
	Total	**300**	**100**
Educational level	No formal education	142	47.3
	First School Leaving certificate	54	18.0
	Senior Secondary Certificate	101	33.7
	Tertiary education	3	1.0
	Total	**300**	**100**
Marital status	Married	165	55.0
	Divorced	76	25.3
	Single	59	19.7
	Total	**300**	**100**
Respondents' opinion of the knowledge of TBAs?			
Have you heard of Traditional Birth Attendants?	Yes	172	57.3
	No	128	42.7
	Total	**300**	**100**
Do you patronize Traditional Birth Attendants?	Yes	181	60.3
	No	119	39.7
	Total	**300**	**100**
How often do you use the services of Traditional Birth Attendants?	Always	122	40.7
	Sometimes	69	23.0
	Not at all	109	36.3
	Total	**100**	**100**

Source: Field work (2023)

A closer look at the results' age distribution showed that, of the 300 respondents used in the study, 56 (18.6%) were 20 years old or younger, 103 (34.3%) were in the range of 21-30 years old, while141 (47.0%) were 31 years of age or older. Furthermore, the results of respondents' educational backgrounds showed that, of the 300 respondents, 142 (47.3%) have no formal education, 54 (18.0%) have completed their FSLC, 101 (33.3%) have completed their SSCE, and 3(1.0%) have completed their tertiary education.

When asked about their marital status, 165 (55.0%) agreed they are married, 76 (25.3%) agreed that they are divorced, while 59 (19.7%) agreed that they are single.In terms of the knowledge of Traditional Birth Attendants (TBAs), the results also showed that out of the 300 respondents used in the study 172 (57.3%) agreed that they have heard of Traditional Birth Attendants, 128(42.7%) disagreed that they have heard of Traditional Birth Attendants.Going forward, 181 (60.3%) agreed that they patronize Traditional Birth Attendants, 119(39.7%) disagreed that they patronize Traditional Birth Attendants. When asked about how often they use the services of TBAs, 122 (40.7%) agreed always, 69(23.0%) sometimes, while 109(36.3%) said not at all.

TABLE 2: Respondents opinion on the reasons for patronizing Traditional Birth Attendants

Variable		Frequency	Percentage
Services of TBAs are cheaper to pay for than nurses.	Yes	203	67.7
	No	97	32.3
	Total	**300**	**100**
There is no alternative	Yes	199	66.3
	No	101	33.7
	Total	**300**	**100**
TBAs are more efficient than nurses	Yes	165	55.0
	No	135	45.0
	Total	**300**	**100**
TBAs have standard facilities?	Yes	118	62.7
	No	112	37.3
	Total	**300**	**100**
TBAs are skilled?	Yes	181	60.3
	No	119	39.7
	Total	**300**	**100**
TBAs are hygienic?	Yes	122	40.7
	No	178	59.3
	Total	**100**	**100**

Source: Field work (2023)

In trying to know why women patronize Traditional Birth Attendants (TBAs), the results also showed that out of the 300 respondents used in the study 203 (67.7%) agreed that the services of TBAs are cheaper to pay for than nurses, 97(32.3%) disagreed that the services of TBAs are cheaper to pay for than nurses. Also, 199 (66.3%) agreed that there is no alternative while101(32.3%) disagreed that disagreed that there is no alternative.Furthermore, 165 (55.0%) agreed that TBAs are more efficient than nurses while 135(45.0%) disagreed that TBAs are more efficient than nurses. Again, 118 (62.7%) agreed that TBAs have standard facilities while 112(37.3%) disagreed that TBAs have standard facilities. Also, 181 (60.3%) agreed that TBAs are skilled while 119(39.7%) disagreed that TBAs are skilled. Finally, 122 (40.7%) agreed that TBAs are hygienic while 178(59.3%) disagreed that TBAs are hygienic.

Test of hypothesis:

This study is on the relationship between Traditional Birth Attendance (TBAs) and health of women of child-bearing age in rural Areas of Ogoja Local Government Area, Nigeria. The independent variable in this study is Traditional Birth Attendance practice while the dependent variable for this study is health of women of child-bearing age in rural Areas. The hypothesis states that there is no significant relationship between Traditional Birth Attendance (TBA) and health of women of child-bearing age in rural Areas of Ogoja Local Government Area, Nigeria. Pearson's product moment correlation was used for data analysis. The result is presented in Table 3.

The items used in measuring this hypothesis were derived from questionnaire items 1-5 of Section B and items 6-15 of section C. Pearson's Product Moment Correlation Coefficient Analysis test statistic was employed in testing the hypothesis for this study.

The result of the analysis in Table 3 revealed that Traditional Birth Attendance (TBAs) produced a mean score of 10.60 with a standard deviation of 2.11 while health of women of child-bearing age in rural Areas produced a mean score of 14.11 with a standard deviation of 1.55. The result further revealed that the calculated r-ratio of .027 obtained with a p-value of .000 at 298 degrees of freedom met the condition required for significance at.05 level. Based on this, the null hypothesis which stated that there is no significant relationship between Traditional Birth Attendance (TBA) and health of women of child-bearing age in rural Areas of Ogoja Local Government Area, Nigeria was rejected indicating that there is a significant relationship between Traditional Birth Attendance (TBA) and health of women of child-bearing age in rural Areas of Ogoja Local Government Area, Nigeria.

TABLE 3

Pearson's Product Moment Correlation Coefficient Analysis of the relationship between Traditional Birth Attendance (TBAs) practices and health of women of child-bearing age in rural Areas (N=300)

Variables:	x	S.D	r	P-value
Traditional Birth Attendance (TBAs) (x):	10.60	2.11	.027	.003
health of women (y):	14.11	1.55		

*Significant at 0.05 level; df= 298

DISSCUSSION OF THE FINDINGS

The finding of this study is in line with Darmstadt et al., (2015), that statistics have shown that approximately 630,000 maternal deaths occur annually of which over 99% occurred in low- and middle-income countries, mostly Sub-Saharan Africa. Over half of these deaths occur at home without skilled care and are shown to concentrate around labour, delivery, and the immediate post-partum period. It suffices to note that up to two-thirds of these deaths are preventable with low-cost, low-tech community-based interventions which extends pregnancy through childbirth and could be handled by community health workers. The findings of the study also supports Ebuehi and Akintujoye, (2018) that skilled personnel plus an enabling environment to provide essential obstetrics and neonatal care are necessary to achieve a significant reduction in maternal and infant mortality.

CONCLUSION

The finding concludes that there is a significant relationship between Traditional Birth Attendance (TBA) and health of women of child-bearing age in rural Areas of Ogoja Local Government Area, Nigeria. The concurrent use of spirituality, herbs and the opportunity of women to observe or practice their beliefs such as the disposal of placenta attracted women to TBAs' services and lack of income to go to hospitals contributes to this.

RECOMMENDATIONS

Based on the finding of the study, it was recommended that.

1. It is important to train TBAs and provide them with the necessary resources to deliver appropriate services during pregnancy and labour in a holistic way, with much emphasis on the areas they find challenging such as cutting of the umbilical cord.
2. A stronger collaboration with health professionals is also necessary to enhance their work.

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