

Factors Contributing to Increased Utilization of Traditional Birth Attendants Among Pregnant Women in Illah Community of Oshimili North Local Government Area, Delta State

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Abstract

The study was conducted on factors contributing to increased utilisation of traditional birth attendants among pregnant women in Illah community of Oshimili North Local Government Area of Delta State. A descriptive cross-sectional design was adopted for this study. Convenience sampling method was used to select 110 respondents in the nine quarters. A self-designed questionnaire was used for data collection. The research instrument was validated was validated by experts of Nursing Science and Tests & Measurement. Reliability of the instrument was tested using Cronbach's Alpha to determine internal consistency of the instrument. The value of 0.70 was gotten. Descriptive statistics was used to answer the research questions while inferential statistics of chi-square was used to test the hypotheses at 0.05 level of significance. The findings revealed that majority 83(75.5%) had good perception about TBA service utilization while 27(24.5%) had poor perception. Also, 70(63.6%) delivered in a healthcare facility, 25(22.7%) delivered with TBAs, 11(10.0%) delivered in religious centres while 4(3.6%) delivered at home. Regarding factors affecting utilization of TBA services, handling of spiritual attack was identified by respondents 95(86.4%) as the most important factor influencing their utilization

E.G.C.S.J

Accepted 5 April 2021
Published 15 April 2021
DOI: 10.5281/zenodo.5035550



of TBA service for delivery followed by cheaper cost which was identified by 82(74.5%) women. Results of hypotheses showed that there was no significant association between respondents' perception, as well as socio-demographic data and their utilization of TBA services for delivery. Also, no significant association existed between respondents' TBA service utilization and perceived factors affecting utilization of TBA services for delivery. It was recommended among others that government should regulate the activities of the TBAs and develop a framework that specify the roles and job descriptions of TBAs as well as instituting sanctions where necessary to prevent any attempt to practice outside their jurisdiction.

Keywords: Utilization, Traditional Birth Attendant, Pregnant Women,

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Introduction

Maternal mortality is higher in women living in rural areas and among poorer communities accounting for approximately 96 deaths per 1,000 live births, this is because women in rural communities do not have access to skilled care during pregnancy and at the point of child birth. Thus, such women rely on traditional birth attendants for care (WHO, 2015). Globally, it is estimated that about one in every four births (25.0%) occur without the assistance of a skilled birth attendant. In low and middle income countries, this figure translated into more than 40 million in 2015. Ninety percent (90.0%) of these happened in South Asia and sub-Saharan Africa (WHO, 2015). In Nigeria, 61% of pregnant women received ANC services, only 36% utilized Skilled Birth Attendance (Fagbamigbe & Idemudia, 2015).

Traditional birth attendants (TBAs) also known as traditional midwives provide the majority of primary maternity care in developing countries. They provide basic health care, support and advice during pregnancy and delivery based primarily on experience, knowledge and practices of communities where they live (WHO, 2017). TBAs do not receive formal medical training compared to other health professionals such as nurses, Obstetricians and Gynecologists. The deficiencies caused by lack of formal training make TBAs unable to recognize or manage complications of pregnancy and delivery. In fact, deliveries attended by untrained TBAs are risky for women and their babies. This is due to poor birth hygiene, harmful traditional practices, inability to handle complications during pregnancies and at the point of childbirth (Ofili & Okojie, 2015).

A study conducted in some African countries revealed that majority of deliveries take place at home (62%), and more than 56% deliveries are assisted by traditional birth attendants (TBAs) or relatives while medically trained personnel conduct only 42% of all births at homes and in facilities (Awotunde, 2017). Preferences of most pregnant women show that African women in the rural areas go for TBAs services to orthodox services due to several reasons. These reasons include economic and pragmatic reasons, distance to the nearest primary healthcare facilities, and lack of qualified healthcare personnel. Other reasons reported are the trust and influence of tradition which compel the women to confidently and readily turn to the TBAs for care. For example, some of the respondents claimed that TBAs shared the same culture with them and that they were long-serving members of the community and cannot do anything to harm them (Orya et al., 2017).

Ahmed et al., (2015) reported that pregnant women in rural areas have high (88.8%) knowledge of where to locate traditional birth attendants (TBAs) but a poor (51.1%) perception about their job competencies. Peculiar cases of TBA roles are antenatal services, handling 'routine' associated with childbirth, and capacity to diligently refer complicated pregnancies to the district hospital or local clinics. Where TBAs fail, the thrust to help and ensure safe motherhood is defeated (Ahmed, et al., 2015). Many authors have reported on the perceptions and use of TBAs in Nigeria among pregnant women to be very high.

This study aimed at evaluating the factors contributing to increase utilization of TBAs among women in Illah Community of Oshimili North Local Government Area of Delta State. The specific objectives for the study;

1. assessed women's choice of birth place in Illah Community;
2. identified the reasons for women's choice of the birth place;
3. identified factors contributing to the utilization of traditional birth attendants by pregnant women

Research Questions

The following research questions were raised for this study;

1. What is the choice of birth place for women in Illah Community?
2. What are the reasons for women's choice of these birth places?
3. What factors influence the use of traditional birth attendance by pregnant women?

Research Hypotheses

The null hypotheses below were postulated for this study;

1. There is no significant association between women perception and their utilization of TBA services for delivery.
2. There is no significant association between perceived factors and women's utilization of TBA services for delivery

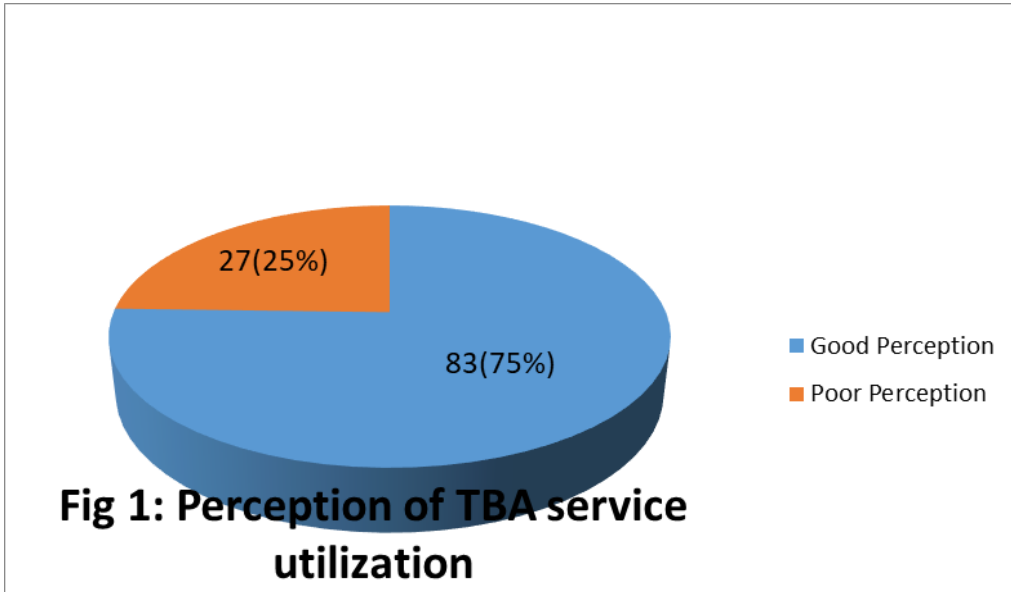
Methodology

The study adopted a descriptive cross-sectional research design to assess factors contributing to increase utilization of traditional birth attendants among pregnant women in Illah Community of Oshimili North Local Government Area, Delta State. The population for the study are pregnant women from the nine quarters of Illah community who utilize antenatal service in a month is 140 women. The sample for the study consisted of 110 pregnant women selected via convenience sampling procedure. A self-structured questionnaire was used to elicit information from the respondents. Section A consisted of items that elicited information on the socio-demographic characteristics of the pregnant women which are six (6) items. Section B consisted 4 items on questions on choice of birth place, Section C has three items which consist of questions to find the reasons for women's choice of the birth places. Section D consisted 7 items that elicited information on women's use of birth attendants during delivery.

The face and content validity of the instrument was validated by experts of Nursing Science and Tests & Measurement. The questionnaire was structured in a way that enabled respondents to select from the options provided. Reliability of the instrument was tested by using Cronbach's Alpha to determine internal consistency of the instrument. The value of 0.70 was obtained. Data for this study were collected and analysed using descriptive and inferential statistics. Descriptive statistics (frequency distribution table, percentages, mean and standard deviation) was used to answer the research questions. Chi-square was used to test all the hypotheses. All the hypotheses were tested at 0.05 level of significance.

Results

Research question 1: What is the perception of women towards TBA service utilization for delivery?



The pie chart above showed how women perceive TBA service utilization for delivery. Overall, it revealed that majority have good perception about TBA service utilization. The finding showed that 83(75.5%) had good perception about TBA service utilization while 27(24.5%) had poor perception.

Research question 2: What proportion of women utilized TBA services for their delivery?

Table 1: Proportion of respondents utilizing TBA delivery services n = 110

Items	Frequency	Percentage
Preferred choice facility for delivery		
Health care facility	71	64.5
TBA	28	25.5
Religious/spiritual house	7	6.4
Home	4	3.6
Place of delivery of last baby		
Health care facility	70	63.6
TBA	25	22.7
Religious centre	11	10.0
Home	4	3.6
Ever delivered at TBA before		
Yes	25	22.7
No	85	77.3

The table above shows the number of women who utilized TBA service for their delivery. It can be seen that majority preferred health care facility as choice facility for delivery and had the delivery of their baby there. Regarding women’s preferred choice facility for delivery, majority 71(64.5%) preferred health care facility. However, 28(25.5%) preferred TBA while 7(6.4%) preferred religious/spiritual houses. Only about 4(3.6%) preferred to have their delivery at home. With respect to place of delivery of last baby, 70(63.6%)

delivered in a healthcare facility, 25(22.7%) delivered with TBAs, 11(10.0%) delivered in religious centres while 4(3.6%) delivered at home.

Interestingly, a significant proportion of women 85(77.3%) indicated they have never delivered using the services of TBA before while 25(22.7%) said they have.

Research question 3: What are the perceived factors affecting women's utilization of TBA for delivery?

Table 2: Perceived factors affecting respondents' utilization of TBA services for delivery n = 110

Items	Agreed	Disagreed
	Frequency (%)	Frequency (%)
Cheaper cost	82(74.5)	28(25.5)
More culturally acceptable	47(42.7)	63(57.3)
Proximity to residence	43(39.1)	67(60.9)
TBAs have more caring attitude than orthodox health workers	45(40.9)	65(59.1)
My only option	13(11.8)	97(88.2)
Handle spiritual attack	95(86.4)	15(13.6)
Labour started at night	2(1.8)	108(98.2)
Always available	3(2.7)	107(97.3)
Give traditional medicine which I know is more potent	7(6.4)	103(93.6)

The table shows the factors identified by respondents that affect utilization of TBA services for delivery. It can be seen the most identified factor is because the TBAs handle spiritual attacks followed by cheaper cost of service. Findings showed that handling of spiritual attack was identified by respondents 95(86.4%) as the most important factor influencing their utilization of TBA service for delivery followed by cheaper cost which was identified by 82(74.5%) women. Other factors include; TBA is more culturally acceptable 47(42.7%), are more caring attitude than orthodox health workers and the proximity of TBA's residence to the respondents' home. Factors with approximately 10% influence include only option, give traditional medicine which respondent know is more potent, always available and labour stating at night.

Test of Hypotheses

Hypothesis 1: There is no significant association between women perception and their utilization of TBA services for delivery.

Table 3: Respondents' TBA service utilization versus level of perception n = 110

Variables	TBA service utilization (%)		Total (%)	Statistics	Remarks
	Yes	No			
Level of perception					
Poor	7(6.4)	20(18.2)	27(24.6)	X ² = 0.21	Not
Good	18(16.4)	65(59.1)	83(75.5)	DF = 1	Significant
Total (%)	9(14.5)	17(27.4)	110(100)	P = 0.79	

Fishers exact X² = chi-square

DF = degree of freedom

P = p-value

From the result presented in table 3, the null hypothesis of no significant association is accepted, this is because the X^2 calculated (0.21) yielded a p-value of 0.79 which is greater than 0.05. This shows that there was no significant association between respondents' perception and their utilization of TBA services for delivery.

Hypothesis 2: There is no significant association between perceived factors and women's utilization of TBA services for delivery.

Table 4: Respondents' TBA service utilization versus perceived factors n = 110

Variables	TBA service utilization (%)		Total (%)	Statistics	Remarks
	Yes	No			
Cheaper cost					
Agreed	19(17.3)	63(57.3)	82(74.5)	$X^2= 0.04$	Not significant
Disagreed	6(5.5)	22(20.0)	28(25.5)	DF = 1	
Total (%)	25(22.7)	85(77.3)	110(100)	P = 1.00	
More culturally acceptable					
Agreed	12(10.9)	35(31.8)	47(42.7)	$X^2= 0.37$	Not significant
Disagreed	13(11.8)	50(45.5)	63(57.3)	DF = 1	
Total (%)	25(22.7)	85(77.3)	110(100)	P = 0.65	
Proximity to residence					
Agreed	12(10.9)	31(28.2)	43(39.1)	$X^2= 1.08$	Not significant
Disagreed	13(11.8)	54(49.1)	67(60.9)	DF = 1	
Total (%)	25(22.7)	85(77.3)	110(100)	P = 0.35	
TBAs have more caring attitude than orthodox health workers					
Agreed	7(6.4)	38(34.5)	45(40.9)	$X^2= 2.23$	Not significant
Disagreed	18(16.4)	47(42.7)	65(59.1)	DF = 1	
Total (%)	25(22.7)	85(77.3)	110(100)	P = 0.17	
My only option					
Agreed	5(4.5)	8(7.3)	13(11.8)	$X^2= 2.08$	Not significant
Disagreed	20(18.2)	77(70.0)	97(88.2)	DF = 1	
Total (%)	25(22.7)	85(77.3)	110(100)	P = 0.12	
Handle spiritual attack					
Agreed	22(20.0)	73(66.4)	95(86.4)	$X^2= 0.07$	Not significant
Disagreed	3(2.7)	12(10.9)	15(13.6)	DF = 1	
Total (%)	25(22.7)	85(77.3)	110(100)	P = 1.00	
Labour started at night					
Agreed	0(0.0)	2(1.8)	2(1.8)	$X^2= 0.60$	Not significant
Disagreed	25(22.7)	83(75.5)	108(98.2)	DF = 1	
Total (%)	25(22.7)	85(77.3)	110(100)	P = 1.00	

Always available					
Agreed	0(0.0)	3(2.7)	3(2.7)	X ² = 0.91	Not significant
Disagreed	25(22.7)	82(74.5)	107(97.3)	DF = 1	
Total (%)	25(22.7)	85(77.3)	110(100)	P = 1.00	
Give traditional medicine which I know is more potent					
Agreed	2(1.8)	5(4.5)	7(6.4)	X ² = 0.15	Not significant
Disagreed	23(20.9)	80(72.7)	103(93.6)	DF = 1	
Total (%)	25(22.7)	85(77.3)	110(100)	P = 0.66	

X² = Fishers exact test

DF = degree of freedom

P = p-value

From the result presented in table 5, the null hypothesis of no significant association is accepted for all variables. This is because the X² calculated yielded p-values greater than 0.05 for each variable. This shows that no significant association exists between respondents' TBA service utilization and perceived factors affecting utilization of TBA services for delivery.

Discussion

The finding of the study showed that over two third of the women had good perception about TBA service utilization while less than one third had poor perception. This may be attributed to the level of education of the respondents with majority having secondary and tertiary education. This finding is in deviant from the results of other studies. For example, Amutah et al., (2017) found a high (88%) knowledge of TBAs but a poor (5.1%) perception about their practices.

Findings revealed that only 22.7% women have in their lifetime utilized TBA services for delivery. However, a significant proportion of women accounting for 77.3% indicated they have never delivered using the services of TBA before. A similar trend was seen when women were asked to indicate the place of delivery of last baby, with approximately two third indicating they delivered in a healthcare facility, 22.7% delivered with TBAs, 10.0% delivered in religious centres while as low as 3.6% delivered at home. This finding is not surprising as majority of the women's preferred choice facility for delivery was health care facility. Only about 25.5% of the women preferred TBA service for delivery. This is similar to the study conducted by study by Ogunyomi and Ndikom (2016) on perceived factors influencing the utilization of traditional birth attendant's services in Akinyele Local Government Ibadan, Nigeria where findings revealed that 55.4% have ever utilized the TBA.

However, a contrary finding was reported by Sibley & Sipe (2016) in Akwa Ibom, Southern Nigeria where a high patronage was reported with 76.5% of respondents reporting that they patronized the antenatal and child delivery services of traditional birth attendants always and 78.1% of respondents preferred the maternity services provided at traditional birth homes to that provided at modern health care facilities.

Findings from this study showed that over 70% of the respondents identified ability of TBAs to handle spiritual attack and cheaper cost of their services as major TBA service for delivery. Other factors include; TBA is more culturally acceptable 47(42.7%), are more caring attitude than orthodox health workers and the proximity of TBA's residence to the respondents' home. Factors with approximately 10% influence include only option, give traditional medicine which respondent know is more potent, always available and labour stating at night. This agrees with the study of Ofili and Okojie (2015) that revealed factors influencing the high patronage of traditional birth attendants as 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. In a similar study by Awotunde (2017) conducted in Ogbomoso; Findings revealed the factors found to have a significant influence on the utilization of TBA services in the study include, low educational status ($p < 0.001$), and compassionate care given by the TBAs ($p = 0.004$) other factors include service proximity and lower cost of TBA services.

Result of the study revealed that no significant association exists between respondents' TBA service utilization and perceived factors affecting utilization of TBA services for delivery. This finding is contrary to the result of study conducted by Ogunyomi and Ndikom (2016) on perceived factors influencing the utilization of traditional birth attendants' services in Akinyele Local Government Ibadan, Nigeria. Significant reasons for patronizing of TBAs by the women were user friendly ($p = 0.012$), readily accessible ($p = 0.000$) and their belief in them ($p = 0.000$), poverty ($p = 0.988$) and educational level ($p = 0.133$) were not found to be statistically significant in this study.

Conclusion

In conclusion, the study revealed that majority of the respondents has good perception about TBA service for delivery and only about 22.7% had their last baby delivered with TBAs. Factors identified as affecting utilization of TBA services for delivery include believe that TBAs handle spiritual attack, cheaper cost of their services, TBA is more culturally acceptable, are more caring attitude than orthodox health workers and the proximity of TBA's residence to the respondents' home. Other minor factors are; TBA is the only option, give traditional medicine which respondent know is more potent, always available and labour stating at night.

Result of hypotheses showed that there was no significant association between respondents' perception, socio-demographic data and their utilization of TBA services for delivery. Also, no significant association exists between respondents' TBA service utilization and perceived factors affecting utilization of TBA services for delivery.

Recommendations

1. Effort should be made by healthcare providers and policy makers to ensure that our modern health care services for mothers are more accessible, user friendly with culturally sensitive care.
2. Nurses should advocate for and encourage government to subsidize fee for pregnant women especially during delivery.
3. Government should regulate the activities of the TBAs and develop a framework that specify the roles and job descriptions of TBAs as well as instituting sanctions where necessary to prevent any attempt to practice outside their jurisdiction.
4. Incentives should be provided to TBAs in order to serve as motivation for them to comply with government policies.

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Cite this article:

Author(s), OPE-BABADELE, O.O. (RN, M.Sc.), OJO, E.A. (RN, MSC), GBADAMOSI, O. (RN, MSC), KONYEME, N.D. (RN, BNSC), (2021). "Factors Contributing to Increased Utilization of Traditional Birth Attendants Among Pregnant Women in Illah Community of Oshimili North Local Government Area, Delta State". **Name of the Journal:** Euro Global Contemporary Studies Journal, (EGCSJ.COM), P, 27- 37. **DOI:** <http://doi.org/10.5281/zenodo.5035550> , Issue: 1, Vol.: 1, Article: 3, Month: April, Year: 2021. Retrieved from <https://www.ijarbas.com/all-issues/>

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