

Overview of Traditional Birth Attendance in Nigeria

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ABSTRACT: *Traditional Birth Attendance (TBA) has played a significant role in maternal healthcare in Nigeria for centuries. This paper provides an overview of Traditional Birth Attendance practices in Nigeria, exploring the conceptual analysis, determinants of traditional birth attendance usage, mothers' reasons for Choosing TBAs for delivery services, and integration into the Health Care System. The paper highlights the essential role of TBAs in preserving cultural heritage, community support, and local knowledge related to childbirth. However, it also identifies numerous challenges associated with TBA practices, including inadequate training, limited medical knowledge, unhygienic birthing conditions, and the potential risks of complications during childbirth. In conclusion, this overview sheds light on the complex landscape of Traditional Birth Attendance in Nigeria. The coexistence of traditional practices and modern healthcare systems presents unique challenges and opportunities. A balanced approach that respects cultural traditions, while prioritizing safe and skilled birth attendance, holds the potential to enhance maternal and child health outcomes in Nigeria. Further research and collaborative efforts are needed to create an integrated and comprehensive healthcare system that caters to the diverse needs of the Nigerian population.*

KEYWORDS: Overview, Traditional Birth Attendance, Nigeria

INTRODUCTION

Throughout history, there have been a number of women who have given birth in their own homes. These births are typically accompanied by a member of the lady's family or by a woman who lives in the community and has prior experience aiding with labour. Even before the introduction of specialised nurses, midwives, and physicians, as well as organised systems of medical treatment, these community women aided in giving the vast majority of delivery care all over the world. They are commonly referred to as traditional birth attendants, or TBAs for short. At the moment, TBAs

do not often have any kind of professional training, and the medical authorities do not recognise them as legitimate medical practitioners (Ibrahim & Adeleke 2021). Although the percentage of women giving birth within the formal healthcare system has improved over the past few years, it is estimated that in 2016, 22 percent of expectant women throughout the world gave birth with the assistance of a TBA, outside of the traditional healthcare system. According to Oladele & Oluwafemi (2019), there are still areas of the country where more than half of all women get prenatal care and birth with TBAs.

In poor nations, the bulk of primary maternity care is delivered by traditional birth attendants (TBAs), often known as traditional midwives. They offer fundamental medical treatment, emotional support, and professional guidance to expectant mothers and new mothers throughout the whole process of pregnancy and childbirth (WHO, 2017). When compared to other health professionals such as nurses, obstetricians, and gynaecologists, TBAs do not undergo the same level of official medical training. TBAs are unable to recognise or properly handle difficulties of pregnancy and delivery as a result of the shortcomings created by a lack of professional training. In point of fact, mothers and their newborns are put in harm's way when unskilled TBAs assist to their births. According to Adebayo and Okonkwo (2019), this is as a result of inadequate birth hygiene, dangerous traditional practises, and an inability to treat difficulties both throughout pregnancy and at the time of childbirth.

According to the findings of a study that was carried out in several African nations, the majority of births take place at home (62%), and more than 56% of births are assisted by traditional birth attendants (TBAs) or relatives, whereas medically trained personnel conduct only 42% of all births at homes and in facilities (Okoye & Adedokun, 2021). According to Oladele & Ibe (2020), women in rural regions prefer traditional birth attendants, or TBAs, over orthodox birth attendants for a number of reasons. These factors include the distance to the nearest primary healthcare facility, the absence of skilled healthcare workers, economic and pragmatic considerations, and the availability of healthcare services. The faith that the women have in the TBAs, as well as the impact that tradition has had on their decision to seek treatment from them, are two more factors that have been cited. For instance, some of the respondents asserted that TBAs shared the same culture as them and that because they had been active members of the community for a significant amount of time, TBAs could not do anything to cause them damage (Akinola & Alabi., 2019).

According to Ahmed and Akinyemi (2021), pregnant women living in rural regions have a great awareness of where to find traditional birth attendants (TBAs) (88.8%), but a bad impression of their work abilities (51.1%). Antenatal care, the management of 'routine' linked with birthing, and the competence to rigorously send difficult pregnancies to the district hospital or local clinics are a few examples of the peculiar circumstances in which TBA duties are played. Ahmed and Akinyemi (2021) added that in areas where TBAs are ineffective, efforts to support and guarantee safe motherhood are thwarted. The views of and usage of TBAs among pregnant women in Nigeria has been reported to be extremely high by a number of writers as being very high.

According to the World Health Organisation (WHO), a Traditional Birth Attendant (TBA) is a person who helps a pregnant woman while she is giving birth and who first obtained her abilities by delivering infants herself or by serving as an apprentice to other traditional birth attendants (Adebayo & Okonkwo, 2019). TBAs assist pregnant women throughout childbirth.

Traditional birth attendants, often known as TBAs, are responsible for 60–80% of all births that take place in rural areas of developing nations. Long connected with aspects like as cultural norms and religious beliefs, cost, and accessibility of services, home births that are monitored by TBAs have been increasingly popular in recent years. For instance, in Sub-Saharan Africa, where there is a scarcity of medical experts for maternal health services, women are forced to patronise TBAs in order to receive maternity care (Ibrahim & Adeleke 2021). In most areas of the nation, however, traditional birth attendants (TBAs) are far more accessible and cost-effective than skilled birth attendants (SBAs). Traditional birth attendants often consist of middle-aged or older women and have a high level of respect for their work as midwives in rural areas (Okonye & Adalaku 2021).

Determinants of Traditional Birth Attendance Usage

The literature has provided insight into the factors that influence the use of traditional birth attendants from a variety of scholars. According to Olonade et al. (2019), investigations that were carried out in a few African nations revealed that the majority of pregnant women still choose the services of TBAs over the services of orthodox providers for a variety of reasons. Some of these reasons include economic and pragmatic considerations, expensive costs that are made worse by the poor economic standing of the inhabitants of the community, and humiliation on the part of those who offer medical treatment. The trust and tradition that the TBAs uphold was another factor that was taken into consideration. Some of the respondents asserted that TBAs were long-standing members of the community who shared their culture with them. They also indicated that TBAs had been there for quite some time. In addition, one of the difficulties that were brought up was the difficulty in gaining access to medical staff, as well as the social gap that existed between the community and the village midwife. poorer educational status, poorer socioeconomic position, and more compassionate care provided by TBAs were shown to be associated with the study's conclusions. It was shown that respondents with an education level equivalent to or lower than secondary school were 50% more likely to use TBA services only compared to respondents with a higher level of education.

Oladele & Ibe (2020) submitted their findings that rural women were aware of the benefits that come with giving birth in traditional health care institutions with skilled personnel. Only approximately 27% of rural women who were questioned had intended to give birth at home, yet over 70% of rural women ultimately had their babies delivered at home by traditional birth attendants (TBAs). This tendency among women to give birth with the assistance of TBAs, despite their original intention to give birth in a hospital, was due to personal restrictions that prevented them from getting to their preferred sites of delivery. Up to 75% of those questioned stated that

they did not have sufficient time to visit hospitals, while 30% of those questioned claimed that this was due to a lack of transportation.

On the other hand, Sulayman and Adaji (2019) found that the features of the health delivery system, such as the accessibility, quality, and cost of the services, had an effect on the utilisation of the health services. However, even in situations when there is a sufficient supply of services, there is no guarantee that all of those services will be utilised. Even when they are presented with the identical availability conditions, certain women are more inclined to make advantage of the services than others. Therefore, a health care delivery system is not the only component that plays a role in determining the extent of one's utilisation of various medical services. The use of health care services is also influenced by a variety of other factors, such as the features and structure of the social environment (Yusuf & Adegoke 2018). A number of studies highlight the importance of variables such as cultural views, socio-demographic characteristics, economic situations, and physical and financial accessibility as major drivers of the use of maternal health care services.

It is well known that parental education, and particularly the education of the mother, plays a significant effect in the decision to make use of skilled aid during delivery. There is clear evidence of a correlation between the education level of women and their utilisation of maternal health care services. According to a study conducted by Oladele and Ibe (2020), a mother's level of education was found to be an independent factor in influencing whether or not she chooses to give birth under skilled supervision. A research carried out in India found that the education level of the husband was a key factor in determining whether or not an SBA was utilised during the birth of the baby. Families with higher levels of education have more access to resources, which allows them to have a more comprehensive understanding of the most recent developments in the medical field. In turn, this may motivate families with higher levels of education to seek appropriate medical treatment whenever they believe it to be essential. Parental education is a predisposing factor in influencing the choice of facility for delivery with skilled attendants, according to a study of analysis of choice of delivery site conducted by Okechuckwu and Ibe (2021). This was found in the authors' research of analysis of choice of delivery location. In addition, a woman's age is a significant element that may play a role in determining whether or not she makes use of maternal health care services. Studies have produced conflicting results about whether or not there is a correlation between the age of a woman and her use of medical services. It's possible that younger women, who have had more experience with and are more knowledgeable about modern health care, are more likely to utilise the modern health care facilities than older women. Several studies have found that elderly women had a lower likelihood of receiving skilled support during childbirth. However, a woman's age may serve as a surrogate for the woman's acquired knowledge of the many health care options available. In addition, as they become older, women get more wisdom and experience. As a result, elderly women can have a greater need for medical attention than their younger counterparts. According to the findings of a study conducted in Bangladesh, the age of the mother appears to have a U-shaped association with the use of skilled help.

In a similar vein, some researchers (Olonade et al., 2019; Oladele and Oluwafemi 2019; Ibrahim & Adeleke 2021) suggest that a higher birth order is inversely associated with the utilisation of maternal health care services. According to a research conducted in India, mothers who have more than two children are statistically less likely to give birth in a hospital or other medical facility. A research that was conducted in Nigeria found that mothers who have three or more children are less likely to utilise SBAs when they are giving birth. Women who are delivering their first child are substantially more likely to need professional delivery support from skilled individuals than women in the higher birth order, according to a study of the 1993 Turkish Demographic Health Survey. The idea that there is a greater chance of complications during the first pregnancy may be one reason why first-time mothers are more likely to request skilled help during labour and delivery than mothers of children born in higher birth orders. It is generally known that a woman's place of living is one of the factors that might influence the health care services that she utilises. Women who are pregnant and reside in metropolitan regions have a higher chance of giving birth with the aid of a skilled medical professional. According to the findings of a comprehensive study on disparities in the utilisation of maternal health care in developing countries, urban women are more likely than rural women to give birth with the support of skilled medical staff.

Similarly, a research conducted found that the percentage of urban women who use SBAs was significantly greater than the percentage of rural women who used them (Yusuf & Ahmed 2021). Similarly, a nationwide study conducted found that rural women are more likely to give birth at home than to urban women (Yusuf & Adegoke 2018). Similarly, urban women are less likely to give birth at home. Women who live in cities typically have higher levels of education than women who live in rural areas, which broadens their awareness about the advantages of contemporary health care facilities. In light of this, urban women utilise a greater number of health care facilities in comparison to their rural counterparts. In addition to simply employing qualitative research methods, this study only performed a cursory examination of rural areas, as indicated in it is proposed in their conclusion.

Data for the study were gathered between December 2016 and February 2017 by Sulayman and Adaji (2019) as part of their qualitative cross-sectional study. The study was conducted in Bangladesh. To investigate the subject of why women and their families prefer home delivery by TBA and to discover the characteristics linked with this practise in the local community, key questions were asked of each and every participant in the study. According to the findings of the survey, most pregnant women continue to favour having their babies delivered at home by TBAs. The most common justification given for choosing home delivery vs going to a TBA is financial constraints. Other key causes include traditional perspectives, religious misconceptions, bad road conditions, limited access for women to decision-making within the family, and a lack of transportation to reach the nearest health institution.

According to the hypothesis presented by Adewale and Ogunlade (2020) in their study, war within a nation is another factor that contributes to the utilisation of Traditional Birth Attendants.

According to their findings, nations that had recently been involved in an armed war had much lower rates of skilled birth attendance and significantly higher rates of infant death. It was concluded that nations that have been recently involved in armed conflict have a tendency to have greater rates of maternal mortality and fertility (Akinola & Alabi 2019). This has been partially linked to reduced human resources for health in such settings, which has been related to the harsh living and working conditions, which tend to discourage the recruitment and retention of health workers. As a direct consequence of this trend, a significant number of expectant mothers are giving birth on their own without the assistance of a skilled birth attendant, such as a nurse, midwife, or physician. Because of this, traditional birth attendants (also known as TBAs) have been the primary point of contact for a significant number of pregnant women in some war zones. TBAs provide support to these women throughout their pregnancies, births, and postpartum periods. They discovered that traditional birth attendants (TBAs) have been key roles in childbirth in Burundi and northern Uganda, particularly throughout the period of time when health has been upgraded to avoid HIV/AIDS. The research was carried out using exclusively qualitative methods, which created a gap that could have been filled using quantitative methods instead, given that quantitative methods provide for more questioning space than face-to-face interviews do.

Despite the provision of health facilities and other commendable free initiatives, Akinola and Alabi, (2019) found that some pregnant women in particular areas preferred to engage traditional birth attendants and have their babies at home. This was the case even if the health facilities were available. The fees charged by TBAs, in contrast to those charged by midwives, are relatively low-cost and accessible, which is one of the reasons that clients choose to work with them rather than midwives. In addition, the adaptability of their method of payment to the TBAs makes it more easy; in fact, they were even given the opportunity to pay the TBAs in installments in order to alleviate the strain and anxiety they were experiencing. They do not need to worry about paying for transportation to the medical facility in order to give birth because the TBA will be there for them. The hassle of having to leave the house in order to hunt for someone to accompany the individual to the centre is no longer an issue. Women who have a low level of education have a reduced capacity to seek out the health care providers that are most suited to their needs. Despite the fact that many free medical initiatives are available for usage, it might be challenging to get access to them because of the widespread publicity they receive ignorance of the accessibility of the services that are made available for their use. Even when they are made aware of the fact that the services offered at the health facilities are intended for them, many people believe that they are being misled by the information. Some women have the misconception that giving birth is a natural process similar to working out rather than something that requires the assistance of a medical professional.

A lack of understanding about symptoms that require medical care and attention can lead to delays in recognising and treating serious issues, which can contribute to the death of a pregnant woman. Even though there is a significant danger involved, pregnant women continue to have faith in the efficacy of the native medicines, mixtures, and prayers that are provided to them by TBAs before

and throughout the delivery process. Because traditional birth attendants are so eager to pray for expectant moms, one of them suggested that pregnant ladies should seek sanctuary with traditional birth attendants. Traditional birth attendants have always been sought out by expectant women because of the high level of socio-cultural trust associated with them. Because the TBAs are members of the community, they are fluent in the local language, live in the same community, and share the same beliefs and culture. All of these factors have contributed to the TBAs' capacity to establish a sense of trust in the community.

TBAs are regarded as having a much deeper relationship with the community, and the people of the community have behaved towards them in a respectful manner. They have a greater psychological reliance on the TBAs. The socio-cultural traditions of the family members, particularly the more senior members, played a role in both their usage of TBAs and their perceptions of what those TBAs meant to them. It would be tough for them to resist the pressure since it has been a long-standing custom in the community to use the services of TBAs. Their older or senior members would push the younger ones to go to the TBAs out of experience, and it would be difficult for them to do so. According to Akinola & Alabi (2019), the majority of women think that giving birth is a normal part of a woman's life and that it can be safely managed by a TBA. As a result, home birth is favoured unless in cases when difficulties arise. Other factors include the inaccessibility of health care services owing to their physical distance, which is especially problematic in areas with poor roads and little seating. They may be willing to go to a health facility at times, but when they consider the distance, the cost of transportation, and whether or not they would see any person on duty there, they relax and alter their mind about going to the TBAs rather than the health centre. According to Oladele & Ibe (2020), TBAs are easily available in both the economic and physical realms of the communities.

Research carried performed up till June according to Adewale and Ogunlade (2020), some moms prefer the TBAs because of the flexibility of the payments, the opportunity to make payments in kind, accessibility at odd hours, the TBAs' ability to communicate in the local vernacular, and the TBAs' compassionate and empathic disposition towards their customers. For the remaining 21%, the decision was made for cultural grounds, namely to prevent any instances of male birth attendants being discovered at the facilities. Others, on the other hand, were seen to avoid going to government institutions out of dread of the PMTCT program's obligatory HIV testing that was performed on them. According to the findings of another study conducted by Obi and Adekunle (2022), Kenyan women have historically given birth in their own houses. In this society that is predominantly rural, giving birth is an event that is not only significant for the mother and her extended family, but also for the entire community as a whole.

A group of more experienced women provides emotional and physical support to a pregnant lady. She is looked after by someone who is now known as a traditional birth attendant (often abbreviated TBA). Even though their worth has been called into question on occasion, traditional birth attendants continue to play an essential part in the delivery process for the vast majority of

women living in rural African communities. In a continent with an unemployment rate of forty percent, a weak economy, and widespread poverty, medical treatment is sometimes pricey or simply unavailable. This is another reason why many women in rural African communities resort to traditional birth attendants (TBAs) for support in labour and birth at home.

Mothers' Reasons for Choosing TBAs for Delivery Services

Adebayo and Okonkwo (2019) in their study submitted that some highly skilled traditional birth attendants worked closely with midwives. Traditional birth attendants are not present at birth deliveries very often these days, despite the fact that a sizeable number of people in the community once approached them for assistance in finding birth attendants. The people who live in the community believe that these traditional birth attendants exude charm and possess some sort of magical ability. It is common practise for traditional birth attendants to take part in various cultural rites. Traditional birth attendants are sometimes sought out by people of the community in order to receive advise. In families with many generations living under one roof, the pregnant woman's mother or grandmother often made the decision on who would attend the birth. In households with fewer members, the labouring mother would make the option of the birth attendant on her own.

In an exploratory study done by Oladele and Ibe (2020), the participants in the focus group discussions (FGDs) were moms who had given birth within the previous year as well as expectant women. According to the results of the study, socio-cultural issues, as well as a phobia of health facilities, birthing, the form of labour, the absence of antenatal care (ANC) throughout pregnancy, the absence of a health facility, lack of birthing experience, inadequate knowledge, and poor early care-seeking behaviour were the primary contributors. There are also other barriers, such as a poor level of service, an absence of courteous treatment, and an inaccessible health facility. These findings were consistent with the findings of prior studies among the urban poor in Mumbai, India, and Nigeria. In those studies, more than half of the women gave birth outside of hospital facilities, and 81.8% of those births were not attended to by a skilled health practitioner. These findings were consistent with the findings of previous research.

A research that was carried out by Yusuf and Ahmed (2021) and titled "Factors Associated with the Use of Traditional Birth Attendants in Nigeria": A Secondary Analysis of the 2013 Nigeria National Demography and Health Survey was published. The purpose of this study was to investigate the many aspects that are connected to traditional birth attendants in Nigeria. The findings also showed that factors for delivery with traditional birth attendants in Nigeria include low maternal education with 95% of the respondents, 95% of the respondents with large family size, 95% of the respondents living in rural residence, and non-involvement of women in decision making regarding their health care; on the other hand, exposure to the media and contact with a health facility reduced the risk.

A research that was carried out by Akinola and Alabi (2019) and titled "determinants of utilisation of traditional birth attendants services by pregnant women in Ogbomoso, Nigeria" looked at the factors that lead to women giving birth with the assistance of traditional birth attendants. It was a

research that took a cross-sectional approach, and its purpose was to determine the factors that lead pregnant women in several communities in Ogbomoso, Nigeria, to utilise the services of Traditional Birth Attendants (TBAs). The selection of the 270 pregnant women involved many stages of the sampling process. The results of this research indicate that the vast majority of respondents had at least a secondary education (67.8%), and that around 70.4% of respondents are from lower socioeconomic levels. Eighty-seven point seven percent of those polled cited the compassionate care provided by TBAs as a primary factor in their decision to use TBA services rather than traditional treatments. According to the findings, a low level of educational attainment, a lower level of socioeconomic attainment, compassionate care, and proximity to care all have a substantial effect on the use of TBA services.

Integration of Traditional Birth Attendants (TBAs) into the Health Sector for improving Maternal Health in Nigeria

Since TBAs are more readily available, easily accessible, and culturally acceptable in Nigeria, they play an important part in the health of women and children there. Because of this, there is a pressing need to link TBAs with SBA in order to lower the mortality rates of mothers and newborns. Studies have shown that one of the strategies to increase utilisation of skilled birth attendants in areas where traditional birth attendants (TBAs) are the predominant providers of childbirth care, particularly in rural areas, involves linking TBAs with the formal health care institutions and fostering collaborative practise with TBAs (Okechukwu & Ibe 2021). This is one of the strategies to increase utilisation of skilled birth attendants in areas where TBAs are the predominant providers. This research was conducted in Ekiti state, Nigeria, with the purpose of reducing the mortality rate of mothers and newborns by establishing connections between TBAs and SBAs. The findings of the study would also be helpful to the Ministry of Health and the Federal Ministry of Health Service, as well as other stakeholders involved in the process of creating policies on reducing maternal mortality in Nigeria by promoting the utilisation of skilled birth attendants.

Almost four in ten births, or 39%, take place in a hospital or other medical facility, the majority of which are run by the government. Even yet, home births account for 59% of all deliveries. The highest percentage of women who give birth in a medical institution are those who have completed at least secondary school (88%), as well as those who come from the wealthiest households (80%). Since 1990, when 32 percent of births occurred in a health institution, the number of newborns that have been delivered there has gradually climbed. In the aggregate, a skilled provider is present for just 43% of all deliveries. 32 percent of deliveries are carried out with the assistance of a nurse or midwife. Women who have completed at least their secondary school (93%) and those who live in homes with the highest levels of affluence (87%) are the most likely to obtain delivery support from a skilled provider. The percentage of births that are assisted by a trained medical professional rose from 32% in 1990 to 43% in 2018 (Obi & Adekunle 2022). Women choose to give birth at home with the aid of TBAs so that they may participate in the numerous culturally significant rituals and practises that are associated with pregnancy and delivery. TBAs are responsible for the performance of these rituals and practises.

CONCLUSION

In conclusion, the overview of Traditional Birth Attendance (TBA) in Nigeria reveals a multifaceted landscape that intertwines cultural heritage, local knowledge, and significant challenges in maternal and child healthcare. TBAs have played a pivotal role in providing childbirth support to communities across the country for generations. However, the coexistence of traditional practices and modern healthcare systems poses both opportunities and risks. On one hand, TBAs have demonstrated their value in preserving cultural traditions, fostering community support, and offering familiar birthing environments to expectant mothers. Their presence remains particularly vital in rural and underserved areas where access to formal healthcare facilities may be limited.

Yet, the lack of formal medical training and limited access to essential medical equipment present significant challenges. This can lead to preventable maternal and neonatal deaths and complications, highlighting the critical need for improved collaboration and integration between TBAs and skilled healthcare providers. The Nigerian government and healthcare authorities are faced with the delicate task of balancing the preservation of cultural practices with the promotion of modern, evidence-based healthcare practices. Encouraging skilled birth attendance and institutional deliveries while also recognizing the value of TBAs as cultural resources requires a nuanced and thoughtful approach.

To enhance maternal and child health outcomes, it is crucial to bridge the gap between TBAs and modern healthcare providers. This can be achieved through capacity building programs, training, and better communication channels, fostering collaboration and mutual understanding. Integrating TBAs into the formal healthcare system has the potential to improve health equity and ensure safer childbirth experiences for Nigerian women and their infants. Furthermore, evidence-based research and data collection are essential in guiding policies and initiatives related to TBAs. Understanding the impact of TBA practices on maternal and neonatal health outcomes is essential for developing effective strategies that combine traditional knowledge with modern medical practices.

In conclusion, the path forward for Traditional Birth Attendance in Nigeria lies in a comprehensive approach that respects cultural heritage while prioritizing safe and skilled childbirth practices. Emphasizing collaboration, education, and informed decision-making will pave the way for an integrated healthcare system that addresses the diverse needs of the Nigerian population and improves maternal and child health outcomes across the country.

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