

FACTORS INFLUENCING PATRONAGE OF TRADITIONAL BIRTH ATTENDANTS (TBAS) AMONG PREGNANT WOMEN ATTENDING TBAS CENTRES IN EPE, LAGOS, NIGERIA

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ABSTRACT: *The choice of birthplace has significant impacts on birth outcomes. The study assessed the influence of socio-demographic attributes of pregnant women on patronage of TBAs among pregnant women attending TBA centres in Epe local government area, Lagos, Nigeria. One hundred and sixty four pregnant women were selected through simple random sampling. Questionnaire with reliability index of 0.81 was used as an instrument for data collection. Data collected were analyzed using descriptive and inferential statistics and presented in tables. The study established that factors such as cheap services, caring nature of TBAs, desire for privacy, family involvement with care, faith based reasons, untoward attitude of healthcare workers and a favorable previous experience all contribute to respondents' decision to patronize the TBA centers. A significant relationship was found to exist between respondents' socio demographics variables (age ($P=0.000$), educational status ($p=0.006$), economic status ($p=0.000$), religion ($p=0.000$)) and patronage of TBA centers. It is therefore recommended TBAs should be integrated into primary health care and their practices supervised, health practitioners should be more caring, government should strive harder at making maternity care free or at a subsidized to all pregnant women irrespective of their religion, age or economic status and religious centres charging with the responsibility of encouraging their members to patronize skilled attendants before and during childbirth*

KEY WORDS: factors, influencing ,patronage, Traditional Birth Attendants (TBAs).

INTRODUCTION

Maternal mortality is still noted to be high though there was a little improvement compared to what happens in the early 2000 as there was about 38% dropped in maternal mortality. But in 2017, daily an estimate of 810 women died from preventable causes of mortality and 94% of mortality recorded occurs in low and middle income countries. Out of the 295,000 maternal mortality recorded globally, Sub-Saharan Africa account for 196,000 (1). Nigeria ranked second contributing to maternal mortality globally as maternal mortality was 814 per 100,000 live birth in 2015 (2). There are direct and indirect causes of maternal mortality that are preventable if skilled birth attendants are patronized prenatal, intranatal and post natal as complications that could lead to death will be identified early and prompt action taken if skilled birth attendants are used. But, most women today still patronize traditional birth attendant (TBA) despite the proclaimed dangers of doing so.

In Africa where culture is intricately interwoven with so many aspects of the peoples' lives, it is no wonder that their culture influence their choice of delivery place. As such, traditional birth attendants (TBAs) in any African country and undoubtedly, Nigeria, receive a remarkable level of patronage from pregnant women (3). The World Health Organization defines a traditional birth attendant (TBA) "as a person who assists the mother during childbirth and who initially acquired her skills by delivering babies herself or through an apprenticeship to others" TBAs (3).

Today, TBAs remain an important provider of maternity care in developing countries and most importantly, Nigeria (4). Traditional Birth Attendants (TBAs) play different roles ranging from giving antenatal, intra-natal and post-natal care (5). Globally, more than 60% of deliveries take place outside health facilities and are taken by Traditional Birth Attendants (6). In Sub-Saharan Africa only 56% of deliveries take place in the presence of Skilled Birth Attendants. In Nigeria deliveries that take place in health facilities is less than 40% and this is one of the contributing factors to the increase in maternal mortality that is experienced in Nigeria (7) (6). The outcome of a study carried out in Nigeria shows that 49% out of 93% of women that registered for antenatal care had their deliveries in TBA centres (4) (8)

One of the major factors responsible for the high Maternal Mortality Rate as well as a high neonatal death especially in Nigeria is the use of unskilled birth attendants such as TBAs (3). (9). TBA services have provided pregnant women and the community at large with acts that can potentially lead to an increase in maternal mortality (10). Their practice is associated with the use of trial and error which leads to negative maternal and child outcomes of pregnancy and deliveries (9). This is due to their lack of adequate knowledge and skills in identification and management of preventable causes of maternal mortality as most of their care do not have scientific rationale (11). (12) (13)

One of the focuses of reducing Maternal mortality is to discourage deliveries of babies at home and to promote deliveries in health facilities (11). The decisions on where to deliver has an impact on the outcome of delivery (14) and since complications during pregnancy and childbirth are leading causes of death and disability among women of reproductive age (15) and as such, it is imperative

to examine the matters and circumstances surrounding childbirth that could contribute to complications arising.

However, despite these poor outcomes of TBA attended births and evidence of the advantages of hospital births, many women still utilize these unsafe delivery approaches. This suggests that some factors must be responsible for their choice and these factors be highly subjective ones. hence this study assessed the factors that influence the patronage of TBAs among pregnant women attending TBA centres in Epe local government area

Objectives of the study

The objective of the study is assess the factors that influence the patronage of TBAs among pregnant women attending TBA centres in Epe local government area , Lagos, Nigeria.

METHODOLOGY

Design

This is a descriptive study to investigate the factors influencing the decision to patronize TBA centers among pregnant women attending TBA center in Epe LGA.

Settings

The research settings was Epe Local government. Epe Local Government is one of the Local Government Areas in Lagos State in Nigeria;

Target Population: pregnant women currently attending selected TBAs center were eligible for this study.

Sample and sampling techniques

Five TBAs centers were chosen at random. The total sample size was determined using the Krejcie and Morgan (1970) formula.

Instrument

A structured Questionnaire was used to obtain data for this study.

Validity and reliability of instruments

The instrument was carefully constructed after constructing relevant literature. It was given to expert in the field for face and contents validity. All corrections were effected before administering the instrument. The reliability of the instrument was ascertained by the use of the Kuder-Richardson formula to determine the reliability co-efficient of the instrument. The instrument had a reliability coefficient of 0.81.

Method of data collection

The TBAs and respondents were met to explain the objectives of the study and the process of data collection was explained to them after which they signed an inform consents. A date was agreed for administration and collection of questionnaire. Three research assistants were trained on

administration and collection of the instrument. Questionnaire was administered and collected immediately after it is completely filled.

Method of data analysis

Data obtained was coded and analysis was done using SPSS version 20. Descriptive statistics such as frequency counts, percentages, mean and standard deviation was used to summarize and present the results. Chi-square test was used to test the hypothesis at a level of significance of $p > 0.05$.

PRESENTATION OF RESULTS

Demographic Characteristics

Table 1: Socio-demographic Data of Respondents

Age (in years)	Frequency	Percentage
15-20	30	18.3
21-30	90	54.9
31-40	44	26.8
Total	164	100
Tribe	Frequency	Percentage
Hausa	10	6.1
Igbo	29	17.7
Yoruba	125	76.2
Others	0	0.0
Total	164	100.0
Religion	Frequency	Percentage
Christianity	44	26.8
Islam	120	73.2
Traditional	0	0.0
Total	164	100.0
Marital status	Frequency	Percentage
Single	6	3.7
Married	158	96.3
Divorced	0	0.0
Separated	0	0.0
Widowed	0	0.0
Total	164	100.0
Occupation	Frequency	Percentage
Self employed	81	49.4
trader	60	36.6
Civil servants	23	14.0
Total	164	100.0
Monthly income	Frequency	Percentage
Less than 10,000	109	66.5
11,000-49,000	43	26.2
50,000-99,000	12	7.3
Above 100,000	0	0.0
Total	164	100.0
Educational status	Frequency	Percentage
None	4	2.4

Pry	102	62.2
Sec	54	32.9
Tertiary	4	2.4
Total	164	100.0
Parity	Frequency	Percentage
1	30	18.3
2	33	20.1
3	58	35.4
4	29	17.7
5	14	8.5
6	0	0.0
Total	164	100.0

Table 1 illustrates the demographic data (age, religion, marital status, occupation, monthly income, tribe, parity and educational status). A total of 164 individuals were sampled between the ages of 18 and above 40 years. The mean age was 28 years ($SD = \pm 5.0$). The religion of the respondents revealed that 26.8% of them were Christians, 73.2% were Muslims and none were traditional. An analysis of the marital status of the respondents revealed that 96.3% people were married while the single were in the minority. Also, 14.0% of the respondents were civil servants, 49.4% were self-employed and 36.6% of them were traders

The average monthly income of the respondents was also illustrated in table 4.1; most of the respondents (66.5%) of the respondents earned less than 10,000 naira in a month, 26.2% of the people earned between 11,000 and 49,000, 7.3% of the respondents earned between 50,000 and 99,000 and no one earned above 60,000.

Furthermore, an analysis of their tribe revealed that most of the population (76.2%) was of the Yoruba tribe while the igbos and the hausas were in the minority. The respondents' parity also revealed that the respondents have an average of 2-4 children.

Finally, the educational status of the respondents is also illustrated in the table. 62.2% of the respondents have only primary education, 32.9% have secondary education, 2.4 % have tertiary education and another 2.4% of the respondents have no formal education at all

Table 2: logistics regression analysis of factors influencing TBA patronage among pregnant women in Epe LGA

Variable	Yes f/%	No f/%	Sig
Traditional Birth Attendants services are cheap	142 (86.6)	22 (13.4)	.002
My previous experience at the TBA center was encouraging	136 (82.9)	28 (17.1)	.000
I believe God decides the outcome of births, location does not matter	156 (95.1)	8 (4.9)	.000
My in laws prefer the TBA centers	72 (43.9)	92 (56.1)	.722
My religion does not allow me to be attended to by male healthcare workers that may be present	24 (14.6)	140 (85.4)	.030
My house is too far from any health facility causing me to deliver at the closer TBA center	45 (27.4)	119 (72.6)	.075
There is no means of transporting myself to the nearest facility so I had to deliver at the closer TBA center	67 (40.9)	97 (59.1)	.589
My husband makes the decision of where we are to have the baby	110 (67.1)	54 (32.9)	.002
The midwives are quite rude and uncaring	118 (72.0)	46 (28.0)	.001
I chose the TBA center because they let my family in during labour.	142 (86.6)	22 (13.4)	.002
There is almost no privacy in hospital deliveries	142 (86.6)	22 (13.4)	.004
The labour started suddenly and so the baby had to be delivered at the closer TBA center	22 (13.4)	142 (86.6)	.002
I feel more comfortable having my baby at the TBA center	150 (91.5)	14 (8.5)	.000
The TBAs are more understanding and caring	146 (89.0)	18 (11.0)	.009
I prefer the TBA center because I believe their prayer also works	156 (95.1)	8 (4.9)	.000
I believe it is less stress to have my child at the TBA center	154 (93.9)	10 (6.1)	.460
I believe there is less emotional support from the TBAs	150 (91.5)	14 (8.5)	.376
The TBAs has a listening ear and are caring	158 (96.3)	6 (3.7)	.572
Will you recommend this facility to anyone?	156 (95.1)	8 (4.9)	.000

Table 2 above shows the logistics regression analysis of the factors influencing the current and future patronage of TBA centres by pregnant women. It can be deduced from the table above that the factors that significantly influence the patronage of TBA centres by these women include cheap services, caring nature of TBAs, desire for privacy, spousal role in decision making, family involvement with care, faith based reasons, untoward attitude of healthcare workers and a

favorable previous experience. This answers the research question that seeks to know the factors influencing the patronage of TBAs.

Table 3: cross tabulation showing relationship between selected socio-demographic variables (age, religion, educational qualification of respondents) and patronage of TBA centers

Age	Current and future patronage of TBA centres			X ² value	p- value
	Yes	No	Total		
15-20 years	26	4	30	50.694	0.000
21-30 years	19	21	40		
31-40 years	82	12	94		
Total	100	64	164		
Religion				20.018	0.007
Christianity	40	4	44		
Islam	116	4	120		
Traditional	0	0	0		
Total	156	8	164		
Educational Qualification				12.56	0.006
No formal	0	4	13		
Primary	4	98	29		
Secondary	4	50	51		
Tertiary	0	4	4		
Total	8	156	164		

The table 3 above shows that there is a correlation between the age (p= 0.000), religion (p= 0.007) and educational level (p=0.006) of respondents and their decision to patronize a TBAs

Table 4: Showing cross tabulation for relationship between economic status of respondents and patronage of TBA centres

Monthly income	Current and future patronage of TBA centres			X ² value	p- value
	Yes	No	Total		
Less than 10,000	105	4	109	11.020	0.000
11,000-49000	39	4	43		
50,000-99,000	12	0	12		
Above 100,000	0	0			
Total	156	8	164		

The table above shows that the calculated p value is less than the value of significance (0.05). This implies that there is an association between the economic status of the respondents and their decision to patronize a TBA.

DISCUSSION OF FINDINGS

With reference to table 2, the factors that significantly influenced the patronage of TBA centres by these women include cheap TBA services, caring nature of TBAs, desire for privacy, spousal role in decision making, family involvement with care, faith based reasons, untoward attitude of healthcare workers and a favorable previous experience. This could be attributed to the socio demographic of the population under study. Majority of these respondents are of low socio economic and educational status making them most likely to favor cheap birthing services. The findings of these study goes in tandem with the work of (3) (16) (4) (10) (17) that identified socio-economic reasons, religious reason, awareness of availability of health facility, caring and respectful nature of TBAs, decision making power of husband for them to use TBAs, accessibility and affordability nature of TBAs services.

From table 3, it was observed that there was a significant relationship between respondents' age ($p=0.000$), religion (0.007), educational qualification (0.006) and their decision to patronize a TBA center. It follows that the older respondents tended to prefer the TBA centers compared to younger counterparts. This can be attributed to older respondents' tendency to favor old traditional birthing options and their younger counterparts favoring the more modern health facilities. This finding goes in line with the work (18) (12) (19) that a significant relationship between womens' age and educational status and their patronage of TBAs. The outcome of this study in the aspect of relationship between age of respondents and patronage shows that muslim patronize the TBAs centres in this study more than women from other religion. It follows that the Muslim faith favored the TBA centers more than the Christian faith. This can be attributed to the Muslim faith not encouraging male health attendants with the women, and since this cannot always be contended at a hospital, they decide to go for the female traditional birth attendants. This goes in tandem with the findings of (20) that identified being a muslim as part of the factor that causes women not to deliver with skilled birth attendants.

The outcome of this study that also shows significant relationship between respondents' educational qualification and patronage of TBAs ($p=0.006$). The findings of this study corroborate with the findings of (21) that documented increase maternal education has having an impact on increased use of skilled birth attendants instead of use of TBAs. It is evident from the table that the respondents with lower educational advancement dominated the population of this study and this further illustrates the relationship between low educational achievement and the decision to patronize a TBA center. This goes in line with the findings of (19) (7) (22) that identified low maternal education as a factor that influence the use of TBAs services by pregnant women, with regard to table 4 which shows the cross tabulation for the influence of respondents' economic status on their current and future patronage of TBA centres. The calculated p value was 0.000 which means there is a significant relationship between clients' economic status and their patronage of TBA. It is evident from the table that most respondents of this study were of the low socio economic class and this further illustrates the relationship between low socio economic class and the decision to patronize a TBA center. The outcome of this study also goes in line with (23) (24) that identified economic factor as a factor that influence utilization of TBAs services. The

anticipation of high costs will affect whether a decision for a TBA is made in the first place. Women who are working and earning money may be able to save and decide to spend it on a facility delivery. Furthermore, the most significantly recognized reason given by these respondents for patronizing the TBA center was the cheap cost of the TBA services. People of low socio economic status may find hospital costs quite expensive and hence decide to go for the TBA centers.

CONCLUSION

The study established that factors such as cheap services, caring nature of TBAs, desire for privacy, family involvement with care, faith based reasons, untoward attitude of healthcare workers and a favorable previous experience all contribute to these respondents' decision to patronize the TBA centers. Also, a significant relationship was found to exist between respondents' socio demographics variables (age, educational status, economic status, religion) and their patronage of TBA centers. Facility based factors such as caring nature of TBA and untoward attitude of healthcare workers were also found to be significant in influencing the women's patronage of TBA centers.

RECOMMENDATION

Based on the findings of this study, the following recommendations were made:

Healthcare workers especially midwives should hence try to inculcate the caring labor care of these TBAs. The federal government should strive harder at making maternity care free or at a subsidized to all pregnant women irrespective of their religion, age or economic status. The TBAs can be integrated into the primary health care services so that there can be better monitoring of their services and better EMOC and faster referral services

Religious centers should be charged with encouraging their members to patronize skilled attendants during childbirth and health education for all pregnant women encouraging them to patronize skilled attendants should be made mandatory throughout the state.

IMPLICATION OF THE STUDY

Attitude of the healthcare worker has been identified as one of the major modifiable factors influencing this choice. The healthcare team should hence, strive to portray better attitude to their clients. Healthcare workers especially midwives should hence try to inculcate the caring labor care of these TBAs. Furthermore, midwives should stop seeing these TBAs as enemies but rather encourage them to improve on their health screening and referral services so as to jointly reduce the impact of maternal and child mortality. Additionally, nurses are the flag bearers of education, health education programs on the risks involved with patronizing unskilled birth attendants should be organized for pregnant women.

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