
Mothers' Experiences of Delivery Services by Traditional Birth Attendants at Egbe Community, Yagba West LGA Kogi State, Nigeria

Nshiowo, Kingsley Chikaodili (RN, RM, RPHN, BNSc)

Department of Maternal and Child Health Nursing,

School of Nursing Science,

Babcock University, Ilishan-Remo, Ogun State

Dr Owopetu, C.A.

Department of Nursing,

Lead City University, Ibadan, Oyo State

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ABSTRACT: *A lot of women gave birth in their homes historically, and are often attended by a family member or assisted by a woman residing in the communities who are known as Traditional Birth Attendants (TBAs). The mothers' experiences before labor, after delivery and care of the new born was a mixed one. This study was aimed to explore mothers' that have delivered with TBAs in the past at Egbe Community, Yagba West Local Government Area, Kogi State, Nigeria. The study employed a qualitative research design with in-depth interview supported with two Focus Group Discussions as method of data collection, to explore the experiences of mothers' during with TBAs. Sixteen participants were used for FGD, eight in each group and thirteen participants for one-on-one in-depth interview using a snowball sampling technique. Both the FGD and IDI sessions were audio taped and transcribed verbatim. The research was analysed using a manual method of qualitative data. The findings revealed that majority of the participants used the services of traditional birth attendants because of the affordable cost. Majority were delivered at their homes and they had good experience. Relatives were allowed to stay with them during labor. They were not given food during labor and their babies were taken good care of. However, few of them would like to deliver at a regular hospital in next delivery due to some complications they experienced. In conclusion, many of the women patronized TBAs because of the cost and services provided were just basic. Therefore, it's recommended that the cost of delivery at the hospitals should be subsidised and the TBAs should be trained and supervised on a regular basis by the Primary health care centres at the Local Government Areas nearest to them.*

KEYWORDS: experience, skilled birth attendants, traditional birth attendants, utilization, women

INTRODUCTION

Mothers' health is a global concern. Every country needs a global view of health of mothers in the society in order build a healthy nation. Maternal health is the health of women during pregnancy,

childbirth and postpartum period. It encompasses the health care dimensions of preconception, prenatal and postnatal care in order to ensure healthy and positive experiences, and to reduce maternal morbidity and mortality. Maternal health revolves around the health and wellness of women in the society. Maternal health remains a serious global challenge in spite of decades of advocacy and investments in improving access to maternal and reproductive health. Even within countries with poor maternal health indicators, the situation is most acute in conflict-affected areas compared to those areas and countries that have not experienced armed conflict (Chi & Urdal, 2018).

Globally, it is estimated that approximately 140 million women deliver yearly (Gurara, et al, 2020) an estimated 529,000 mothers die due to pregnancy related causes. The implication is that there is an urgent need to accelerate the drop in maternal mortality rate (MMR) in order to achieve the sustainable development goal of reducing the global maternal mortality ratio to less than 70 per 100 000 live births by the year 2030 with no country having an MMR of more than twice the global average (Alkema et al., 2016). The World Health Organization (2019) reported that Nigeria accounted for nearly a quintile of the total maternal deaths in the world. Maternal mortality has remained a burden for many sub-Saharan countries like Nigeria with an estimated rate of 814 per 100,000 live births in 2015 with 58,000 death of mothers (Adejoh, et al, 2020). Nigeria is one of the 10 countries responsible for 60% of all maternal deaths worldwide while contributing 10% of all pregnancy-related deaths, and these deaths are largely preventable (WHO, 2014).

As stated by Adatara, et al (2018), the use of skilled birth care is a crucial strategy adopted for prevention of death of pregnant women. The importance of skilled attendants at birth lies in the fact that access to and use of maternity care facilities and skilled personnel, particularly skilled attendance at birth is often associated with substantial reductions in mortality and morbidity for the mother over home births (Tabong, et al, 2021). However, the high infant and maternal mortality rates are attributed to various barriers to access to a skilled birth attendants that include distance, financial constraints, transportation, inadequate access and poor utilization of healthcare delivery services (Chi & Urdal, 2018; Mulenga, et al, 2018; Amutah-onukagha et al., 2017). A traditional birth attendant (TBA), also known as a traditional midwife, community midwife or lay midwife, is a pregnancy and childbirth care provider. Traditional birth attendants provide the majority of primary maternity care in many developing countries, and may function within specific communities in developed countries. Traditional midwives provide basic health care, support and advice during and after pregnancy and childbirth, based primarily on experience and knowledge acquired informally through the traditions and practices of the communities where they originated (World Health Organization, 2010).

Aziato and Omenyo (2018) defined Traditional Birth Attendant (TBA) as a pregnancy and childbirth care provider whose experience and knowledge is acquired from the practices of the communities they reside in rather than formal training. Traditional birth attendants are known to have a long history as childbirth attendants in many communities in developing countries although TBAs are not considered skilled birth attendants by the definition of a skilled birth attendant (Miller & Smith, 2017; Akum, 2013). TBAs do not receive formal medical training when compared to

other health professionals such as midwives, nurses, doctors etc. However, TBAs are much more affordable and accessible than skilled birth attendants (SBAs) (Amutah-Onukagha et al., 2017). The traditional birth attendants are respected within the communities because of their expertise and roles in childbirth that vary and mostly depends on traditions, customs, interest and experience (Ugboaja, et al 2018; Miller & Smith, 2017).

In Nigeria, as reported by National population Commission (NPC, 2019), only 39% of women delivered their live births in a health facility, while 59% delivered at home by TBAs. TBAs in Nigeria have the potential to contribute significantly to maternal health outcomes because of their high utilization within the country especially in remote communities. Studies show that, in the rural and deprived communities in sub-Saharan Africa, TBAs constitute the greater number of childbirth care providers due to the unavailability of skilled birth attendants such as midwives, nurses, and doctors (Adatara et al., 2018). As there are many culturally deep-rooted practices and rituals connected to pregnancy and childbirth, women prefer homebirth with the assistance of TBAs who are responsible for performing these rituals and practices (Gurara et al., 2020). TBAs have thus become the first point of call for many pregnant women, assisting them during pregnancy, labour and birth, and in the postpartum period (Aziato & Omenyo 2018; Chi & Urdal, 2018).

Nevertheless, TBAs are limited in knowledge and skills to deal with difficult pregnancies and deliveries. Most TBAs are not trained or equipped to handle complications before, during and after births. They are unaware of their limits and try to make every attempt whether they will succeed in a case or not. Even TBAs who have acquired some form of training, their ability to refer in emergency is questionable as they do not know the appropriate place to refer cases to (Ukpabi & Okpan, 2017)). The practice of most TBAs are also unhygienic and unsafe. They most times neglect hand washing, use unsterilized instruments and ignore environmental sanity. Artifacts such as malt, milk, mixture of soda, preparation of boiled water and oil, fresh ground okra, salt and cassava leaves, soap and a variety of herbs are used based on the belief that they lessen pain or enhance delivery (Ukpabi & Okpan, 2017; Amutah-Onukagha et al., 2017; Aziato & Omenyo, 2018).

In Nigeria, despite the advances of modern healthcare, the services of TBAs continued to be heavily utilized in rural communities (Amutah-Onukagha et al., 2017). Many women attempted births at home with traditional birth attendants (TBAs) and when the labour did not progress, only then did they travel to a skilled birth attendant. Many of the women who birthed at home regretted this decision, because they would have preferred to birth with a skilled birth attendant (Ahmed, et al, 2020). There were other instances of home births, with TBA due to a delay in access to skilled care during birth, mostly following advice from the TBAs (Treacy, et al, 2018). Retrospectively, women often blame TBAs for misleading them to believe that their babies would be born at home, and according to the women, the TBAs mishandled their labour and advised against seeking a skilled birth attendant (Treacy et al., 2018).

Other studies also unveiled more of women experiences with TBAs. These women described incidents which suggest that the quality of care that they received at TBA centers was poor (Ahmed et al., 2020). Women reported receiving insufficient information from TBAs about birth

complications they later experienced. Some women who had complicated pregnancies including twin pregnancies, placenta praevia or abnormal presentation, postpartum haemorrhage, infections, blame TBAs of not informing them in time that they may have a complicated birth. Despite these complications women experienced during child birth, some women still prefer to deliver with the TBAs. Therefore, there is need to explore mothers' experiences of deliver services by traditional birth attendants' at Egbe community, Yagba West local government area Kogi State, Nigeria.

In a previous study by Ofili and Okojie, (2005), the effect of TBA delivery services provided in Nigeria have not demonstrated to reduce maternal mortality, but unfortunately it has increased the vulnerability of pregnant women to infections. To reduce high maternal mortality, there is a need to improve the services provided by both TBAs and the healthcare system at large. As stated by Cheptum et al., (2017) TBAs have played a significant role in delivering maternity care based on local community needs in particular situations in response to reproductive and child health. However, TBAs, whether they are trained or not, are not considered skilled birth attendant. It is imperative to explore the experiences of women towards the services offered by TBAs.

Furthermore, through the personal observation of the researcher, it was noted that many women give birth at home with the assistance of traditional birth attendants who are not trained to monitor progress of labour, conduct safe delivery, detect deviation from normal and make prompt referral, thus putting the safety of the pregnant woman and the baby at risk. The main reasons for pregnant women's preference for TBAs are not well understood. Hence, the study is needed to explore mothers' experience with traditional birth attendants before, during and after delivery at Egbe, community, Yagba West local government area Kogi State, Nigeria. The Specific objectives for this study were to:

1. explore mothers' reasons for choosing TBAs for delivery at Egbe community, Yagba West local government area Kogi State, Nigeria;
2. describe mothers' experiences with traditional birth attendant during labour at Egbe community, Yagba West local government area Kogi State, Nigeria;
3. explore mothers' experiences with traditional birth attendant after delivery at Egbe community, Yagba West local government area Kogi State, Nigeria; and
4. narrate mothers' experiences with traditional birth attendant during care of newborn at Egbe community, Yagba West local government area Kogi State, Nigeria

METHODOLOGY

A qualitative research design that employed in-depth interview was used for this study backed up with focused group discussion to explore mothers' experiences with traditional birth attendants before, during and after delivery. The population for this study consists of mothers who had delivered with the TBAs in Egbe Community Yagba West Local Government Area, Kogi State, Nigeria who meet up with the inclusion criteria. A sample size of 16 participants was selected for the focused Group discussion and 13 for in-depth interview. This allows in depth interaction because of the number of the questions administered. The sample size for the study was determined

by saturation of data. Saturation will occur when there is no new information gathered when recruiting more participants. A Snowball sampling technique was used to recruit 16 participants that took part in focus group discussion which are divided into two groups and 13 in depth interview participants.

An in-depth interview was used for data collection with focus group discussion for more wide range of information from the mothers. This method allowed participants to express their views, while the researcher audio recorded the conversations, observed and took note of facial expressions and body gestures. Focus groups include dynamic participant-to-participant interaction and emphasize the communal and collectivist nature of women's experiences. An interview guide was developed to explore the participants' experiences. Thereafter, information retrieved was transcribed word for word on paper and typed into a Microsoft Word document. Transcriptions from the recordings formed the data used for the qualitative analysis of the study. Thematic analysis was used to analyse the data gathered from individual interview and focus group discussion. The data was transcribed, analyzed and interpreted. This enabled the researcher develop category schemes and codes, and identify themes and patterns across themes.

RESULTS

Socio-Demographic Characteristics of Respondents in IDI

Thirteen women within the age range of 30 to 42 years volunteered to be interviewed in this study. All women were married, while eleven were Christians and two participants were muslims. Five women had received primary education while eight had completed their secondary education. All the women in this interview were working. Participants in FGD were allocated alphabets in order to ensure anonymity of response while that of IDI was numbered serially and analysis was done using themes. TBAs were referred as “*iya agbebi*” and “*Iya abiye*” by the mothers in this study.

Previous Utilization of TBAs and their Services

Three of the participants have achieved two pregnancies; six women have achieved three pregnancies while one woman had achieved eight pregnancies. This study showed that majority of the women has patronized a traditional birth attendant before. Four out of thirteen women interviewed used the TBA for all their deliveries. As reported by participant A:

“I have been pregnant for four times and I delivered all my children with iya agbebi in my community” (participant A).

“This is my third pregnancy and I delivered all at my traditional attendants place”. (participant B):

“all my children were delivered by a traditional birth attendant” (participant F)

Objective 1: Reasons for Choosing Traditional Birth Attendants

Affordable cost and availability of TBA

Majority of the participants in this IDI eventually reported that the major reason they chose to deliver with TBA was affordability and availability of TBAs in the community.

“when I was pregnant my husband’s first wife took me to meet the traditional birth attendant who attended to me immediately I got to her house and she did not charge us any bill” (participant A IDI).

“TBAs in my community are elderly women who are always ready to receive us, even if I go there at the midnight, she will welcome me and attend to me without asking for money” (participant F IDI).

Majority of the FGD participants eventually reported that the major reason they chose to deliver with TBA was because of the affordable price of TBAs and availability of TBAs in the community.

“Traditional Birth Attendants are very much available in our community and towns, they do not charge so much, and are very affordable, they actually would come over to my house for the delivery and I pay them little token at the end of the day, this reason made me prefer calling them for all my deliveries” (Participant 2 FGD1).

“This agbebi people are very affordable and I do not have money for the expensive fees at the hospital and health centre, even our health centres usually collect too much money from us when we go for antenatal clinic and during delivery, the TBAs do not charge so much and they come immediately they are called” (participant 6 FGD1).

“TBAs are very nice set of people, they care so much about the family and me, so I always enjoy their service, which is why I chose to deliver with the TBA” (participant 3 FGD 2).

Reference to TBAs

Many of the participants in this IDI, mentioned that referral was another reason for choice of TBA. Participants were referred to choose TBA for delivery by relatives and family members, some others also mentioned that they were referred by friends in the community.

“My husband’s first wife was the one who took me to a traditional birth attendant” (participant A IDI).

“My sister who have delivered via TBA mentioned it to me when I was pregnant, I was about going to the Hospital when she told me about the exorbitant fees and how I can deliver with TBA with very little amount of money, this made me accept the TBA, and I eventually used her” (participant C IDI).

“It was my husband who took me to the Iya abiye when I was pregnant and paid for the services, he even stayed with me throughout the process, because it was never my intention to deliver with a TBA” (participant H IDI).

Majority of the participants in the FGD mentioned that majority of their deliveries were conducted by traditional birth attendant.

“I have had four deliveries now, and all my deliveries have been conducted by a traditional birth attendant who lives in my area, she usually come around when it is almost time for my delivery and she does everything in my house and leaves after the delivery” (Participant 1 FGD1).

“I was bleeding immediately after delivery and at a point I was feeling dizzy, I was immediately transferred to the Hospital where I was managed for 4 days before discharge, I was even given a pint of blood because I was told that I had lost too much blood following the delivery of my baby.

I did not even know anything about exclusive breast feeding as against what I was told at the hospital”(Participant 3 FGD2).

Also, participant 2 mentioned that she has had 1 delivery, which was actually conducted by a traditional birth attendant, even participant 3 who have had two deliveries had them conducted by a traditional birth attendant. However, participant 5 reported that:

“I have had three deliveries done, only one of these deliveries were conducted by a traditional birth attendant, that was my first pregnancy, but the other two deliveries were done in the Health Centre”.

Furthermore, two other participants 3 & 4 also reported that they only had one delivery conducted by a traditional birth attendant in their area, while others were delivered at a health care centre. Many of the participants mentioned that they were referred to TBA for delivery by relatives and family members, some others also mentioned that they were referred by friends in the community.

“My sister is a friend to a TBA, when I was pregnant, she brought the TBA to my house and gave me the assurance that this agbebi will do a good job, and since I trust my sister, I trust her judgment of the TBA, that’s why I chose the TBA for delivery” (Participant 3 FGD1).

“My neighbor who is also my very good and close friend was the one who told me about this TBA and how good they are at conducting deliveries, I was doubtful at first but somebody else in my neighborhood gave me the assurance to use the TBA” (Participant 7 FGD1).

“My husband was the one who told me about the TBA because we were not so financially buoyant at that time and could not afford the cost of care at the healthcare center, which is why I just went ahead to use the TBA” (Participant 8 FGD2).

“My neighbor has a TBA friend which she brought to my house when I was pregnant and gave me the assurance that she is one of the best TBAs for delivery in the area, that was why I patronized the TBA” (participant 2 FGD2).

“my fellow trader in the market who is also a very good friend told me about the agbebi and how she has been taking all her deliveries without complications’ (participant 8 FGD2).

Objective 2: Mothers’ Experiences with Traditional Birth Attendant during Labour

Reception of mothers during labor

During the IDI, the participants were made to describe their experience with how they were received by the TBA during labour. Majority of the participants reported that the TBAs received them warmly.

“I love the way she welcomed us with joy and happiness, it was very different from the way they welcome us at the government hospital and healthcare centres where they usually shout at us especially when we forget to purchase some of the materials” (Participant C IDI).

“Despite that I got to the agbebi’s house in the middle of the night she came out to assist me into her house not minding the hour of the night” (participant A IDI).

The participants in this study were made to describe their experience with how they were received by the TBA during labour. Some of the mothers reported that the TBAs received them in a harsh way.

“When the TBA was called to my house before my labour started because the delivery was conducted by her in my house, she smiled at the beginning and sounded very nice at first, until later when she started sounding harsh and wicked” (participant 1 FGD1).

“The TBA made me comfortable during labour, I felt like I was in safe hands immediately the procedure started, so I enjoyed every bit of it” (participant 1 FGD1).

“Immediately we got to the Iya abiye centre, she greeted us, gave us a room to stay and even made food available for me and my husband, she made us very comfortable and I was happy about that” (Participant 2 FGD2).

“Although, the environment was not very neat when we got there, the way they welcomed us was better than that of the health center, and this made me very comfortable when I got there” (participant 5 FGD2).

Husband/ Relative presence at delivery

Majority of the respondents actually reported that their husband/relative were allowed to stay with them during conduct of the delivery.

“My sister was around in my house when the delivery was ongoing, it was my sister that assisted the TBA in the performance of some things she could not do alone, even my husband was also around and was supporting me with words and prayers” (participant B IDI).

“My husband was allowed to stay with me throughout labour, when I was screaming, I held his hand so tight and that gave me the confidence I needed to continue to scream because I felt supported at that time” (participant G IDI).

Majority of the respondents actually reported that their husband/relative was allowed to stay with them during labour, some even mentioned that it was their relative that was helping with some of the activities during the conduct of the delivery

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“it was the Iya abiye that even asked me to invite my husband in because I initially told my husband to stay outside since that’s the normal practice in hospitals, this actually made me happy and more comfortable in the centre” (participant 1 FGD2).

“My husband was not allowed into the labour room, but we could see ourselves throughout the whole process through the labour room window, this gave me continuous reassurance while I was in labour” (participant 4 FGD2).

“my sister in law and husband were involved in the whole process, Iya abiye allowed them in and carried them along in the whole process I was happy to see my people around me during delivery” (participant 3 FGD2).

Attitude of TBA Towards Mothers

The attitude of TBA towards the mothers was also discussed by the participants in this study, some of the participants commended the way the TBA behaved.

“I was happy with the way I was received by the TBA and throughout the delivery she gave me the support I wanted unlike when I used the health centre” (participant J IDI).

“iya agbebi is a very nice woman, she will rub my back whenever I was in pain and also reassured me that I will soon give birth (participant L).

“Iya abiye was nice to me at the start of delivery, but she became hostile along the way and she did not smile the way she did when I came in, at that point, I felt bad because I kept feeling it was my fault or something I did wrong, however, it became better towards the end of the delivery process and she smile again” (participant G IDI).

The attitude of TBA towards the mothers was also discussed by the participants in this study, majority of them indicated that they do not like the attitude of TBA towards them during labour, even though the TBA was nice to them at the beginning.

“I was happy with the way I was received by the TBA, thinking that I would have a smooth time with the TBA throughout the process of labour, but all of a sudden, the TBA changed her mood and became harsh to me, I did not actually understand if it was something I did wrong or something I said, but it was just so sudden. From then on, I no longer felt comfortable with the process of labour, but thank God it went on well and ended successfully” (participant 1 FGD1).

“The TBA we invited did not treat me well at all, she had a bad attitude towards me from start to finish, like she was angry about something before she got to my place. At a point, it felt like she was even going to slap me or beat me when the labour was not progressing well” (participant 3 FGD2).

Care given during Labour

Some reported care received by the mothers were making them comfortable in bed, checking their materials to be sure that baby materials were available, rubbing their back when the pain was intense, fundal pressure to ensure the baby comes out of the birth canal and the use of oil to lubricate the perineum for safe passage of the baby.

“I was given food when I arrived there and I was treated well by Iya abiye, she even made me comfortable and said some things to me to calm me” (participant D IDI)

“I was well cared for throughout the process of labour, there was no transfer of aggression, nor did they shout at my relatives during labour, I was indeed very happy with the attitude” (participant A IDI).

Several care were reported by the mothers to have been given to them by the traditional birth attendants who conducted their delivery. Some as reported by the mothers are making them comfortable in bed, checking their materials to be sure that baby materials were available, rubbing their back when the pain was intense, fundal pressure to ensure the baby comes out of the birth canal and the use of oil to lubricate the perineum for safe passage of the baby.

“I was actually given lucozade boost during delivery, I was asked to sit for a while on the chair and asked to lie on my side too, all of this I did not understand why but I did it because I had no choice” (participant 8 FGD1).

“I was also given glucose drink during labour when I complained of lack of energy to push, but Iya abiye did not give me any drug for the pain I felt during labour, she said it was not necessary” (participant 6 FGD2).

“Iya abiye supported me during labour when I broke down in tears due to the prolonged hours and pain I felt during labour and kept rubbing my back” (participant 3 FGD 2).

Payment for delivery Service

The money paid by the participant in IDI ranged from **N6000** to as high as **N9,000** which majority of the participant did not view it as expensive but a giveaway price when comparing it with the amount of **N30,00-N50,000** they would have paid at a regular hospital.

“I was asked to pay N6,000 for the delivery services by the TBA, which to me was a cheap amount” (participant A IDI).

“Payment fee, hmmm I can’t call it fee, I paid a token of N6,000” (participant C IDI)

“I paid N9000 because I spent two days at the TBA house” (participant F IDI).

Majority of the mothers recruited for this study mentioned that they were made to pay a very little amount compared to healthcare centers, and the materials they brought were not as many as those requested in the Hospitals. The money paid by the participant in the FGD varied from **N6,500** to as high as **N15,000**.

“I only spent about N6,500 for the delivery, while I got some materials on my own, in total, I did not spend up to N15,000 for the whole process of delivery together with the material” (participant 1 FGD1).

“my husband was asked to pay N12,000 because we did not bring anything for the baby and the iya agbebi sent someone to the market to get us baby items” (participant 6 FGD 2).

Choice of TBA for next pregnancy

Apart from the fact that TBA service is actually cheaper and easily affordable, some of the women in the IDI would like to choose TBA as their next delivery option. They would rather have their delivery done in a healthcare centre by a skilled birth attendant in case of any complications.

“I really do not mind to patronize TBA during my next delivery because their services are cheap and user friendly, but I understand that there are risks associated with it, even the Hospitals too usually have casualties and complications, only God can save us” (participant A IDI).

“I have been using this iya agbebi since my first child, I am comfortable with her because she already knows to my problem, ha! I will come to her again if I get pregnant oooo” (participant B IDI).

‘...no, I will go to hospital “(participant L IDI).

Apart from the fact that TBA service is actually cheaper and easily affordable, some of the women in the FGD would actually not like to choose TBA as their next delivery option. They would rather have their delivery done in a healthcare centre by a skilled birth attendant in case of any complications.

“I would really not want to deliver with a TBA next time because I was not comfortable with the way they handled me and the baby, at a point I was scared for my life, but I started praying to God to make it a successful delivery, I would not want to have that kind of experience anymore” (Participant 5 FGD 1).

“Civilization has taken over and we are now exposed to know that it is very risky to deliver with TBA as there can be complications at any time, I was only just lucky during my own delivery because I have heard stories of several complications and death occurring at the TBA home during delivery” (participant 8 FGD 1).

“We have been continually advised and educated on the need to visit the hospital and health centres for adequate care during delivery by skilled birth attendants, it is very unfortunate that many of us still patronize the TBAs due to lack of funds for cost of delivery service in the Hospital, hopefully, I have enough money to afford the hospital care for my next delivery because I don’t want to use the TBA again” (participant 4 FGD2).

Objective 3: Post Natal Experience of respondents

Care given to mothers immediately after delivery

Mothers reported that they were care for by the traditional birth attendants in various ways ranging from congratulating her immediately after birth, bathing, clamping and cutting of cord, cleaning of the baby, packing of the placenta, ensuring that the baby cries by beating and turning the baby, bathing the baby and cleaning the mother’s body with a wet towel to remove sweat from the body.

“ Iya agbebi went outside and came back with a polythene bag in her hand, she put my placenta and called my hasband to carry it away” (participant L IDI).

Food

Participants in the IDI were not given food after delivery as reported by majority of them.

“I was actually given a soft drink after delivery because I kept complaining of hunger and exhaustion throughout the delivery process, and I did not get any glucose drink during delivery” (participant C IDI).

“I like food a lot but, iya agbebi asked my sister-in-law to give me glucose when I told her I was very hungry” (participant L IDI).

Majority of the mothers reported that they were not served any food after delivery, however, some got water served to them following delivery

“Immediately after delivery, I was very tired and hungry, and felt like sleeping at the same time, so I was given a cup of water and I immediately slept off, it was until I woke up later that I was asked to take a zobo drink and ate later” (participant 3 FGD1).

“I was not given anything to eat after delivery, she told me that it is an abomination to eat immediately after delivery, which I believed because she is more knowledgeable than myself” (participant 6 FGD2).

“Even as I was hungry and tired after the delivery, I did not get anything to eat because I was told that it is not right to eat immediately after delivery, I was a bit confused, but too tired to argue so I just slept immediately” (participant 5 FGD2).

Objective 4: Care of Newborn

The report of the IDI revealed that some form of care were was given by the traditional birth attendants. All the participants agreed that the TBA helped in cleaning and bathing the newborn, but some specific issues arose during care of newborn which the TBA could not handle.

“iya agbebi collected my baby soap and went to bath for the baby in the presence of my sister in law” (participant F IDI).

“...after my baby started crying, he was given to me to breastfeed...” (participant L IDI).

“the elderly mama agbebi came in to meet the iya agbebi when my baby did not cry, I noticed she turned her and beat her then the baby started crying.....” Participant G IDI).

The mothers’ experiences with traditional birth attendants during care of newborn was discussed extensively by the participants of the study. All the participants agreed that the TBA helped in cleaning and bathing the newborn, but some specific issues arose during care of newborn which the TBA could not handle. They ensured that the baby cries by beating and turning the baby.

“My baby was cleaned and washed the baby too, she also made sure I breastfed the baby well. She also took care of the cord and told me to use spirit for the cord, but a friend of mine later gave me chlorhexidine gel for the cord which I noticed was very good “(participant 3 FGD2).

All other participants mentioned that the TBA took care of their baby well and ensured that they had adequate rest after the delivery, even their placenta was given to them immediately after it was kept in a black polythene bag.

DISCUSSION OF FINDINGS

This study revealed the reasons mothers in Egbe community chose the traditional birth attendants in conducting their delivery(ies). The findings of this study made it obvious that majority of the

mothers actually chose a traditional birth attendants because of their affordable rate and easy availability, a particular participant even explained that she has used TBA for all her four deliveries and this was because she could not afford the expensive cost of delivery fee and materials at the government hospital or healthcare centre, she also made it clear that the little fund they have is for feeding and few cloths to cover their nakedness, so extra funds for settling the hospital bills was actually not available.

It was also discovered that the women chose TBAs because they are nice set of people who care about the family and the mother and they also come over to the house to conduct the delivery, thereby making it easier and cheaper for them and the family. In fact, many of them were referred to the TBA by relatives and friends who they believed could not mislead them, as they did not have the mindset to even patronize a TBA before but when the relatives (husband, sister) brought the idea. This finding supports the finding of Allou (2018), who conducted a study on the factors influencing the utilization of TBA services by women in the Tolon district of the Northern region of Ghana, where it was revealed that the factors that influenced the patronage of TBAs included the fact that TBA services are cheaper, more culturally accepted, nearer to the homes of pregnant women than the hospital and that TBAs are caring than orthodox health workers.

Additionally, Garces et al. (2019), in the study conducted on Traditional Birth Attendants and Birth Outcomes in Low-Middle Income Countries: A Review, where it was eventually revealed that mothers actually prefer TBAs due to the fact that they speak the same language, carry out the same practice and are easily accessible in the community. Even Ugboaja et al. (2018), had a similar finding that TBA services are usually patronized by mothers due to poor socio-demographic and economic factors as these mothers usually find it difficult to afford the orthodox health care and would rather just stick with the TBAs whose services are cheaper and readily available, this was discovered in the study conducted on Factors associated with the use of traditional birth attendants in Nigeria: A secondary analysis of 2013 in Nigeria, National Demography and Health Survey. This made it obvious that lack of funds and the fact that the women in rural areas find it difficult to afford orthodox medicine has made TBAs a major option for their deliveries, as many of them do not even understand the scope of the TBAs and possible complications that can arise from patronizing these TBAs since they do not even have a formal education at all. It is also interesting to note that Bassey and Nwogu (2021), who conducted a study on factors associated with the choice of Traditional Birth Attendants for Delivery by women of child bearing age in Isiala Ngwa South Local Government area of Abia State, reported that apart from cultural beliefs and practices which influenced the mothers' patronage of TBAs, other factors that determined the TBA preference, included: exorbitant cost of hospital delivery, long waiting time in receiving attention in public hospitals, the humane and friendly services provided by the TBAs compared with the unfriendly disposition of nurses.

The finding from this study revealed that many of the participants generally had a good experience with TBA during labour, they were received well by the TBA at first, although some eventually sounded harsh along the line, but generally they were received in a friendly manner by the TBAs, in fact many of them had their deliveries conducted in their homes, of which the TBAs came around

with materials for the delivery and she actually came in with smile and happiness, although, some reported that they were not received well by the TBA and they even regretted that they even patronized the TBA due to complications they experienced during delivery such as bleeding.

In line with Anono et al. (2018), on Community perceptions towards the new role of traditional birth attendants as birth companions and nutrition advocates in Kakamega County, Kenya, where it was reported that mothers were generally happy with the roles the TBA played during their labour because it felt like they had enough companionship during that process. This shows that mothers in different areas are really happy with the experience had with TBAs. The fact that relatives and husbands were allowed to stay during the labour process is something the mothers expressed joy about as well, because they really felt loved by the presence of these persons during the delivery process, unlike hospitals and healthcare centres where husbands and relatives was restricted during the process of labour. It was actually possible for the mothers to have their relatives and husbands around since the delivery was conducted in their homes, in fact, some reported that their relative was the one who assisted during the procedure.

In addition, the mothers were also happy with the way they were treated by these TBAs, although the character of the TBA changed towards them during the process, which was totally different from how they acted when they initially came, the mothers were only just appreciative of the fact that the labour was successful as some of them were even scared during the process. Several cares were also received by the mothers from the TBAs during labour including making them comfortable in bed, checking their materials to be sure that everything was available, rupture of membrane, back massage, vagina examination, fundal pressure and use of oil to lubricate the perineum for safe passage of the baby, among others. In addition, the payment for TBA delivery services was really very low compared to the expenses in the hospital and healthcare centre as reported by majority of the mothers, this is a confirmation that TBA services are really very affordable for most women in the rural setting, even some in the urban setting may still prefer the services of TBA because they can easily afford it. Due to these reasons, many of the mothers eventually confessed that yes, they would still like to choose TBA as their delivery option next time because of the affordable fees of TBAs, unless if the fees of hospitals would be reduced to an affordable rate.

The findings from this study also revealed the experiences of mothers with at least one encounter with traditional birth. Some questions were asked to elicit the experience mothers had with TBA after delivery from their responses. It became obvious in this study that mothers actually had a fair experience with the TBA immediately after delivery, some of the cares rendered to the mothers after delivery are clamping and cutting of cord, cleaning of the baby with olive oil, packaging the placenta and giving them to the mother/father, massaging the uterus after delivery, expelling some contents from the uterus with a gloved hand following delivery, ensuring that the baby cries by beating and turning the baby and cleaning the mother's body with a wet towel to remove sweat from the body, amongst many others. Anono et al. (2018), also reported that mothers received various cares from the TBAs including the fact that they felt loved as the TBA acted like a companion to them and nutrition advocate as well. Also, many of the mothers confessed that they

were not given any food immediately after delivery, even though they felt tired and hungry after the delivery, the TBA restricted them from taking any meal, and these mothers could not argue because they felt the TBAs were much more knowledgeable than them since they themselves do not have any formal education.

However, some of the participants narrated how they escaped their near-death experience as they developed postpartum hemorrhage and was immediately rushed to the hospital where they had blood transfusion done which saved their life eventually because they already felt dizzy and very weak with low blood pressure before they were moved to the hospital for additional care. This means that the management of postpartum hemorrhage is really very difficult for traditional birth attendants to handle and manage, which is why they had to refer to the hospital for extensive care and management.

The experience of mothers with traditional birth attendants during care of newborn was also made obvious in this study. The findings from this study revealed that the TBAs performed the basic functions in the care of the newborn like cleaning and bathing the newborn, ensuring feeding of the newborn, cleaning the room where delivery was conducted together with their relative and so on. In addition, some of the mothers were also told to clean the cord with spirit after bathing the baby, but the mothers eventually got the better information from a relative to use chlorhexidine gel instead which eventually produced a better result for the baby's cord that fell off without complications.

CONCLUSION

The study concluded that mothers who had delivered at least once with TBAs had a fair experience with them, and many of them patronized these TBAs because of the fact that they could not afford a standard care at the hospital. This means that an eventual reduction of the delivery charges at the hospital settings would lead to an increased patronage in hospitals for deliveries. Greater number of the women reported that they would prefer to deliver at home with TBAs than choosing to deliver at hospital setting. However, two mothers reported they would rather utilize the health centers for next delivery because of complications they experienced during labour and some harsh behavior of the TBAs.

Recommendations

Based on the findings of the study, the following recommendations are made:

1. Nurses and midwives should ensure that proper awareness on the need for utilization of skilled birth attendants is made to women of reproductive age.
2. Midwives should conduct training sessions on management of complications of delivery among traditional birth attendants to ensure that they have the required knowledge and skill to manage any complication arising from labour and delivery.
3. A continuous advocacy should be maintained to ensure that the delivery service fee in hospitals and healthcare centres are reduced to an affordable rates for women in rural areas and even in urban areas.

4. NGOs and other organizations should make some delivery materials available for women who cannot afford to deliver in a standard setting because of unavailability of funds to get those materials.
5. Midwives should ensure to have a good interpersonal relationship with women during and after delivery so as to ensure that these women present themselves in the healthcare centers for subsequent deliveries.

Implications to Nursing

Based on the findings of this study,

1. Nurses/midwives should be encouraged to continue to create awareness among women in rural areas on the dangers associated with TBAs patronage and continue to make use of standard hospital settings for delivery service.
2. Training and retraining of TBAs by the skilled medical personnel such doctors, midwives and nurses on life saving techniques for management of complications during and after delivery.
3. Supervision of the TBAs in practice by the Primary Health Centers where they are domicile and periodic monitoring of their activities in order to ensure their mode of practice.
4. Registration of the TBAs with the Local Government Health Authority to ensuring mode of operations. By so doing, many mothers would not experience complications during labour and after delivery, thereby reducing the need for increased stay in the hospital hence, eventually reduces the workload for nurses. In the same vein, women will be strong enough to care for their baby and breastfeed their baby exclusively so as to raise intelligent and strong children that will eventually help the society and the family.

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