

PERCEIVED FACTORS INFLUENCING UTILIZATION OF TRADITIONAL BIRTH ATTENDANTS' SERVICES AMONG WOMEN OF REPRODUCTIVE AGE IN ILORIN SOUTH LOCAL GOVERNMENT AREA, KWARA STATE, NIGERIA

BY

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Abstract

This study investigates the Perceived Factors Influencing the Utilization of Traditional Birth Attendants (TBAs) Services Among Women of Reproductive Age in Ilorin South Local Government Area, Kwara State, Nigeria. It examines sociodemographic characteristics, and factors responsible for the utilization of services of Traditional Birth Attendants, and recommends appropriate measures based on identified gaps. A cross-sectional study was conducted in selected communities within Ilorin South Local Government Area, Kwara State. The population involved women of reproductive age. Data were collected using a structured questionnaire. The sample size of 245 women was determined using Fisher's formula. A multi-stage sampling technique was used to select participants. The results indicate a significant relationship between the sociodemographic characteristics (age, place of delivery, education level, husband's education level, occupation, and monthly income) and TBA utilization at a p-value of 0.0001 for all sociodemographic characteristics were less than 0.05 ($p < 0.05$) when using a chi-square test level of significant association threshold at a p-value of 0.05. As a result, the alternative hypothesis was accepted and the null hypothesis, which suggests no correlation between sociodemographic traits and the use of TBAs, was rejected. The study highlighted the complex interplay of cultural norms, healthcare access, financial considerations, and personal experiences in influencing childbirth decisions. The preference for TBAs, driven by their perceived friendly and professional attitudes, underscores the need for integrating TBAs within the healthcare system. The findings suggest a need for targeted interventions to improve maternal healthcare access and quality, particularly in rural and underserved areas. The government should conduct training sessions for every identified traditional birth attendant and strengthen basic obstetric care and emergency procedures regulations to improve their skills and knowledge.

Keywords: Traditional Birth Attendant, Perceived factors, Utilization of TBAs Services, Women of Reproductive age, Nigeria.

Introduction

The World Health Organization (WHO) describes Traditional Birth Attendants (TBA) as individuals who help mothers during childbirth, learning their skills by delivering babies themselves or by training with other TBAs (WHO, 2018). TBAs are people without formal training who assist with deliveries using traditional methods passed down through generations. In Nigeria, a Traditional Birth Attendant (TBA) is someone who practices traditional health care and is officially registered under the Traditional Health Practitioners Act (Christian *et al.*, 2015). Researchers found that traditional birth attendants (TBAs) can be people with different levels of education, such as those who have gone to primary, secondary, or postsecondary school. However, most TBAs are uneducated, while the educated ones usually have primary or secondary education. For a long time, doctors and scientists who were trained in the Western world did not think traditional birth attendants (TBAs) were important (Amara *et al.*, 2016). But in the late 1980s, the World Health Organization realized that TBAs help lower the number of mothers and babies who die during childbirth. The WHO says that TBAs can make a big difference in the health of mothers and babies in local communities. They are especially helpful in places where most babies are born at home (Bang *et al.*, 2015).

In Nigeria, traditional birth attendants also referred to as traditional midwives, offer fundamental medical care, encouragement, and guidance both during and after pregnancy and childbirth. Their expertise is primarily derived from the unofficial experience and knowledge they have gained from their home communities' customs and traditions (Oluwakemi, 2015). They often work in isolated, rural, and other medically underserved locations; they may not have received formal education or training in providing healthcare, and they may not have professional requirements like certification or licensing. Instead, they may have learned their skills through apprenticeships or self-study. TBAs might or might not be included in the official healthcare system (Oluwakemi, 2015). TBAs help deliver 40 - 60% of babies at home (Christian *et al.*, 2015). TBAs are important in their communities and give insight into local customs and traditions related to childbirth and taking care of newborns. About 65% of births happen outside of hospitals with Traditional Birth Attendants (TBAs). They are being trained by NGOs to help with preventing the spread of HIV from mother to child (FMOH, 2021). Challenges like not enough women using these services (35.5%), not enough facilities for these services (27%), not enough women going for prenatal care (58%), and not enough women giving birth in hospitals (35%) can be helped by TBAs (FMOH, 2021).

In Nigeria, approximately 800 women pass away out of 100,000 live births. Organizations like WHO, UNICEF, the World Bank, and the United Nations Population Fund say around 58,000 mothers die in Nigeria each year. Even though many mothers are dying, not many women are getting help from trained healthcare workers, and lots of them are still using untrained birth attendants. Research has found that in Kwara State, women of childbearing age do not know much about the risks of having a baby with someone who is not trained to help (Oshonwoh *et al.*, 2014). Nigeria accounts for roughly 19% of maternal deaths worldwide, making it the second-highest contributor (Okafor *et al.*, 2014). By identifying the problems and sources of barriers to accessing quality obstetric care, government and policymakers as well as healthcare providers can develop targeted interventions to increase utilization of TBAs and promote safe childbirth practices. This research can also help to inform community-based maternal and child healthcare programs of avenues to better outcomes. Understanding the social, economic, and cultural factors driving women to seek the services of traditional birth attendants can lead to the integration of standard traditional practices with modern healthcare services, ultimately improving access to quality care for all pregnant women among selected underserved communities in Ilorin South Local Government Area, Kwara State, Nigeria.

Methodology

Study Design and Settings

A multi-stage random sampling technique was employed to select compound households consisting of reproductive women aged 15-49 years within the selected communities. This descriptive cross-sectional study aimed to assess the Perceived Factors Influencing the Utilization of Traditional Birth Attendants (TBAs) Services Among Women of Reproductive Age in Ilorin South Local Government Area, Kwara State, Nigeria, using a quantitative method of data collection. Ilorin South is a [Local Government Area](#) in [Kwara State created in 1996](#) in [Nigeria](#). Its headquarters is situated in the town of Ipata. It has an area of 174 km², a population of 208,691 at the 2006 census, and a [postal code](#) of 240. It was made up of three districts and 10 wards. The districts were; **Akanbi, Balogun Fulani, and Okaka/Oke-Ogun. The Wards include;** Akanbi I, Akanbi II, Akanbi III, Akanbi IV, Akanbi V, Balogun-Fulani II, Balogun-Fulani III, Okaka I, Okaka II and [Oke-Ogun](#). Ilorin South constitutes Yoruba, Fulani, Nupe, Baruba, Kanuri, Igbo, and Hausa ethnic groups.

Inclusion and Exclusion Criteria

All reproductive-aged women (15-49 years) who are permanent residents of selected communities in Ilorin South Local Government and agreed to participate in the study were included.

The exclusion criteria were women outside the reproductive age group, those who were ill, those who declined to participate, and women who were not residents of the designated local government (Ilorin South).

Data Resources and Measurement

The study utilized a semi-structured interviewer-administered questionnaire, developed using a review of relevant literature and previous research. The questionnaire consisted of four sections: A (Socio-demographic data), B (Women's choice of place of delivery), C (Reasons for women's choice of places of delivery), D (Perceived factors influencing the utilization of TBA services by women of reproductive age), and E (Pattern of utilization of TBAs by Women of Reproductive Age)

Sample Size:

The sample size for this study was determined using Fisher's formula for sample size:

$$n = \frac{Z^2 Pq}{d^2}$$

Where n is the minimum sample size, Z is the standard deviation, set at 1.96, which corresponds to a 95% confidence interval, and P is the Prevalence rate i.e., the utilization of traditional birth attendants among the people of Ilorin Local Government Area 50% =0.50 (Araoye, 2004), q is the complementary probability of P, which is (1-p), that is, the percentage of women not involved in the utilization of services of Traditional Birth attendants = 1-0.50 (Araoye, 2004) =0.50, and d = degree of accuracy desired, usually set at 5% or 0.05. A total sample size of 245 was derived and included in the study.

Pretest

25 questionnaires were administered to a representative sample of women of reproductive age in selected communities, Ilorin South LGA, Kwara State. The purpose of the pretest was to evaluate the survey for its format and wording and to identify its strengths and weaknesses.

Method of Data Collection

Three (4) research assistants were recruited for this study, who were undergraduates in public health and were trained in the procedures of the questionnaire. The questionnaire was written in English, which was interpreted to Yoruba during the interviewing section of administering the questionnaire and was used to collect information as explained in each section. Anonymity and confidentiality of the information obtained was assured and maintained

Measurement of Variables and Data Processing

Associations were tested between the outcome variable/dependent variables (factors influencing the utilization of services of traditional birth attendants) and the independent variables/factors (socio-demographic Information i.e. Age, Educational level, Place of Delivery, Financial Income, Marital Status, and occupation).

Data Analysis

The data collected was cleaned and preprocessed. The data analysis was conducted about the analysis structure to achieve the objective set at the onset. The data were summarized using tables, graphs, and charts. A chi-square was used to test the associations between the outcome variables and the independent variable factors. Epi-info statistical software package version 3.5.1 was used for data analysis. The level of significance for the statistical tests was set at 0.05.

Consent of Protection of Human Subjects

There was no identifying information such as names in the data given by the respondents. The identified data was encrypted and stored in a separate file to ensure utmost confidentiality, this file was later used and accessed by authorized personnel to link the data for logistical and management purposes. The collected data was stored and secured safely.

Ethical Consideration

Permission to conduct the study was obtained from the Department of Public Health, Al-Hikmah University, Ilorin. Ethical approval was requested and obtained from the Ministry of Health, Kwara State, Nigeria (reference number **ERC/MOH/2024/02/181**) and was submitted to the heads of the selected communities. The approval of the elders from the study communities was obtained before the commencement of the study. We ensured that informed consent was obtained from the participants and that any information given by them would be treated with the utmost confidentiality and used for educational research only. Strict ethical principles were duly practiced during the study, and participation was voluntary.

Results

Demographic data

The socio-demographic data for the study population are provided in **Table 1.0**. From the survey of the 245 respondents, the average age was 34.41 with a standard deviation of 9.92. Almost all 231 (94.3%) of the respondents are married, two-thirds 168 (68.6%) have 1-3 children, close to two-thirds 156 (63.7%) had a secondary level of education, most 168 (68.6%) of the respondents are traders and only few 37 (15.1%) of the respondents earn 50,000 naira and above. The Women's Choice of Place of Delivery among the residents of the selected communities is provided in **Table 2.0**. The findings show that close to half 121 (49.4%) preferred a medically assisted childbirth and half 116 (47.3%) preferred a natural childbirth. Most 102 (41.6%) of the respondents preferred these services to be rendered by TBAs, and more than one-third 89 (36.3%) of the respondents preferred a calm and reassuring attitude from their birth assistant personnel. The Reasons for Women's Choice of Place of Delivery is provided in **Table 3.0**. The findings show that three-quarters 184 (75.1%) of the respondents indicated the importance of nearness to healthcare facilities where they deliver, majority 196 (80%) believed that their trust in healthcare providers and the system decides where they give birth, more than two-third 182 (74.3%) indicated the influence of their financial status on the decision of place of delivery, almost all 227 (92.7%) of the respondents indicated that their past deliveries determine where they choose to give birth. Most 191 (78%) of the respondents indicated that their views on medical procedures affect where they choose to give birth.

Table 4.0 justifies the factors influencing the utilization of the services of TBAs which shows that more than one-third 111 (45.3%) of the respondents perceived that the TBAs do not use clean tools, close to half 110 (44.9%) believed TBAs are skilled enough to help deliver a baby, more than two-thirds 175 (71.4%) of the respondents do not support the ban of TBAs practice, half 118 (48.2%) believed TBAs help maintain the cultural childbirth practice and close to half 111 (45.3%) believed that the TBAs improve maternal health in underserved areas. The Pattern of Utilization of TBAs by Women of Reproductive Age in **Table 5.0** shows that more than one-third 101 (41.2%) of the respondents have utilized TBA services of whom one-third 36 (35.6%) have utilized TBA services twice. Association between Sociodemographic Characteristics and the Utilization of Services of TBAs in **Table 6.0**, using a chi-square test level of significant association threshold at a p-value of 0.05, the result shows a significant association between the sociodemographic characteristics (Age, Parity, Place of delivery, Level of education, Husband's level of education, Occupation, and Monthly income) on the utilization of TBAs at p-value less than 0.05. Therefore, the null hypothesis which posits no association between the sociodemographic characteristics and the utilization of services of TBAs is rejected and the alternative hypothesis was accepted.

Table 7.0 shows the results from logistics Regression, age groups 21-25, 26-30, 31-35 and 36 years and above are 7.8, 9.0, 19.2 and 25.0 times, respectively more likely to utilize TBAs than age group 20 years below (Odd Ratio = 7.80; p-value= 0.20; Odd Ratio = 8.98, p-value= 0.175; Odd Ratio = 19.14, p-value=0.062; Odd Ratio = 25.0, p-value=0.052). Respondents with 4 or more children are 2.4 times more likely to utilize TBAs than those with a smaller number of children (Odd Ratio = 3.04, p-value= 0.114). Respondents who deliver at home are 58.4 times more likely to utilize TBAs than who deliver at a government healthcare setting (Odd Ratio= 58.39, p-value <0.001) and respondent who earns 20,000-34,999, 35,000-49,999 and 50,000 above are 76%, 89% and 84% less likely to utilize traditional birth attendance than those earning 5,000-19,999 monthly (Odd Ratio = 0.240, p-value= 0.172; Odd Ratio = 0.112, p-value= 0.092; Odd Ratio = 0.156, p-value= 0.253).

Discussion

The purpose of the study is to identify the variables influencing the decision to choose traditional birth attendants (TBAs) for delivery. The results show that while a comparable percentage (47.3%) chose natural childbirth, over half of the respondents (49.4%) preferred medically assisted childbirth. Furthermore, over one-third (41.6%) said they would prefer that TBAs provide these childbirth services; this is similar to the range of 39%–45% that other studies have found for non-institutionalized deliveries among women (Amorim, 2018). TBA homes were the most popular delivery sites outside of medical facilities in a study by Johnson et al. (2020) and two related studies in southern Nigeria (Amorim, 2018) (23.3%, 11.9%, and 45% respectively). Additionally, a majority of the participants (36.3%) expressed a strong preference for a composed and comforting demeanor from their birth attendant staff, which is consistent with results from previous research studies in which the attitudes of healthcare providers were shown to be noteworthy (Johnson *et al.*, 2020).

When delivering, the majority of respondents (75.1%) stated that accessibility to medical services is crucial. Eighty percent (80%) of respondents said their choice of delivery location was impacted by their level of trust in the healthcare system and healthcare personnel. In line with studies by Abubakar et al. (2017), and Johnson et al. (2020), where service costs were a determining factor for women's choice of delivery location, more than two-thirds (74.3%) indicated that their financial status affected their decision on the place of delivery. The majority of respondents (78%) said that their opinions on medical procedures had an impact on their choice of delivery location, and nearly all (92.7%) said that previous delivery experiences had influenced their choice of birthplace. Nearly half (44.9%) of the respondents thought TBAs were competent enough to help with childbirth, whereas more than half (45.3%) said they did not use clean tools. According to Johnson et al. (2020), there is a preference for TBA homes because of their professional yet welcoming demeanor towards pregnant moms. The majority (71.4%) did not agree that TBA activities should be outlawed. Nearly half (45.3%) of the respondents considered that TBAs boost maternal health in underprivileged areas, and half of the respondents (48.2%) stated that TBAs help retain cultural delivery practices.

According to the findings, 41.2% of the respondents have used TBA services, and 35.6% of them have used them twice. The findings indicate a strong correlation between the use of TBAs and several sociodemographic characteristics. The chance of employing TBA services is specifically influenced by parameters including age, number of children, place of delivery, educational attainment of both the responder and their spouse, occupation, and monthly income. These results are in contrast to those of a study conducted by Amorim, (2018), which revealed no connection between the choice of delivery and age or educational attainment. The results of the logistic regression analysis shed important light on the variables affecting the probability of using traditional birth attendants (TBAs), highlighting the importance of different demographic traits. One important factor that influences the utilization of TBA services is age. According to the analysis, people who are 21–25, 26–30, 31–35, and 36 years of age and older are 7.8, 9.0, 19.2, and 25.0 times more likely, respectively, to use TBA services than people who are 20 years of age or younger. This points to a pattern where elderly people are more likely to rely on TBAs. One additional noteworthy factor is the number of children had by the responder.

The likelihood of using TBA services is 2.4 times higher for families with four or more children than for those with fewer children. This conclusion is consistent with the findings of Emelumadu *et al.* (2014), who found that multiparous women had a higher propensity to use TBAs. The delivery location has a big impact on TBA utilization; home and government healthcare facility deliveries show a sharp difference. Compared to deliveries at government healthcare facilities, home births have a 58.4-fold higher likelihood of depending on TBAs. This demonstrates how important the delivery environment is when deciding whether to use TBA services. The use of TBA is also significantly influenced by one's financial situation. The analysis indicates that respondents with higher income levels, specifically those earning between 20,000-34,999, 35,000-49,999, and above 50,000, are significantly less likely to use TBA services, with reductions of 76%, 89%, and 84%, respectively, compared to those earning between 5,000-19,999 monthly.

Limitations

The study was limited to the use of open and close-ended questionnaires. A mixed method would have most likely given more information, as qualitative and quantitative have inherent strengths, combining both methods can integrate the strengths of both approaches. Some of the respondents were not willing to respond to some or all questions on the questionnaire. However, this possibility was tackled by encouraging the respondents to provide honest responses and assuring them that all information they supplied would be used for research purposes only and would be handled with utmost confidentiality.

Conclusion

This study delved into the intricate web of factors influencing the utilization of Traditional Birth Attendants (TBAs) among women of reproductive age in Ilorin South Local Government area of Kwara State, Nigeria. The findings revealed the diverse choices and reasons that influence women's choice of place of delivery. The study highlighted the prevalent preferences among respondents, with almost half opting for medically assisted childbirth while an equal proportion favored natural childbirth. The preference for TBAs was not only influenced by cultural norms but also by the perceived friendly and professional attitude of TBAs towards expectant mothers. It emphasizes the importance of healthcare access and trust in healthcare providers. The perceived factors identified from these findings include the Sociocultural and Socioeconomic factors (i.e. cultural acceptability, TBA services are closer and accessible to residents, affordability and Compassionate care than the orthodox health workers) have been the main factors yielding to consistent patronage and utilization of services with Traditional Birth Attendants within the selected underserved communities in Ilorin South Local Government area of Kwara State.

Recommendations

We recommend the Federal and State Governments through the Ministry of Health (Department of Public Health) to intensify awareness and public education on the risks associated with the utilization of services from untrained traditional birth attendants and also conduct training sessions for every identified traditional birth attendant on basic obstetric care and emergency procedures to improve their skills and knowledge yielding to the betterment of maternal and child health outcomes. Implementation of Policies on the integration of traditional birth attendants into the formal healthcare system to ensure better coordination and referral processes. Strengthening the regulations of trained and certified traditional birth attendants by the government will ensure consistent monitoring of TBAs following safe practices and standards leading to a decrease in maternal and child morbidity and mortality.

References

- Abubakar, S., Adamu, D., Hamza, R., & B. Galadima, J. (2017). Determinants of Home Delivery among Women attending Antenatal Care in Bagwai Town, Kano Nigeria. *African Journal of Reproductive Health*, 21(4), 73–79.

- Amara F Chizoba, Madu Edward, Ezeobi Edith, Akujuo Mmaduabuchi, Johnbull Egharevba (2016). Level of awareness versus level of participation in the HIV/AIDS response among non-formal health care providers in Nigeria; a comparative study. *South American Journal of Medicine*. 4(2).
- Amorim, D. S. D. C. M. (2018). Newborn and maternal outcomes in out-of-hospital delivery: a review.
- Araoye, M.O. (2004). Sample size determination. *Research methodology with statistics for health and social sciences*. 1st Ed. Ilorin: *Nathadex Publishers*.115-120
- Bang AT, Reddy HM, Bang RA, Deshmukh MD. (2015). Why do neonates die in rural Gadchiroli, India? (Part II): Estimating population attributable risks and contribution of multiple morbidities for identifying a strategy to prevent deaths. *American Journal of Health Research*. 3(4):232-238.
- Christian O. Isichei, Arthur J. Ammann (2015). The role of trained birth attendants in delivering PMTCT services. *American Journal of Health Research*. 3(4): 232-238.
- Emelumadu, O. F., Ukegbu, A. U., Ezeama, N. N., Kanu, O. O., Ifeadike, C. O., & Onyeonoro, U. U. (2014). Socio-demographic determinants of maternal health-care service utilization among rural women in Anambra State, South East Nigeria. *Annals of medical and health sciences research*, 4(3), 374-382.
- Federal Ministry of Health (FMOH), (2021). "Nigeria health facility registry." Retrieved (<https://hfr.health.gov.ng/statistics/tables>).
- Johnson, O. E., Obidike, P. C., Eroh, M. U., Okpon, A. A., Bassey, E. I., Patrick, P. C., Ebong, P. E., & Ojumah, E. (2020). Choices and determinants of delivery location among mothers attending a primary health facility in Southern Nigeria. *Nigerian postgraduate medical journal*, 27(1), 42-48.
- Okafor I, Sekoni A, Ezeiru S, Ugboaja J, Inem V. (2014). Orthodox versus unorthodox care: A qualitative study on where rural women seek healthcare during pregnancy and childbirth in Southwest, Nigeria. *Malawi medical journal: the journal of Medical Association of Malawi*. Jun 1; 26:45–9.
- Oluwakemi Gbadamosi (2015). TBAs and Nigeria's maternal and infant health; lessons learned from the field. *Youthub Africa*.
- Oshonwoh FE, Nwakuwo GC, Ekiyor CP. (2014). Traditional birth attendants and women health practices: A case study of Patani in Southern Nigeria. *Journal of Public Health Epidemiology*. 31;6(8):252–61. 13.
- World Health Organization Nigeria. (2018). Nigeria fights high maternal mortality through improved quality of care | WHO | Regional Office for Africa. Retrieved September 16, 2018, from <https://afro.who.int/news/nigeria-fights-high-maternal-mortality-through-improved-quality-care>.