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Utilization and Effect of Traditional Birth Attendants among the Pregnant Women in Kahoora Division Hoima District

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ABSTRACT

The study conducted in the Kahoora division of Hoima district in western Uganda examined the utilization and effect of Traditional Birth Attendants (TBAs) among pregnant women. The study included traditional birth attendants, pregnant women, and mothers, who consented. Data was collected through a questionnaire, with the researcher's assistance. The majority of mothers were Banyoro, with the commonest age group being 30-35 years. The majority were married and had a primary education level. The distance to health centers was mainly 5-10) kilometers, with major costs ranging from 3001-5000 Uganda shillings. 67.3% of mothers visited TBAs twice, and 63.3% received no complications. The main reasons for choosing TBAs were cost-effectiveness and distance. 53.1% of mothers learned about TBAs from relatives and friends, but 83.7% had used them but didn't recommend others. The most common complications seen by TBAs were bleeding after birth and stillbirth, with 26.5% and 14.3% respectively. 57.1% of TBAs didn't know the prevention of child transmission of HIV. All TBAs said the government knew about their services, and the commonest challenge was over-bleeding. 53.1% of TBAs said their services were worse compared to midwives' and doctors' services. The study concluded that TBAs remain vital in communities, especially in the Kahoora division.

Keywords: Traditional Birth Attendants, Pregnant women, Mothers, Bleeding after birth, Stillbirth.

INTRODUCTION

In recent years, with changes in society and modern healthcare systems, a need to re-examine the definition, role, and future of traditional birth attendants (TBA) has emerged. The purpose of TBA is for motherly and child health to identify the issues involved in TBA training and practices of TBA programs to guide dynamic healthcare policies. Maternal mortality and morbidity are some of the most important global health issues facing the world today. Worldwide, approximately 1000 women die each day from pregnancy and childbirth-related causes [1, 2]. In addition, 99% of these maternal deaths occur in the developing world, with sub-Saharan Africa accounting for over half of these deaths [3, 4]. Africa has a higher number of 190,000 maternal deaths with a maternal mortality rate of 620 per 100,000 live births and a lifetime risk of 1 in every 32 [5]. In the same trend, 287,000 global maternal deaths were recorded in 2010 with Sub-Saharan Africa having 56%, and South Asia at 26% both accounting for 85% global burden of maternal mortality with a global maternal mortality rate of 210 per 100,000 live births and lifetime risk 0f 1 in every 180 [6]. The developed regions recorded a total maternal death of 2,200 with a maternal mortality rate of 16 per 100,000 and a lifetime risk of 1 in every 3800. In 2008 estimates by WHO, UNICEF, UNFPA and World Bank showed that 50,000 Nigerian women died of pregnancy and childbirth-related cases with a maternal mortality of 840 per 100,000 live births. In 2010 the estimate indicated a decline from 840 to 630 per 100,000 live births [7] The contribution of TBA in the improvement of maternal and child health especially in rural areas cannot be unrecognized. TBA has remained one of the alternatives of health resources for women of childbearing age in most local communities of Nigeria. 88.8% of the respondents were aware of TBA services though only 39.3% of users and non-use are convinced of the opinion that the measures used by TBA are effective. This resulted in poor perception (58.1%) of the practice of TBA on improving maternal and child health by women of childbearing age. (E, C and P, 2014) TBA functions were: "taking normal delivery" (56.7%), "providing antenatal services" (16.5%), "Performing

caesarean section" (13.0%), "providing family planning services" (8.2%), and "performing gynaecological surgeries" (5.6%). About (61.0%) of respondents believed that TBAs have adequate knowledge and skills to care for them, however, approximately (69.7%) of respondents acknowledged that complications could arise from TBA care. Services obtained from TBAs were: routine antenatal care (81.1%), normal delivery (36.1%), "special maternal bath to ward off evil spirits" (1.9%), "concoctions for mothers to drink to make baby strong" (15.1%), and family planning services (1.9%) [8]. According to the World Health statics report in 2010, Uganda's under-five mortality rate was 147 per 1000 deaths in rural areas and 115 per 1000 deaths in urban areas in 2006. In addition to this Uganda was reported with few medical workers in the years 2000-2009 i.e. physicians were 3361, nurses and midwives were 37,625, dentistry personnel were 440, pharmaceutical personnel were 762, and environment and public health workers were 1042 [9]. In addition to this, the World Health Statistics 2017 showed the maternal mortality ratio per 10000 live births in 2015 in Uganda was high, 343. The proportion of births attended by skilled personnel (20052016) was 57%. The under-five mortality and neonatal mortality was 54.6 per 1000 births.

The skilled health professional density from 2005-2015 was less than 14.6 per 10000 people. By 2030, WHO targets to reduce the global maternal ratio to less than 70 per 100,000 live birth but in 2015 Uganda had 343 WHO also targets to end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 birth and under-five mortality to at least as low as 25 per 1000 live births which was averaging to 54.7 per 1000 in Uganda from 2005-2016 [10, 11]. TBAs are not skilled attendants and so they are not adequately trained or equipped to handle complicated cases. They only attend to normal delivery. Their real ability to refer to emergencies is questionable. They do not know the actual or appropriate places to refer cases to. They are not monitored or supervised and that makes them to be lord of their own. They do not know their limits, and make every attempt whether they will succeed or not. TBAs are not hygienic, as they sometimes neglect hand washing, non-sterilization of instruments, environmental sanity not maintained and others which will cause more harm than good to them and their patients. They use herbs during delivery to facilitate dilatation which may lead to infecting the mother and the baby [12–15]. There is a need to understand key factors influencing women's health and health-seeking behaviour for the future improvement in maternal morbidity and mortality. This study addresses these gaps in knowledge and will provide a more comprehensive understanding of the factors influencing the health status of women in Uganda and ways to improve reproductive health.

METHODOLOGY

Study design

The researcher used a cross-sectional survey design because the study intended to pick only some representative sample elements of the cross-section of the population. Quantitative and qualitative approaches were adopted to enhance the understanding of the meaning of numbers giving precise and testable expression to qualitative ideas.

Area of Study

The study was conducted in Kahoora in Hoima district in western Uganda.

Study population

The target population was traditional birth attendants, pregnant women and mothers in Kahoora in Hoima district since the research was interested in examining the utilization and effect of Traditional Birth Attendants (TBAs) among pregnant women. The study population was obtained according to selection criteria, that is inclusion and exclusion criteria.

Inclusion criteria

Two categories of respondents were included in the study. These were traditional birth attendants, pregnant women and mothers in the Kahoora division in the Hoima district within the study period, who will have consented. These respondents were selected using random sampling on a first come first serve basis.

Exclusion criteria

All traditional birth attendants, pregnant women and mothers not willing, too ill, with mental illness were excluded.

Sampling procedure

A sample refers to the proportion of the population (Enukoha et al, 2011). The formula (Burton Et al 1965 sample estimation), S=DN/T was used. S: Sample size, D: Days spent collecting data, N: Number of people interviewed, T: Time taken interviewing a respondent.

Sample size estimation

The researcher used a sample size of 143 respondents because it is accessible given the resources that are available and the population of Kahoora makes this easy. The researcher selected the sample using the sample size determination table formulated by Krejcie [16]. These were as follows;

Table 1: Krejcie's table

Populasi (N)	Sampel (n)	Populasi (N)	Sampel (n)	Populasi (N)	Sampel (n)
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Data Collection instruments

The researcher used interviews and questionnaire type of instruments to collect data.

Interviews

Interviews were used to collect in-depth information about the topic follow-up with certain respondents to further investigate their responses and serve the purpose of triangulation (Amin, 2005).

Questionnaires

A questionnaire consisting of both closed and open-ended questions was used to collect data. The questionnaire was filled out by traditional birth attendants, pregnant women and mothers with the assistance of the researcher in case it is needed.

Dependent variables

Deciding to seek care, identifying and reaching health facilities, and receiving adequate and appropriate.

Independent variables

These included; social-economic factors, perceived accessibility, and perceived quality of care. Such as women's status, illness, economic status, education status, Family income, Distance, Transport, Cost, Reputation, satisfaction with outcomes, and satisfaction with service.

Intervening variables

Presence of health facilities, presence of TBAs, availability of resources

Data collection management

A questionnaire consisting of both closed and open-ended questions was used to collect both qualitative and quantitative data. Qualitative data was collected about pregnant women's practices, knowledge of TBAs and the impact of TBAs. Quantitative data was collected about demographic characteristics, individual TBA factors and health-seeking behaviour.

Data analysis

Statistical Package for SPSS or Excel was used for data entry and analysis. Descriptive analysis was done and presented in terms of mean, and median. The frequency was reported in terms of numbers and percentages using tables.

Quality control

In order to ensure quality control questionnaires werepre-tested and adjustments will be made accordingly.

Ethical Considerations

Privacy and confidentiality were the major ethical considerations in this research study. The research satisfied these concerns as follows. He first obtained a letter from Kahoora division in Hoima district interviews before the commencement of the study. The respondents were assured that their names and other personal information would not be disclosed. The respondents were free to withdraw anytime during data collection. That is, the researcher ensured as much as possible that participation in the research was voluntary. The collected data was presented as a group instead of individual analysis. The research respected the rights of the Kahoora division in the Hoima district by conducting the research objectively.

RESULTS

Pregnant Women and Mother Findings on TBAs

Table 2: A table showing mothers' socio-demographic findings

Tribe of mothers		
Valid	Frequency	Per cent
Munyoro	89	89.8
Mukiga	7	8.2
Muganda	2	2.0
Total	98	100.0
Mothers' age		
15-19	6	6.1
20-25	19	20.4
26-29	22	22.4
30-35	37	38.8
36-40	8	8.2
above 40	6	4.1
Total	98	100.0
Level of education		
Primary	44	44.9
Secondary	16	16.3
Uneducated	38	38.8
Total	98	100.0
Marital status		
Married	41	40.8
Single	18	18.4
Divorced	39	38.8
Total	98	98.0
Missing system	2	2.0
Total	**98**	**100.0**

From the table above majority of the respondents were Banyoro accounting for 89.8% of the respondents and the commonest age group was (30-35) years accounting for 38.8% of the respondents. Their education level was majorly primary and uneducated level accounting for 44.9% and 38.8% respectively. And the majority were married accounting for 40.8% of the respondents.

Table 3: A table showing distances and costs to the health center

		Frequency	Percent
	Distance from the nearest health center		
Valid	below 5km	8	16.3
	5-10 km	23	46.9
	11-15 km	12	24.5
	above 15 km	6	12.2
	Total	49	100.0
	Cost to the health center		
	500-3000	10	20
	3001-5000	30	60
	5001-10000	5	10
	above 10000	4	10
	Total	**49**	**100.0**

From the table distance to health, centers were mainly (5-10) Km accounting for 46.9% and costs were majorly in the range of (3001-5000) Uganda shillings accounting for 60% of the respondents that participated.

Table 4: A table showing mothers' relationship with TBAs Recommending others

		Frequency	Per cent
Valid	Yes	10	10.2
	No	83	83.7
	Total	93	93.9
Missing	System	2	2
Total		98	100.0
	Received complications		
Valid	Yes	32	32.7
	No	62	63.3
	Total	94	95.9
Missing	System	4	4.1
Total		98	100.0
	Reason for preferring TBAs		
Valid	cost-effective	36	36.7
	Distance	30	30.6
	cultural beliefs	10	10.2
	forced by the husband	8	8.2
	pressure from relatives	4	4.1
	saves time, no need for admissions	2	2.0
	forced by the mother-in-law	2	2.0
	Total	92	93.9
Missing	System	6	6.1
Total	cost-effective	98	100.0
	Coming to know TBAs		
	relatives and friends	52	53.1
	Radios	14	14.3
	Posters	26	26.5
	local leaders	2	2.0
	TBAs	2	2.0
	Total	96	98.0
Missing	System	2	2.0
Total		**98**	**100.0**

According to the table above majority received no complications accounting for 63.3% of the respondents. The main reasons why they preferred TBAs were cost-effectiveness and distance accounting to 36.7% and 30.6% respectively. The majority of the respondents got to know about TBAs from relatives and friends accounting for 53.1% of the respondents. Though most of the respondents had used TBAs they didn't recommend others accounting for 83.7% of the respondents.

Table 5: Table showing the number of receiving TBAs services

Number of receiving TBAs Services			
		Frequency	**Per cent**
Valid	Once	20	20.4
	Twice	66	67.3
	Thrice	4	4.1
	more than 3	8	8.2
	Total	**98**	**100.0**

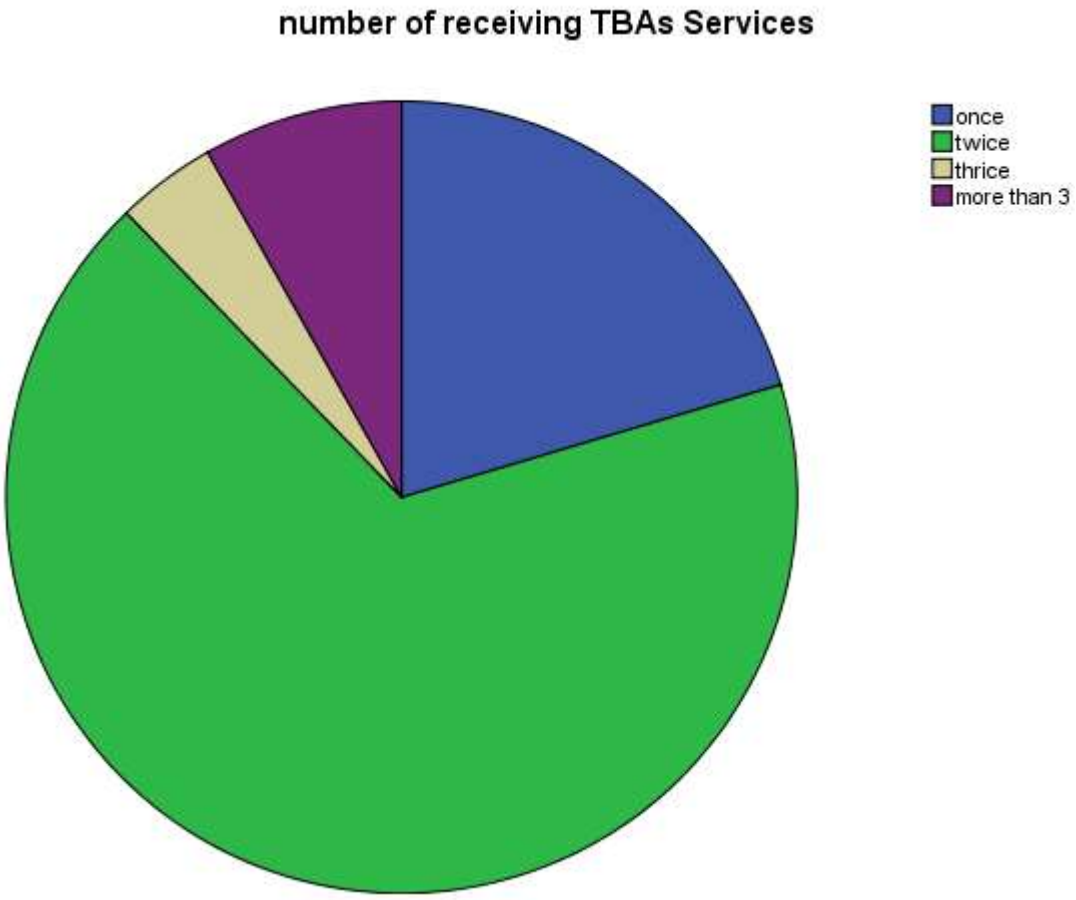

Figure 1: Pie chart illustrating number of receiving TBAs services

From the pie chart above majority of the respondents had visited the TBAs twice accounting for 67.3% of the respondents.

Information from TBAs

Table 6: A table showing information from TBAs

		Years of experience	
		Frequency	Per cent
Valid	One	2	2.0
	Two	4	4.1
	Three	14	14.3
	more than 3	78	79.6
	Total	98	100.0
		Way of learning about TBA practices	
Valid	from other traditional attendants	68	69.4
	from medical professional	30	30.6
	Total	98	100.0
		Services Offered	
Valid	ANC	12	12.2
	Helping in giving birth	70	71.4
	supportive health	8	8.2
	helping complications	2	2.0
	monitoring mother	4	4.1
	Total	96	98.0
Missing	System	2	2.0
Total		98	100.0
		Number of women per month	
Valid	less than five	64	65.3
	5-10	28	28.6
	11-15	4	4.1
	Total	96	98.0
Missing	System	2	2.0
Total		98	100.0
		Point of pregnant women starting coming to TBA	
	less than 3 months	6	6.1
	3-9 month	56	57.1
	After giving birth	32	32.7
	Total	94	95.9
Missing	System	4	4.1
Total		98	100.0
		Place of delivering	
	delivery rooms	52	53.1
	their homes	38	38.8
	TBAs home	2	2.0
	special rooms	2	2.0
	Total	94	95.9
Missing	System	4	4.1
Total		**98**	**100.0**

From the table above most of the TBAs had experience above 3 years accounting for 79.6% of the respondents. The TBAs were mainly helpful in assisting mothers to deliver accounting for 71.4% of the respondents. They had mainly assisted less than 5 mothers in giving birth accounting for 65.3% of the respondents. The majority of them started visiting TBAs within a period of (3-9) months accounting for 57.1%. Most of the TBAs had delivery rooms accounting for 53.1% of the respondents.

Table 7: Table showing the period of learning about TBA Period of learning about TBA

		Frequency	Per cent
Valid	1990-1999	44	44.9
	2000-2009	36	36.7
	2010-2017	16	16.3
	Total	96	98.0
Missing	System	2	2.0
Total		**98**	**100.0**

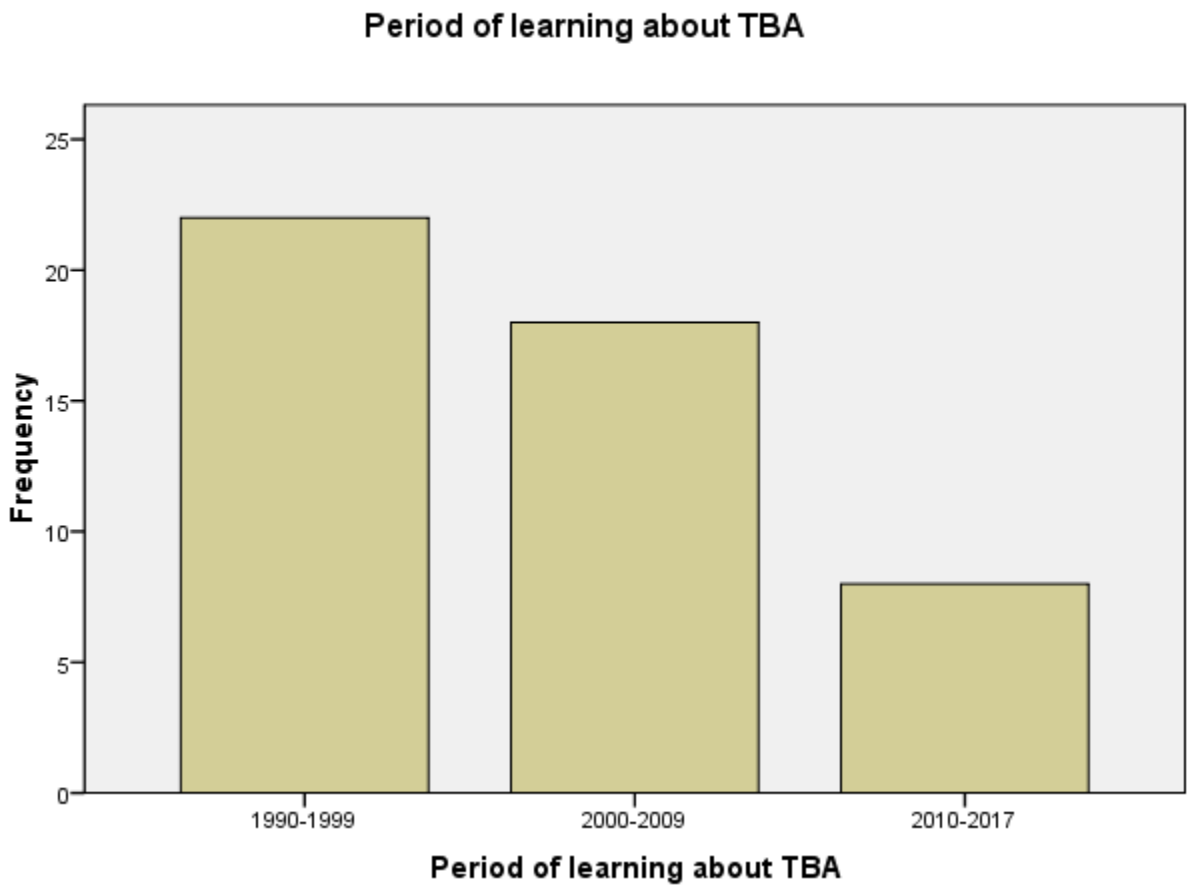

Figure 2: A graph illustrating years TBAs started learning about TBAs

From the graph above TBAs got to learn about TBAs practices from other TBAs accounting for 69.4% and had started their practices from year 1990-1999 accounting for 44.9% of the respondents.

Table 8: A table showing TBA health conditions

Typical complications seen by TBAs			
		Frequency	Percent
Valid	bleeding before birth	2	2.0
	bleeding after birth	26	26.5
	Stillbirth	14	14.3
	retained placenta	6	6.1
	death of the mothers	2	2.0
	neonatal infections developed at birth	2	2.0
	Fetal distress	2	2.0
	aneamic mothers	2	2.0
	maternal death	6	6.1
	poor transport means	6	6.1
	prolonged labour	2	2.0
	death of the mother	2	2.0
	Total	72	73.5
Missing	System	26	26.5
Total		98	100.0
	Child transmission of HIV prevention by TBAs		
Valid	Yes	34	34.7
	No	56	57.1
	Total	90	91.8
Missing	System	8	8.2
Total		98	100.0
	Government knowledge of TBAs		
Valid	Yes	98	100.0
	Challenges faced in helping a woman deliver		
	over bleeding	48	49.0
	Death	16	16.3
	interference by the local leaders to pay taxes	2	2.0
	maternal stress	6	6.1
	prolonged labour	4	4.1
	Poor means of transport	8	8.2
	Eclampsia	4	4.1
	government intervention and receiving little or no salary	2	2.0
	Shortage of materials to use	4	4.1
	Tears	2	2.0
	Total	96	98.0
Missing	System	2	2.0
Total		98	100.0
	Traditional birthing services Vs midwives or doctors' services		
Valid	same	18	18.4
	better	26	26.5
	worse	52	53.1
	Total	96	98.0
Missing	System	2	2.0
Total		**98**	**100.0**

From the table above the typical complication seen by TBAs was bleeding after birth accounting for 26.5% and stillbirths making up 14.3% of the respondents. Most didn't know the prevention of child transmission of HIV accounting for 57.1% of the respondents. 100% of TBAs said that the government knew about their services and the commonest challenge was bleeding with 49.0%. 53.1% of TBAs said their services are worse compared to midwives' and doctors' services.

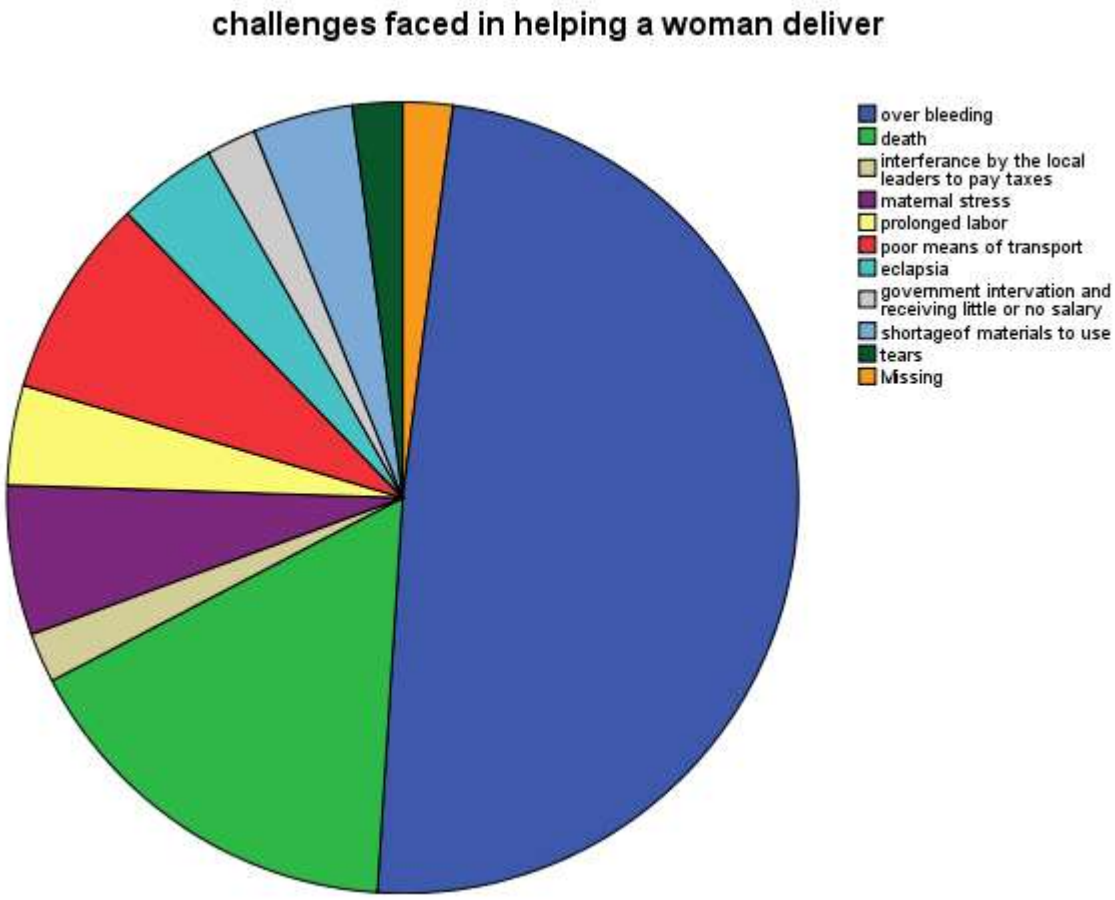

Figure 3: Pie chart illustrating challenges faced by TBAs

According to the pie chart above the major challenge faced by TBAs was over-bleeding followed by death.

DISCUSSION

Pregnant women and mother findings on TBAs

In this study, the majority of the mothers were Banyoro, accounting for 89.8% of the respondents. It was revealed that the most common age group utilizing Traditional Birth Attendants (TBAs) was (30-35) years, representing 38.8% of the respondents. Their education levels were predominantly primary and uneducated, accounting for 44.9% and 38.8%, respectively. This indicates that education was influenced by TBAs, as mothers with higher education were less likely to use TBAs. The majority of the mothers were married, comprising 40.8% of the respondents.

In a study on factors influencing the utilization of late antenatal care services in rural areas, specifically in Kisoro district by Centenary Gloria in 2010, it was established that TBAs were widely used by pregnant women and mothers in the study area. The research revealed that TBAs were appreciated in the community for adhering to delivery norms and always being available in emergencies. This aligns with our study, which found that the majority of mothers visited TBAs twice, representing 67.3% of the respondents. Additionally, a significant number of mothers began visiting TBAs within a period of (3-9) months, accounting for 57.1%, indicating the continued utilization of TBAs in the Kahoora division.

According to Centenary Ebuehi's study, respondents mentioned visiting TBAs because they were closer to the mothers than Antenatal Care (ANC) facilities[17]. The commonly cited reason for TBA use was the difficulty in transportation, leaving mothers with no alternative but to choose

TBAs[18–20]. This aligns with our study, where the main reasons for preferring TBAs were cost-effectiveness (36.7%) and proximity (30.6%). Centenary Gloria further revealed that respondents considered TBAs more accessible and flexible for home deliveries compared to health units. However, some respondents expressed concerns that TBAs were incompetent and not well-trained. In our study, although most respondents had used TBAs, they did not recommend them to others, accounting for 83.7% of the respondents.

Information on TBAs

According to this study, most of the TBAs had experience above 3 years accounting for 79.6% of the respondents. This shows that there is a possibility of them knowing clearly what they are doing. They got to learn about TBA practices from other TBAs accounting for 69.4% and had started their practices from year 1990-1999 accounting for 44.9% of the respondents. The TBAs were mainly helpful in assisting mothers to deliver accounting for 71.4% of the respondents. They had mainly assisted less than 5 mothers in giving birth accounting for 65.3% of the respondents. The majority of them started visiting TBAs within a period of (3-9) months accounting for 57.1%. Most of the TBAs had delivery rooms accounting for 53.1% of the respondents. In another study on why Traditional Birth Attendants are Still First Choices of Delivery Attendants for Pastoralist Communities of Afar, Ethiopia? Most TBAs said that if the lie is transverse or the hand comes first, they consider it high risk. If the hand comes first they try to push up and if failed, they refer. In the case of transverse lies, they refer. The other dangerous signs during labour they mentioned were that if the labour is prolonged for more than 2 days and the mother is too weak to push [21, 22]. In addition to that, all said that the major causes of maternal mortality are obstructed labour because of mal-presentation and narrowing of the vagina because of circumcision, and postpartum haemorrhage [23]. They said that every woman of childbearing age is circumcised and makes a vertical incision during labour. For post-partum haemorrhage in some areas they give some herb to stop and if not they refer the mother to health facilities. This study further revealed that the typical complication seen by TBAs was bleeding after birth accounting for 26.5% and still making up 14.3% of the respondents. Most TBAs didn't know the prevention of child transmission of HIV accounting for 57.1% of the respondents[24–26]. This creates a high chance of a child getting HIV. Despite all this 100% of TBAs said that the government knew about their services and the commonest challenge was bleeding with 49.0%. 53.1% of TBAs said their services are worse compared to midwives' and doctors' services.

CONCLUSION

The research reveals the importance of TBAs in communities, particularly in the Kahoora division of Hoima Uganda. Although few mothers recommend their use, the study highlights their significance to mothers. It recommends improving services offered by TBAs, especially in teaching them about child transmission of HIV at birth. The study also highlights the issue of mothers being far from health facilities, as delivery is an emergency. To address this, the study recommends expanding health posts, building health programs and nurses' capacity, and creating community confidence. A village-to-health facility-level transport system or camel camel-pulled cart system could be designed for mothers referred to health centers or hospitals. A stand-by ambulance should be available in all health centers for transport to hospitals. In the long run, emergency surgeons should be assigned to major health centers to avoid referrals to distant hospitals.

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