Pro Index | Journal of Science in Medicine and Life

Volume: 1 Issue: 4 Year: 2023

http://journals.proindex.uz

Perceived Factors Affecting Utilization of Traditional Birth Attendant in Moro Loval Government Area, Kwara State

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Abstarct: **BACKGROUND:** In Sub-Saharan Africa, inadequate maternal health services stand as a leading cause of women's mortality (Anyait et al., 2012). The use of unskilled home delivery poses a significant barrier to reducing maternal mortality (Oshonwoh et al., 2014), hindering the achievement of Sustainable Development Goal three, emphasizing good health and well-being.

OBJECTIVE: This study aims to investigate the perceived factors influencing the utilization of traditional birth attendants among residents in the Malete community, Moro LGA, Kwara State.

METHODS: A descriptive cross-sectional study involving 400 female residents of Moro LGA utilized a multi-stage sampling method. Seven communities in Moro Local Government Area, namely Elemere, Asomu, Shao, Olooru, Bode Saadu, Jebba, and Malete, were selected. In each of these communities, a few compounds were chosen using simple random techniques. Pregnant and non-pregnant women who had given birth within the last five years were recruited between July and August until the desired sample size was attained.

RESULTS: Almost half of the respondents were aged 25-34 years, while another significant portion fell between 35-44 years old. The majority identified as Yoruba, with 4.8% being Hausa, and the remaining 7.5% belonging to other tribes. The majority (95.3%) practiced Islam, while 4.8% practiced Christianity. Regarding residence, 71.3% of respondents lived in rural areas, and 28.8% in urban/semi-urban areas. Nearly half (44.0%) had secondary education, while 25.5% and 11.8% had primary and tertiary education, respectively. In terms of monthly income, 42.8% earned

less than 5000 monthly, and about one-third of husbands earned between 20,000-50,000. Occupationally, 36.8% were traders, 14.5% were housewives, and 21.3% were hairdressers. Only 14.0% of respondents were health insurance scheme cardholders.

CONCLUSION: This study indicates that the majority of respondents were acquainted with someone who had utilized traditional birth attendants, emphasizing the perceived cost-effectiveness of these services. Respondents with lower socio-economic status tended to utilize traditional birth attendants more frequently. The study suggests a rising trend in the utilization of traditional birth attendants in rural communities, driven by increasing healthcare costs and unemployment rates.

RECOMMENDATION: Policymakers and maternal health advocates should comprehend the factors contributing to the surge in maternal mortality rates and strive to formulate health policies addressing these issues. Additionally, funding agencies and non-governmental organizations (NGOs) can play a pivotal role by allocating funds to prioritize maternal health and offering financial support for this cause.

Key points: Traditional Birth Attendants, skilled birth attendants, antenatal care, Moro Local Government.

BACKGROUND OF THE STUDY

Efforts to improve maternal and child health outcomes in low and middle-income countries (LMICs)continue to evolve through international agreements such as the 2030 Sustainable DevelopmentGoals (SDGs) (Alexander *et al*., 2020). Under the SDGs, maternal, newborn and child health (MNCH) remains at the forefrontof health system reform efforts. Specific indicators call for reductions in maternal, neonatal and under-five mortality along with process measures including the proportion of births attended by skilled health personnel/skilled birth attendants (SBA) (Alexander *et al*., 2020). Globally, Sub-Saharan Africa has the highest rate of maternal mortality (Moyer & Mustafa, 2013). Poor maternal health service is one of the leading cause of death among women in Sub-Saharan Africa (Anyait*et al*., 2012). Use of unskilled home delivery is a major obstacle in reducing maternal mortality (Oshonwoh*et al*., 2014), and a major barriers to achieving Sustainable Development Goal three, which is good health and wellbeing. The number of women dying annually from pregnancy and childbirth related issues still remains a global health problem. Current trends in maternal deaths as recorded by World Health Organization shows that there has been a reduction in maternal deaths, however there has not been much progress in Sub-Saharan Africa including Nigeria (WHO,2015). Globally maternal mortality ratio (MMR) in 2013, was 210 live births per 100,000 live births (WHO, 2014). Out of the 289,000 global maternal deaths recorded in 2013, Sub-Saharan Africa recorded 179,00 (i.e. 62%) (WHO, 2014).

Despite ongoing efforts to increase facility access through user incentives and discourage the use of lay health personnel, a high proportion of births are still conducted by untrained or informally trained traditional birth attendants (TBAs) (UNICEF, 2019). Estimates place the percentage of births not supervised by an SBA at 44% for the least developed countries or roughly 60 million births worldwide (UNICEF, 2017). In sub-Saharan, central and west African countries, this percentage approaches half of all births (UNICEF, 2017). With severe intrapartum complications (e.g. intrapartum haemorrhage, preeclampsia, labor dystocia) affecting about 15% of all deliveries, the need for recognition and timely management of these complications is paramount(Hodgins, 2013; Say *et al*., 2014). This requires the presence of healthworkers trained to address obstetric and newborn emergencies as well as systems that support the continuous adherence and training on management guidelines.

The increase in resources directed towards facility-based deliveries has led to significantly more women in LMICs seeking antepartum and intrapartum care from officially recognized public and private-sector SBAs (Doctor *et al*., 2019). Although a positive step and one typically recognized at improving maternal and newborn health outcomes (Doctor *et al*., 2019), this has not always

produced the intended results. In some cases, as in a cohort study of nearly 29,000 women in Bangladesh, facility-based care was found to be associated with higher perinatal mortality for women with uncomplicated births as compared to uncomplicated home births supervised by TBAs (Khanam*et al*., 2018). Likewise, the 57% increase in hospital births in rural Indian states under the NationalRural Health Mission programme produced only a 2.5% reduction in the perinatal mortality rate(Singh *et al*., 2012). A major problem lies in the difficulty of continuously assessing and maintaining the competence, skills and knowledge of SBAs, especially in remote and rural areas, which in some studies fall far below expectations (Kruk *et al*., 2018).Major barriers reducing facility-based delivery by formally trained health workers includewomen's distance to a facility, actual and perceived quality or acceptability of services provided in those facilities, maternal and paternal levels of education, overcrowding and poor sanitary conditions in many public health facilities, financial barriers to accessing care and sociocultural practices, trust, tradition which may favour the use of TBAs for obstetric care (Sudhinaraset*et al*., 2013;Byrne *et al*., 2016; Dzomeku*et al*., 2017).

Research shows that utilization of skilled delivery during childbirth is an important factor in reducing maternal mortality (WHO, 2014). Consequently In Nigeria several interventions have been put in place to curtail the use of traditional birth attendant and in turn reduce maternal mortality (Erim*et al*., 2012). In developing countries millions of women still use the services of traditional birth attendant during delivery (Envuladu*et al*., 2013). Several studies have researched into the perceived factors affecting traditional birth attendant utilization in Nigeria, South Asia, Sub-Saharan Africa (Bangladesh, India, Pakistan, Kenya, Nigeria and Tazania), and Northern Nigeria (Tey& Lai, 2013; Adewemimo*et al*., 2014; Onasoga*et al*., 2014). Although these studies have given insight into the perceived factors affecting traditional birth attendant utilization as earlier mentioned, very few of these studies were conducted in rural communities. Considering this Nigerian rural community foregoing and the wide range in of difference between rural and urban community.It is imperative that this research be conducted within Malete, Moro Local Government Area, Kwara State.

The World Health Organization estimates that globally 830 women die each year due to pregnancy complications. In developing countries 239 per 100,000 live births versus 12 per 100,000 live births in developed countries (WHO, 2018). According to NDHS on percentage of birth type of birth attendant, 65.6 percent of child birth in Kwara state is delivered by a TBA (National Population Commision, 2013). Unskilled home delivery is one of the major threats to maternal and child health in Africa. Especially the use of traditional birth attendants (Abubakar*et al*., 2017). In communities where there are no health facilities these traditional birth attendants play a major role in saving the lives of women by assisting during delivery. Where there is no doctor, nurse or a community health worker a traditional birth attendant becomes the only option before, during and even after delivery (Olayinka*et al.,* 2014). The TBAs offers ANC and PNC services, which is of great help to the women who live in communities where there is no access to skilled health care, this is a common situation in most rural communities in Sub-Saharan Africa (Wilunda*et al*., 2014). Access to skilled health care and during pregnancy and child birth is necessary for both mother and child, and it is an indicator of the maternal and child health in that environment (Okafor*et al*., 2014).

Nigeria is the second largest contributor to maternal mortality, where about 19% of maternal mortality occur (Fapohunda&Orobaton, 2013). In Nigeria about 800 women die in 100,000 live birth (Tukur*et al*., 2016). WHO, UNICEF, World Bank and the United Nations Population Fund, estimates that about 58,000 maternal deaths occur in Nigeria every year (World Health Organization, Nigeria, 2018). Despite the high rate of maternal mortality, the use of skilled and professional health services remain very low and patronage of unskilled birth attendants is widespread (Envuladu*et al.,* 2013). Studies have shown that in Kwara State, attitude and knowledge of women of child bearing age toward the health consequences of delivery handled by an unskilled birth attendant is very poor (Oshonwoh*et al.,* 2014). A study conducted in some regions of south-south, Nigeria shows that despite the numerous disadvantages that comes with the use of traditional birth attendant, women still seek their services during child birth (Onasoga*et al*., 2014). In light of the continued use of Traditional birth attendants (TBA) services, this study aim to fill the dearth of

information (Knowledge gap) concerning the prevalence of TBA utilization in Malete community, Moro Local Government Kwara State and the perceived factors with the goal of also enhancing our understanding of opportunities.

RESEARCH QUESTIONS

The following research questions will guide the study

1. What is the choice of birth place for women in Moro LGA?
2. What are the reasons for women's choice of these birth places?
3. What factors influence the use of traditional birth attendance by pregnant women?
4. What is the perception of women towards TBA service utilization for delivery?
5. What proportion of women utilized TBA services for their delivery?

RESEARCH HYPOTHESIS

Null hypothesis (H_0);

There is no significant association between socio-demographic factors and utilization of Traditional Birth Attendants (TBA) services by pregnant women.

Alternative hypothesis (H_1);

There is significant association between socio-demographic factors and utilization of Traditional Birth Attendants (TBA) services by pregnant women.

MATERIALS AND METHODS

DESCRIPTION OF THE STUDY AREA

The study was carried out in Moro Local Government area, Kwara State where Malete Community. It is one of the biggest Community in Moro Local Government Area, Kwara State. It is the headquarters of Moro Local Government Area probably because it is more civilized than other communities. This includes: Malete, Elemere, Shao, Jehunkunu and Omini. In as much as Malete community is home to Kwara State University, it is also a host community to other educational institutions, like Community secondary school Malete and Primary school. Two government Primary health facilities, private clinics and drug stores are located in the community. The services rendered in the health facilities are; immunization, antenatal care, delivery, treatment of minor ailments, referral services, laboratory services such as screen of HIV test, widal and mp test, collection of sputum for TB test, and urinalysis for pregnant women. Most of the residents in Malete community are predominantly farmers and small and medium scale business men and women, civil servants and students. Residents are mainly Yoruba and other ethnic groups which includes the Igbos, Hausas, Islam is the most commonly practiced religion.

Culturally, Moro Local government Area is Majorly Yoruba but mixed with Igbo, Hausa and Fulani culture. Christian, Islam and Traditional Religion are the Major religion. Agriculture is the major economic activity providing up to 90 percent of the gross domestic product of the local government. Other occupation includes bus driver, trading activities from agricultural products, hairdressing etc. Primary health care is the major Health Facility in the area.Majorly The Local government has within its constituency Kwara State University which commenced in the 2009/2010 session, established by the administration of Dr Bukola Saraki. Sport activity are managed by the state sport council. The importance attached to sport led to the construction of a stadium complex. Notable people from Kwara State are Abubakar Olusola Saraki (Politician), Bukola Saraki (Politician), Abdulfatah Ahmed (Banker and Politician) etc. (Aderamo and Magaji, 2010). A descriptive cross-sectional study design to assess the perceived, utilization of traditional birth attendants among residents of Malete community. This design was the most appropriate for this study since it gives a snapshot of a situation as it currently exists and the fact that all data are collected at one time. A multi-stage sampling method was used.

DATA ANALYSIS METHOD

The instrument was thoroughly checked for completeness and coded for analysis using Epi-info statistical software package version 3.5.1. Descriptive analysis was used to analyzed socio-demographic variables, such as age, sex, education, marital status, residence, experience and perceived factors causing the utilization of Traditional birth attendants, furthermore the results was presented through tables of frequencies and percentages. Chi-square was used to determine the relationship between socio-demographic characteristic and perceived utilization of traditional birth attendant's services.

ETHICAL CONSIDERATION

Ethical consideration was obtained from the Kwara State Ministry of Health, through the department of Research planning and Statistics. Ethical approval was also obtained from ethical committee of Kwara State University, Malete. The king of the community and his council of chiefs was informed of the research.

RESULT

Table 1: Socio-demographic characteristics of respondents N= 400

Variables	Frequency	Percentage
Age		
15 – 24	7	18.5
25 – 34	19	4.8
35 – 44	95	23.8
45 and above	37	9.3
Mean ± SD	31 ± 9.7	
Tribe		
Igbo	0	0.0
Hausa	19	4.8
Yoruba	351	87.8
Others (Fulani, Gwarri, Tiv, Igala, Edoma)	30	7.5
Religion		
Christianity	19	4.8
Islam	381	95.3
Traditional	0	0.0
Residence		
Urban/semi-urban	115	28.8
Rural	285	71.3
Highest level of education		
None	75	18.8
Primary education	102	25.5
Secondary education	176	44.0
Tertiary education	47	11.8
Post tertiary education	0	0.0
Number of children		
1 – 2	121	30.3
3 – 4	214	53.5
5 – 6	18	4.5
7 and above	19	4.8
None	28	7.0
Wife's monthly income		
Less than 5000	171	42.8

5000 – 20000	127	31.8
20000 – 50000	102	25.5
50000 and above	0	0.0
Husband's monthly income		
Less than 5000	105	26.3
5000 – 20000	137	34.3
20000 – 50000	140	35.0
50000 and above	18	4.5
Maternal occupation		
Housewife	58	14.5
Civil servant	0	0.0
Farmer	29	7.3
Trader	147	36.8
Hairdresser	85	21.3
Food and agriculture	27	6.8
Others (Tailoring, Teacher)	54	13.5
Insurance status		
Card bearers	56	14.0
Non-card bearers	344	86.0

Nearly half of the respondents (48.5%) were between the ages of 25-34 years, 23.8% were between 35-44 years old with a mean age of 31 ± 9.7 years old. Most of the respondents (87.8%) were of Yoruba Tribe, 4.8% were Hausa while the remaining 30 respondents (7.5%) belong to other tribes. Almost all of the respondents (95.3%) belong to Islamic religion while the remaining 4.8% practiced Christianity. On the location of their residence, 71. 3% of the respondent's reside in rural areas while 28.8% lives in urban/semi urban areas. Nearly half of the respondents (44.0%) have secondary education as their highest qualification, 25.5% and 11.8% of the respondents have primary and tertiary education respectively. On the monthly income of the wife, 42.8% of them earned less than 5000 monthly while about one third of the husband earned between 20,000-50,000. Many of the respondents (36.8%) were traders, 14.5% and 21.3% were housewife and hairdresser respectively. Only 56 (14.0%) of the respondents are card bearer for health insurance scheme.

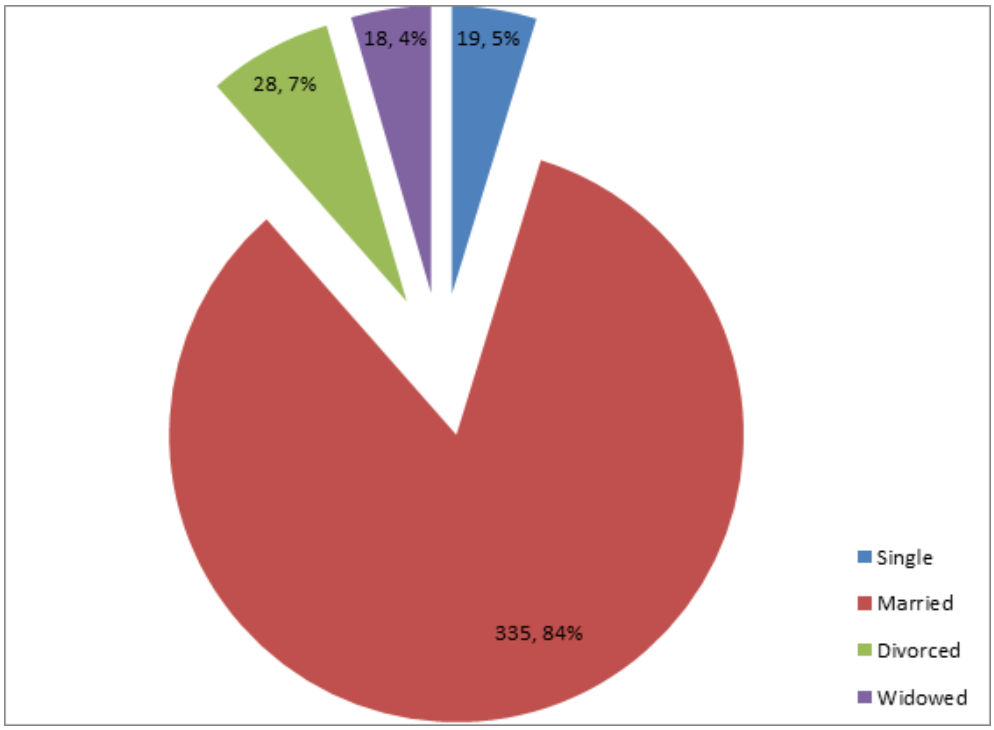

Figure 1: Marital status of respondents

Most of the respondents (84.0%) were married, 7.0% and 5.0% were divorced and single respectively.

Table 2: Prevalence of traditional birth attendants in Moro

Response	Frequency	Percentage
Used the service of a traditional birth attendant		
Yes	188	47.0
No	212	53.0
Place of last delivery		
Government facility	232	58.0
Traditional birth attendant	94	23.5
Private hospital/clinic	74	18.5
Respondent knows someone who has used the services of a traditional birth attendant		
Yes	222	55.5
No	178	44.5
Types of services		
Giving herbs and traditional medicine	205	51.3
Routine antenatal care	9	2.3
Normal delivery	141	35.3
Maternal birth against evil spirit	9	2.3
Giving of herbal concoctions to make the baby strong	27	6.8
Family planning	0	0.0
Massage	9	2.3
Frequency of delivery	**n=270**	
Once a month	160	59.3
Twice a month	9	3.3
Thrice a month	101	37.4
Experiences before delivery of child with traditional birth attendant		
Bleeding	27	10.1
Fear and pain of giving birth for the first time	52	19.1
Complication such as delay in placenta	111	41.0
Others	13	4.8
None	67	25.0
Culture/family encourage the use of traditional birth attendants during delivery		
Yes	259	64.8
No	141	35.3
Best kind of health service a pregnant woman should seek for child delivery		
Traditional birth attendant	113	28.3
Skilled birth attendant (hospital)	287	71.8

Nearly half of the respondents (47.0%) indicated that they used the service of a traditional birth attendant and 55.5% knows someone who has used the services of a traditional birth attendant. More than half of the respondents (58.0%) noted that they delivered their last baby in a government hospital, 23.5% and 18.5% delivered in traditional birth attendant and in private hospital respectively. On the type of services received, 51.3% and 35.3% identified that they received herbs and traditional medicine and normal delivery respectively. About 41.0% and 10.1% of the respondents experienced complications such as delay in placenta and bleeding respectively. Most of

the respondents (64.8%) noted that culture/family encourage the use of traditional birth attendants during delivery while 71.8% claimed that skilled birth attendant is best kind of health service a pregnant woman should seek for child delivery

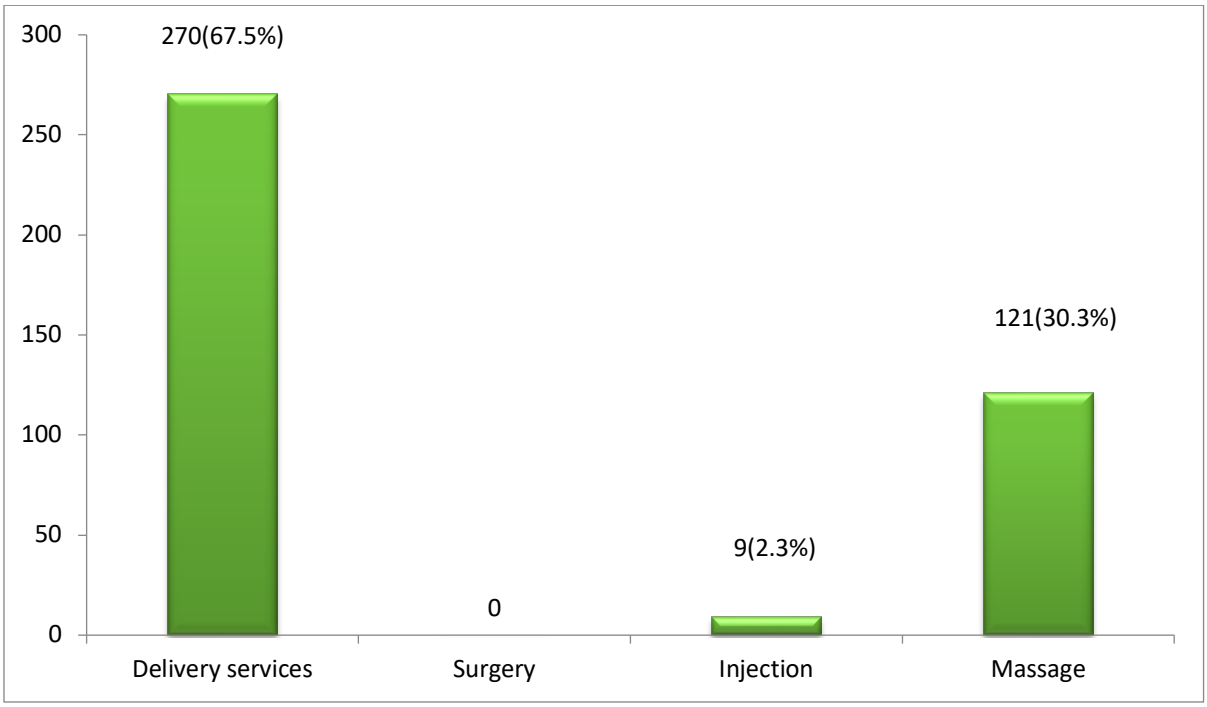

Figure 2: Services offered by TBA during delivery

On the service offered by TBA, 67.5% of the respondents noted that they were provided with delivery services, 30.3% and 2.3% claimed they received massage and injection from the TBA respectively

Table 3: Factors affecting utilization of traditional birth attendant services

Response	Yes (%)	No (%)
I prefer traditional services because it is cheaper	176 (44.0)	224 (56.0)
My husband prefers it	196 (49.0)	204 (51.0)
More culturally acceptable in my environment	288 (72.0)	112 (28.0)
Proximity to residence	150 (37.5)	250 (62.5)
TBAs have more caring attitude than orthodox health workers	269 (67.3)	131 (32.7)
My only option	76 (19.0)	324 (81.0)
Fear of my child not being circumcised	130 (32.5)	270 (67.5)
Handle spiritual attack	206 (51.5)	194 (48.5)
Labor started at night	110 (27.5)	290 (72.5)
Always available	318 (79.5)	82 (20.5)
Give traditional medicine which I know is more potent	232 (58.0)	168 (42.0)
Providing good and quality services	224 (56.0)	176 (44.0)
Friends, mother-in-law and parents' choice	226 (56.5)	174 (43.5)

On the factors that influence the utilization of TBA, 79.5% and 72.0% identified that TBAs are always available and more culturally acceptable in their environment as factors that promote the utilization of TBA services. Also, 67.3% and 58.0% noted that TBAs have more caring attitude than orthodox health workers and give traditional medicine which was more potent as reasons for utilizing TBAs respectively. Moreover, 51.5% and 56.0% identified that TBAs can handle spiritual attacks and provide good and quality services as the main reasons for utilizing the TBAs respectively.

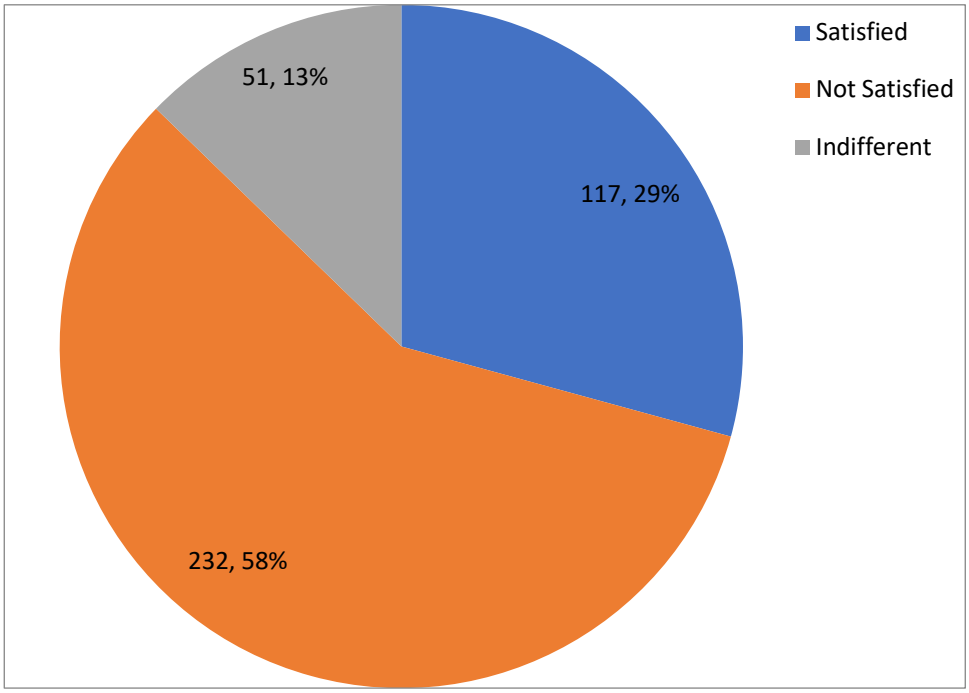

Figure 3: Satisfaction with TBA services

More than half of the respondents (58.0%) were not satisfied with the services received from TBAs while 29.0% were satisfied with the service provided by the TBAs to them

Table 4: Association between socio-demographics characteristics and utilization of service of TBS among respondents

Variable	Utilization		Total	χ^2	p-value
	Yes (%)	No (%)			
Age				32.367	**0.001**
15 – 24	38 (51.4)	36 (48.6)	74		
25 – 34	111 (57.2)	83 (42.8)	194		
35 – 44	21 (22.1)	74 (77.9)	95		
45 and above	18 (48.6)	19 (51.4)	37		
Residence				1.200	0.273
Urban/semi-urban	59 (51.3)	56 (48.7)	115		
Rural	129 (45.3)	156 (54.7)	285		
Highest level of education				5.137	0.162
None	38 (50.7)	37 (49.3)	75		
Primary education	56 (54.9)	46 (45.1)	102		
Secondary education	75 (42.6)	101 (57.4)	176		
Tertiary education	19 (40.4)	28 (59.6)	47		
Marital status				18.970	**0.001**
Single	10 (52.6)	9 (47.4)	19		
Married	168 (50.1)	167 (49.9)	335		
Divorced	10 (35.7)	18 (64.3)	28		
Widowed	0 (0.0)	18 (100.0)	18		
Number of children				38.304	**0.001**
1 – 2	38 (31.4)	83 (68.6)	121		
3 – 4	103 (48.1)	111 (51.9)	214		
5 – 6	9 (50.0)	9 (50.0)	18		
7 and above	19 (100.0)	0 (0.0)	19		
None	19 (67.9)	9 (32.1)	28		
Wife's monthly income				42.066	**0.001**

Less than 5000	49 (28.7)	122 (71.3)	171		
5000 – 20000	82 (64.6)	45 (35.4)	127		
20000 – 50000	57 (55.9)	45 (44.1)	102		
Husband's monthly income				51.393	**0.001**
Less than 5000	19 (18.1)	86 (81.9)	105		
5000 – 20000	74 (54.0)	63 (46.0)	137		
20000 – 50000	81 (57.9)	59 (42.1)	140		
50000 and above	14 (77.8)	4 (22.2)	18		
Maternal occupation				61.602	**0.001**
Housewife	38 (65.5)	20 (34.5)	58		
Farmer	20 (69.0)	9 (31.0)	29		
Trader	47 (32.0)	100 (68.0)	147		
Hairdresser	38 (44.7)	47 (55.3)	85		
Food and agriculture	27 (100.0)	0 (0.0)	27		
Others (Tailoring, Teacher)	18 (33.3)	36 (66.7)	54		

Association between socio-demographics characteristics and utilization of service of TBS among respondents was statistically significant with age, marital status and number of children of the respondents while level of education of the respondents showed no significant relationship.

Table 5: Association between socio-demographics characteristics and price as a perceived factor affecting utilization of TBS services among respondents

Variable	TBS is cheaper		Total	χ^2	p-value
	Yes (%)	No (%)			
Age				62.127	**0.001**
15 – 24	56 (75.7)	18 (24.3)	74		
25 – 34	73 (37.6)	121 (62.4)	194		
35 – 44	21 (22.1)	74 (77.9)	95		
45 and above	26 (70.3)	11 (29.7)	37		
Residence				2.029	0.154
Urban/semi-urban	57 (49.6)	58 (50.4)	115		
Rural	119 (41.8)	166 (58.2)	285		
Highest level of education				21.995	**0.001**
None	18 (24.0)	57 (76.0)	75		
Primary education	56 (54.9)	46 (45.1)	102		
Secondary education	74 (42.0)	102 (58.0)	176		
Tertiary education	28 (59.6)	19 (40.4)	47		
Marital status				46.449	**0.001**
Single	19 (100.0)	0 (0.0)	19		
Married	148 (44.2)	187 (55.8)	335		
Divorced	0 (0.0)	28 (100.0)	28		
Widowed	9 (50.0)	9 (50.0)	18		
Number of children				16.830	**0.002**
1 – 2	37 (30.6)	84 (69.4)	121		
3 – 4	102 (47.7)	112 (52.3)	214		
5 – 6	9 (50.0)	9 (50.0)	18		
7 and above	9 (47.4)	10 (52.6)	19		
None	19 (67.9)	9 (32.1)	28		
Wife's monthly income				60.226	**0.001**
Less than 5000	47 (27.5)	124 (72.5)	171		
5000 – 20000	91 (71.7)	36 (28.3)	127		
20000 – 50000	38 (37.3)	64 (62.7)	102		

Husband's monthly income				80.958	**0.001**
Less than 5000	19 (18.1)	86 (81.9)	105		
5000 – 20000	100 (73.0)	37 (27.0)	137		
20000 – 50000	48 (34.3)	92 (65.7)	140		
50000 and above	9 (50.0)	9 (50.0)	18		
Maternal occupation				39.582	**0.001**
Housewife	19 (32.8)	39 (67.2)	58		
Farmer	20 (69.0)	9 (31.0)	29		
Trader	83 (56.5)	64 (43.5)	147		
Hairdresser	18 (21.2)	67 (78.8)	85		
Food and agriculture	9 (33.3)	18 (66.7)	27		
Others (Tailoring, Teacher)	27 (50.0)	27 (50.0)	54		

Age, marital status and maternal occupation of the respondents was statistically significant with the association between socio-demographics characteristics and price as a perceived factor affecting utilization of TBS services among respondents

DISCUSSION

In Nigeria, similar to many developing countries, a considerable number of pregnant women still opt for Traditional Birth Attendant (TBA) services rather than seeking healthcare from formal health facilities. Various studies have highlighted the detrimental effects of such practices on both maternal and infant health, contributing to elevated maternal and infant mortality ratios (Ebuehi et al., 2012; Chou et al., 2012; Opiah et al., 2012). The study encompassed 400 pregnant women within the reproductive age group of 15-49 years, with a mean age of 31 ± 9.7 years. Notably, a significant proportion of women (48.5%) fell within the age range of 25-34 years. The limited representation of women in both the younger (≤20 years) and older (45 years and above) age groups is noteworthy due to the associated high-risk features observed in these age brackets. Previous studies observed similar findings (Ebuehi et. al., 2012; Kirchengast et. al., 2013). However, in a study done by Salako (2012), TBAs were found to be managing pregnancies of high risk in adolescents and elderly primigravida. Involvement of TBAs in managing pregnancies at the extremes of reproductive life which are beyond their scope indicates a lack of risk assessment and can result in high maternal and perinatal mortality and morbidity.

More than one third of the respondents (36.5%) were traders with many having low income. This suggests that some of the women may not be financially empowered to afford modern health care. These findings were consistent with a study on Perception and utilization of traditional birth attendants by pregnant women attending primary health care clinics in Ogun State in which despite the fact that over half had secondary education they were either involved in unskilled job or were unemployed (Ebuehi et. al., 2012). Many women with lower level of education and lower financial status used more of the services of the TBAs than those with higher socioeconomic status. It was noted in this study that majority of respondents were of lower socioeconomic status and lower level of education (42.8% and 88.3% respectively). This finding was similar to that of the study done in the northern part of Nigeria where the majority of the pregnant women utilizing TBA services were of a lower socio-economic class and lower educational level (Doctor et. al., 2014). Also, the majority of the respondents lived within a distance of less than 1km from a health care facility. This was in contrast to previous studies where the long distance between patient's home and health care facility was a reason for utilizing TBA services (Titaley et. al., 2012; Opiah et. al., 2012).

The majority of respondents (55.5%) knew someone who has utilized the services of a traditional birth attendant, and almost half of respondents (47.0%) said they have used a traditional birth attendant's services. Regarding the services obtained, 51.3% and 35.3% of respondents said they had gotten herbal medication, conventional medicine, and regular delivery, respectively. About 41.0% and 10.1% of the respondents, respectively, reported difficulties such bleeding and a delayed placenta. The majority of respondents (64.8%) highlighted that culture and family favour the employment of traditional birth attendants during delivery, while 71.8% asserted that a competent

birth attendant is the finest category of medical assistance a pregnant woman should look for. When asked about the services given by TBA, 67.5% of the respondents said they received delivery services, while 30.3% and 2.3% said they received massages and injections from the company. This findings correlate with published literature about same study by WHO in 2014, where they noted that traditional birth attendants provide the majority of primary maternity care in many developing countries, and may function within specific communities in developed countries. They 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.

The determinants of utilization of TBA services found in this study were: lower educational status, lower socioeconomic status and more compassionate care by the TBAs. It was noted that respondents with secondary school education or lower were more likely to utilize TBA services only compared to those with higher education. Similar findings were reported in Malawi, Zambia, and Nigeria as well (Ebuehi et. al., 2012; Oshonwoh et. al., 2014). Also, a similar study conducted in Sierra Leone agreed with this finding as it revealed that there is a positive association between low literacy and utilization of TBA services (Dorwie et. al., 2013). Contrary to this, however, a study done in Southwest Nigeria revealed that most mothers irrespective of their level of education still utilize traditional homes which to some are safer and have less complication (Ewa et. al., 2012).

In the same vein, the fact that traditional services provided by TBA is cheaper; most of the respondents with low socio-economic status utilized TBA more. Doctor and Dahiru reported similar findings (Doctor et. al., 2014). The lower the socioeconomic level the more likely a woman is to opt for TBA services which she may think is cheaper than hospital services. With an increasing cost of health care and rate of unemployment, the future looks bleak for the low social class individuals. This finding is corroborated by a study that reported that women of higher socioeconomic status are able to make wiser decisions concerning their health than their counterparts in the lower social class (Mbonye et. al., 2016).

The TBAs received a remarkable level of patronage from pregnant women by the majority of respondents, due to the fact that they provide compassionate care more than the orthodox health workers as identified by 67.3% of the respondents. Addressing maternal health means ensuring that all women receive the care they need to be safe and healthy throughout pregnancy and childbirth. Many of these deaths occur in developing countries where there are no facilities to address this issue. Traditional birth attendants are often older women, respected in their communities. They consider themselves as private health care practitioners who respond to requests for service. The focus of their work is to assist women during delivery and immediately post-partum. Frequently their assistance includes helping with household chores (United Nations Population Fund, 2016). This finding is not different from that of other studies where similar results were reported. In comparison, a study done in Ogun State South West Nigeria, about (43.5%) of the respondents claimed that TBA provides more compassionate care. These finding compared well with those of West Java province in Indonesia and studies conducted in several parts of Nigeria (Titaley et. al., 2012). Other factors like cultural acceptability and low cost of TBA services, handle spiritual attack and potency of TBAs medicine were also noted to influence utilization of TBA services. This was in line with the findings of other previous studies where TBA services were considered culturally more acceptable, cheaper and were easily accessible (Mboye, Opiah, and Dorwie, 2016). It is also consistent with the study by *Ogunyomi et. al., (2016)* where the factors responsible for the utilization of the TBAs according to their study include cultural belief, lack of other alternative, inadequate health care facilities in the rural areas, TBA being user friendly. Some of the factors responsible for women utilizing the TBA even when they know the implications include; the cultural belief in the TBAs, the level of education of the women, when there is no alternative that is, the woman has already delayed till late first stage, poverty, unavailability of modern health care services especially in the rural areas (Oshonwoh et.al., 2014).

Also, on the factors that influence the utilization of TBA, 79.5% and 72.0% identified that TBAs are always available and more culturally acceptable in their environment as factors that promote the utilization of TBA services. There are women who would always depend on the TBAs, to some of them; cultural affinity remains one of the strong reasons why people will continue to patronize TBAs. Other reasons include the high hospital fees, the distance of the hospitals or maternity homes The finding in this study is consistent with Imogie that some women will always use the TBAs because of their belief in the TBAs and also because it is cheap while modern health care is too expensive for them (Imogie, 2013). In this study, 37.5% noted that proximity and accessibility is a significant determinant of the Utilization of traditional birth attendants' services among women of childbearing age in the study area. Joonas & Hill, (2015) in international journal of community medicine, obstetrics and Gynecology revealed that, distance and time consuming to the healthcare facilities is a determinant of the utilization of healthcare services among childbearing mothers of developing nations. The researcher observed that, most of women of childbearing especially in rural areas are difficult to access modern maternal healthcare services due to location, transportation and poor roads base on that the researcher agrees with their findings because the findings are in vein (Nemet & Bailey, 2012) in General Hospital Okrika Rivers state, a University journal of medicine and social science published in University of Ibadan, Nigeria revealed that, modern healthcare services access by the rural women childbearing mothers hindered by physical distance, location, transportation issues which consequently enhance the utilization of traditional birth attendants services, more especially during emergency that is why they have rely on close traditional birth attendants. Findings agree with that, of Ewa, Lasisi, Ibor and Anjorin, (2016) in Ibadan north south, Nigeria who reported that, the perceived factors influencing the choice of maternal and child healthcare services by women childbearing age in north south Ibadan, Nigeria are distance to orthodox care, cost of services, and family decision making enhanced the utilization of Traditional Birth Attendants services, many complained of lack of accessible health facility particularly during emergencies that is why some times they have rely on close Traditional Birth Attendants than going to modern health centers.

In this study, more than half of the respondents (58.0%) were not satisfied with the services received from TBAs while 29.0% were satisfied with the service provided by the TBAs to them. Thus, there is an urgent need to address identified challenges as well as inform women on the need to use modern healthcare. Also, TBAs should be trained on early recognition and referral through effective collaboration and support of the society as a whole is needed.

CONCLUSION AND RECOMMENDATION

CONCLUSION

This research emphasizes the crucial role Traditional Birth Attendants (TBAs) play in Nigeria's maternal and child health landscape, with a focus on the influence of lower socioeconomic status and educational attainment on TBA service utilization. Elevating women's socioeconomic and educational standing is deemed essential to enable them to access high-quality healthcare services for their well-being.

While respondents express dissatisfaction with the treatment received from TBAs, it is important to note that TBAs contribute valuable social support to mothers, offering guidance before and after delivery and providing generally high-quality care.

The study's conclusion on why mothers choose TBAs over modern medical facilities points to various factors. Mothers prefer TBAs due to their affordability, accessibility to everyone, prompt availability, proximity to homes, favorable community perceptions, and the compassionate care provided during childbirth.

RECOMMENDATIONS:

1. Offer comprehensive training programs for traditional birth attendants (TBAs) to ensure they possess contemporary medical knowledge, enhancing their capacity to safely handle deliveries.

2. Implement effective referral training initiatives for TBAs, positioning them as intermediaries between the community and modern healthcare systems. Emphasize collaboration, increased referral rates, and improved communication skills in the training.
3. Conduct educational programs targeted at the public and women, promoting the use of skilled birth attendants proficient in preventing and managing complications during pregnancy, childbirth, and the postpartum period. Improve access to hospitals in both rural and urban areas.
4. Provide health education to pregnant mothers, stressing the importance of birth preparedness and readiness for complications. This knowledge empowers them to seek modern healthcare facilities in the event of complications.
5. Advocate for policymakers and maternal health supporters to gain a thorough understanding of factors contributing to the rise in maternal mortality rates. Collaboratively develop health policies aimed at mitigating these factors.

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