

NEWPORT INTERNATIONAL JOURNAL OF PUBLIC HEALTH AND PHARMACY (NIJPP) Volume 3 Issue 2 2023

Factors influencing utilization of traditional birth attendants by mothers in Mafubira Sub-county, Jinja District

Musasizi Eria

School of Allied Health Sciences Kampala International University, Uganda.

ABSTRACT

A traditional birth attendant (TBA) is a person who provides basic health care, support, and advice during and after pregnancy and childbirth based on experience and knowledge acquired informally through the traditions and practices of communities. The aim of this study was to assess the factors influencing the utilization of TBAs among mothers in Mafubira Sub County. To attain this, a total of 52 mothers were considered and a random sampling method was used where all those who came to the area within the time of study were also considered, and the elderly participating in this study were considered to provide relevant information. Data collected was analyzed using quantitative methods in line with study objectives to achieve the aim of the study and presented in tables and pie charts. When the participants were asked about services offered by TBAs, 23(44.2%) responded that TBAs take their time and offer advice both before and after delivery and pertaining perception on TBAs, 14(26.9%) said that TBAs are highly experienced in handling deliveries. The study concludes that services offered by TBAs are giving advice both before and after delivery plus good care. The perception of mothers about TBAs, mothers believe that TBAs are highly experienced in handling delivery and are still important. The study recommends that TBAs should be trained and equipped with modern medical knowledge by the government so as to easily handle uncomplicated deliveries.

Keywords: birth attendants, health care, Mafubira Sub County, mothers.

INTRODUCTION

In 2010 the WHO defined a TBA as a person who provides 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 [1]. TBAs are also known as traditional, community, or lay midwives [2]. TBAs provide the majority of primary maternity care in many developing countries and may function within specific communities in developed countries. TBAs are often older women, respected in their communities. They consider themselves private healthcare practitioners who respond to requests for service. They usually work in rural, remote, and other medically underserved areas. TBAs may not receive formal education and training in health care provision, and there are no specific professional requisites such as certification or licensure [3-5].

In Uganda, the policy towards TBAs shifted according to the recommendation of the WHO and safe motherhood initiative promotion of SBAs whose definition excluded TBAs leading to the suspension of previously existing partnerships between the government and TBAs across the country [6, 7]. The Uganda government recommended terminating collaboration between NGOs and TBAs as well. It held that the trained TBAs would be included in the newly formed village health teams if their respective communities selected them.

Delivery in health facilities is still challenging in developing countries in which a higher number of women attend the antenatal clinic but about half of them deliver at home without the assistance of skilled professionals [8-10].

Low delivery in health facilities as a result of many factors leads to high morbidity and maternal mortality [11-13]. Therefore, proper interventions must be taken to increase delivery in health facilities. Home delivery if not

Musasizi Eria

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Publications 2023

conducted by professionals increases the risk of transmission of diseases including HIV/AIDS to relatives or traditional birth attendants who conduct deliveries without protective equipment [14-16]. It is argued that poor access to healthcare facilities in rural areas including the high cost of medications are important factors for reduced use of conventional healthcare facilities including maternal healthcare by rural dwellers [17-21]. However, no study has been done in Mafubira Sub County to explain why there is a low prevalence of delivery in health facilities. This study is therefore meant to assess the factors influencing the utilization of traditional birth attendants by mothers and to find out factors that hinder delivery in health facilities. Knowing these factors will help to improve delivery in health facilities at Mafubira sub-county, Jinja District.

METHODOLOGY**Study Area.**

Mafubira is one of the sub-counties in the Jinja district having 5 parishes. It's located in the eastern part of Uganda. It's approximately 81 kilometers (50 miles) by road east of Kampala the capital and largest city of Uganda. The coordinates of Mafubira are 0° 28' 18" north and 33° 13' 34" east. It's along the northern shores of Lake Victoria.

Study Design

A cross-sectional study design was conducted using a quantitative method of data analysis.

Sample Size Determination

The sample size was determined using Fishers et al., 2003 formula. The formula was used to estimate the smallest possible categorical sample size since the population of women in the Mafubira sub-county is big.

$$n = \frac{z^2 pq}{d^2}$$

Where

n= minimum sample size

d = margin of error

z=standard normal deviation corresponding to 1.96

p= prevalence (1.74).

q=1-p

Therefore, taking

p = 3.5/100=0.035 (Uganda Demographic Health Survey, 2013)

z = 1.96

q=1-p = 0.965

d= 5% or 0.05

$$n = \frac{1.96^2 \times 0.035 \times 0.965}{0.05^2}$$

n= 52 mothers

Therefore, the sample size used was 52 mothers

Study Population

The study was done among pregnant mothers in Mafubira Sub County.

The Sampling Method

A total of 52 mothers were considered and using a random sampling method where all those who came to the area within the time of the study were considered for an interview and any elder participating in the study will be considered to provide relevant information.

Inclusion and Exclusion Criteria**Inclusion criteria**

The inclusion criteria for the study were all women of childbearing age.

Exclusion criteria

The exclusive criterion for the study was all young girls below childbearing age and elderly mothers above childbearing age.

Musasizi Eria

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Data Collection Method

The data was collected using both open and close-ended structured questionnaires about socio-demographic characteristics (appendix i), the data were collected by the principal investigator himself and two research assistants. The questionnaires were filled out by the mothers.

Data Analysis and Presentation

The data collected from the study were computed using Microsoft Excel. The analysis was made in line with the study objectives to achieve the study's purpose and was presented in the form of tables, pie-charts, bar-graph, and narratives depending on the data analyzed.

Data Quality Control

To ensure quality control, the researcher prior to the exercise conducted a one-day training for three research assistants. The research assistants were supervised closely by the principle invigilator himself. The principle invigilator himself also participated in collecting data to ensure quality control.

Ethical Consideration

The study was carried out after the approval of the proposal by the university.

An Introductory Letter from the Administrator School of Allied health sciences was obtained.

The researcher obtained permission from the administration of Mafubira Community leaders, and local elders, through verbal informed consent.

Respondents were requested for their consent prior to the interviews.

Confidentiality was maintained through the research process and the interviews were conducted in reasonable privacy by use of codes that were only known by responsible parties other than the use of names, and ensuring not to disclose their information to third parties without their consent.

RESULTS

Demographic and social-economic characteristics associated with the use of Traditional Birth Attendants.

From the study conducted, 13 respondents out of 52 were below twenty years making 25%, 25(48%) were between 20 to 30 years whereas 14 (27%) of the respondents were above 30 years. 7(14.3) were civil servants while 38(71.4) were peasants and 7(14.3) were business ladies. 9(17.3%), 27(51.9%) had attained at least a primary level of education while 16 (30.8) had attained at least a post-primary educational level. Considering the parity of the respondents, of the 52 respondents who participated in the study 6(11.5%) of the respondents were giving birth for the first time, 28 (53.8%) of the respondents were having between 2 to 4 children while 18 (34.6%) of the respondents had more than 4 birth. Also to note is that from the study findings, 41(78.8%) of the respondents were married, 4 (7.7%) of the respondents had been divorced by the time of delivery while only 7(13.5%) were not married as shown in table below:

Musasizi Eria

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Table 1: A table showing the demographic characteristics of respondents

Variable	Category	No. of mothers	Percentage
Age	Above 30 years	14	27
	20-30 years	25	48
	Below 20 years	13	25
	Total	52	100
Occupation	Civil servants	7	14.3
	Peasant farmer	38	71.4
	Business lady	7	14.3
	Total	52	100
Education level	No formal education	9	17.3
	Primary level	27	51.9
	Post primary	16	30.8
	Total	52	100
Parity	Prime gravid	6	11.5
	2 to 4 births	28	53.8
	More than 4 births	18	34.6
	Total	52	100
Marital status.	Married	41	78.8
	Divorced mother	4	7.7
	Not married	7	13.5
	Total	52	100

Musasizi Eria

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Services Offered by Traditional Birth Attendants

When asked which services mothers always seek from TBAs, 12 (23.1%) mothers acknowledged that most mothers go to TBAs because they offer social support to mothers, 23(44.2%) mothers responded that mothers go to TBAs because they take their time and offer advice both before and after delivery while 17(32.7%) mothers said many mothers choose TBAs because they offer generally good care.

Table 2: A table showing services offered by Traditional birth attendants according to respondents

Services offered by TBAs	Figure	Percentage (%)
Social support	12	23.1
Offer advice before and after birth	23	44.2
Good care	17	32.7

Perception of Mothers on the TBAs

From the study conducted on the perception of mothers over the services offered by Traditional birth Attendants, 14 (26.9%) of the respondents said that TBAs are highly experienced in handling deliveries, 10 (19.2%) that TBAs are highly knowledgeable on delivers, 6 (11.5%) said TBAs are tolerant and patient while conducting their deliveries, 5(10%) said that TBAs are effective in conducting deliveries and 11(21.2%) said TBAs are soft-spoken and caring while the other 6(11.5%) are said that TBAs highly respected in the communities.

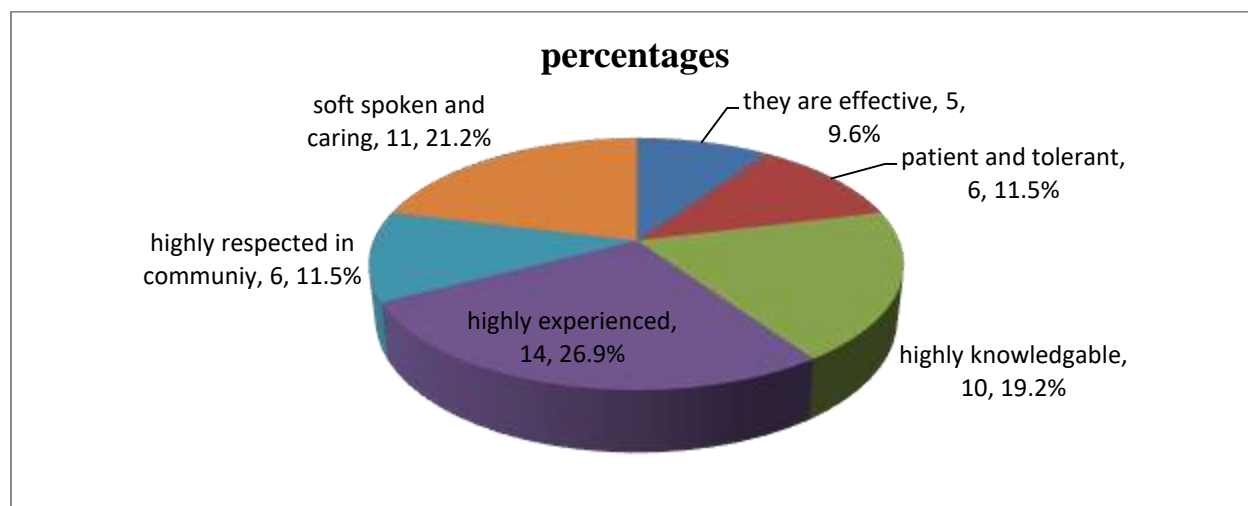


Figure 1: A figure showing the perception of respondents on services of TBAs

Reasons for preference of TBAs over modern health facilities

From the study conducted on the reasons why mothers would prefer going for TBAs other than other health facilities 8 (15.4%) of the respondents said that TBAs offer cheap services which everyone can afford, 4 (7.7%) said that they are always available when needed, 22(42.3%) said that TBAs are easily accessible from their homes, 2 (3.8%) said they are accepted in the community as better options for conducting deliveries, the other two also said that TBAs are caring during deliveries, 5 (9.6%) said mothers prefer delivering from TBAs because they match their social standards while the rest 9 (17.3%) said some mothers deliver from TBAs because it its usually a family requirement and preference.

DISCUSSION

Demographic and social-economic characteristics associated use of Traditional Birth Attendants

From the study conducted, out of the 52 respondents who participated in the study, 9(17.3%), 27(51.9%) had attained at least a primary level of education while 16 (30.8) had attained at least a post-primary educational level, here the majority had attained primary education, a low educational level is usually associated with poor modern health seeking practices and therefore this is also a reflection of what other scholars put forth in their studies because according to a study by Duong and others in 2004, they observed that Low Educational level of women also affects

Musasizi Eria

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Publications 2023

their ability to seek the most appropriate health care services. A lot of Free Medical programs have been provided for use still it is difficult to access them due to their level of exposure. Ignorance of the availability of the services provided for their use.

Considering the parity of the respondents, of the 52 respondents who participated in the study 6(11.5%) of the respondents were giving birth for the first time, 28 (53.8%) of the respondents were having between 2 to 4 children while 18 (34.6%) of the respondents had more than 4 birth, the number of parity is usually associated with increased knowledge on affairs of delivery as compare to prime gravid mothers, this means a decreased trend usually occur of seeking services from TBA usually occurs as the number of parity increases with women in related studies Duong et al 2004 cited that Lack of knowledge about symptoms which require medical care and attention can lead to delays in recognition and treatment of severe complications contributing to maternal death.

Also to note is that from the study findings, 41(78.8%) of the respondents were married, 4 (7.7%) of the respondents had been divorced by the time of delivery while only 7(13.5%) were not married, and from the study conducted, 13 respondents out of 52 were below twenty years making 25%, 25(48%) were between 20 to 30 years whereas 14 (27%) of the respondents were above 30 years.

Services offered by TBAs to mothers

When asked which services mothers always seek from TBAs, 12 (23.1%) mothers acknowledged that most mothers go to TBAs because they offer social support to mothers, 23(44.2%) mothers responded that mothers go to TBAs because they take their time, and offer advice both before and after delivery while 17(32.7%) mothers said many mothers choose TBAs because they offer generally good care these findings correlate with published literature about same study by WHO in 2010, 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.

Perception of Mothers on the TBAs

From the study conducted on the perception of mothers over the services offered by Traditional birth Attendants, 14 (26.9%) of the respondents said that TBAs are highly experienced in handling deliveries, 10 (19.2%) that TBAs are highly knowledgeable on delivers, 6 (11.5%) said TBAs are tolerant and patient while conducting their deliveries, 5(10%) said that TBAs are effective in conducting deliveries and 11(21.2%) said TBAs are soft-spoken and caring while the other 6(11.5%) are said that TBAs highly respected in the communities.

CONCLUSION

Regarding services offered by TBAs to mothers, the study concludes that the most identified services offered by TBAs are offering social support to mothers, taking their time and offering advice before and after delivery, and offering generally good care. Considering the perception of mothers on the TBAs, it can be concluded that the majority still believe that TBAs are still very important in handling the delivery affairs of mothers as some cited that TBAs are experienced in handling deliveries, knowledgeable, and patient, and effective in conducting deliveries and others cited that TBAs are soft-spoken and caring and are highly respected in the communities. On reasons for preference of TBAs over modern health facilities the study concludes that mothers seek for TBAs services offer cheap services which everyone can afford, as others said that they are always available when needed, others said TBAs are easily accessible from their homes, said they are accepted in the community as better options for conducting deliveries, the other two also said that TBAs are caring during deliveries. Also, TBAs are preferred because they match their social standards while the rest because it is usually family requirements and preferences.

RECOMMENDATIONS

- Traditional birth attendants should be trained with modern medical knowledge so as to safely handle deliveries.
- Health workers should avail themselves in health centers all the time mothers need them and government should provide many equipped health units with maternity departments.
- Pregnant mothers should be health educated on components of birth preparedness and complication readiness so that they can seek modern facilities for delivery in case of complications

REFERENCES

1. World Health Organization (2010). *Classifying Health Workers*. Geneva.
2. Uzoma, O. G. and Ifeanyi, O. E. (2019). Practices of Emergency Obstetrics Care among Midwives in Maternity Unit of Two Government Hospitals in Enugu North Local Government Area. *EC Gynaecology*, 8.

Musasizi Eria

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Publications 2023

3. Sibley, L., Sipe, T. A. and Koblinsky, M. (2004). Does traditional birth attendant training improve referral of women with obstetric complications: a review of the evidence. *Soc Sci Med.*59(8):1757–68.
4. Ochan, A. W., Aaron, K., Aliyu, S., Mohiuddin, M. and Bamaiyi, P. (2018). Patients' satisfaction with healthcare services received in health facilities in Bushenyi District of Uganda. *International Journal of Science and Healthcare Research*, 3(1), 76-87.
5. Conrad Ondieki Miruka Munguiko Clement., Gorrette, Nalwadda., Masereka, Enos Mirembe. and Nandutu Alice (2018). Magnitude of Birth Preparedness among Pregnant Women Seeking Skilled Birth Services at a Rural Hospital in Western Uganda: Health Facility Based Cross Sectional Study. *SAS Journal of Medicine*, 4(9), 133-138.
6. World Health Organization (WHO) (2000). The SBA Disaster Loan Program: Overview and Possible Issues for Congress.
7. Graham, W., Ahmed, S., Stanton, C., Abou-Zahr, C. I. and Campbell, Oona (2008). Measuring maternal mortality: An overview of opportunities and options for developing countries. *BMC medicine*. 6. 12.
8. Asomugha, I. C., Uwaegbute, A. C. and Obeagu, E. I. (2017). Food insecurity and nutritional status of mothers in Abia and Imo states, Nigeria. *Int. J. Adv. Res. Biol. Sci*, 4(10), 62-77.
9. Byonanuwe, S., Nzabandora, E., Nyongozzi, B., Pius, T., Fajardo, Y. and Ssebuufu, R. (2020). Bacterial pathogens and their susceptibility to antibiotics among mothers with premature rupture of membranes at a teaching hospital in western uganda. *Journal of Medical Care Research and Review*, 3(7), 386-394.
10. Edward, A., Obeagu, E. I., Okorie, H. M., Vincent, C. C. N. and Bot, Y. S. (2021). Studies of serum calcium, inorganic phosphate and magnesium levels in lactating mothers in Owerri. *Studies*, 33(41B).
11. Uganda, I. (2015). Knowledge, attitudes, and practices about regular, voluntary non-remunerated blood donation in Peri-urban and rural communities in Mbarara District, South Western Uganda, and its Impact on Maternal Health. *J Obstet Gynaecol Can*, 37(10), 903-904.
12. Turyasiima, M., Nduwimana, M., Andres, S. M., Kiconco, G., Egesa, W. I., Maren, B. M., and Ssebuufu, R. (2020). Neonatal Umbilical Cord Infections: Incidence, Associated Factors and Cord Care Practices by Nursing Mothers at a Tertiary Hospital in Western Uganda. *Open Journal of Pediatrics*, 10(2): 288-301.
13. Eguogwu, F. C., Ugwu, O., Amadi, N. C., Ike, O. C., Ohale, A. C., Okwara, J. and Udeogu, C. H. (2021). Levels of Maternal Serum Alpha-fetoprotein and Beta Human Chorionic Gonadotropin in HIV Seropositive Pregnant Women Attending Antenatal Care at Nnamdi Azikiwe University Teaching Hospital Newwi, Nigeria. *Journal of Advances in Medicine and Medical Research*, 33(12), 32-38.
14. MacVicar, S., Berrang-Ford, L., Harper, S., Huang, Y., Namanya Bambaiha, D. and Yang, S. (2017). Whether weather matters: Evidence of association between in utero meteorological exposures and foetal growth among Indigenous and non-Indigenous mothers in rural Uganda. *PloS one*, 12(6), e0179010.
15. Funmilola, A. K., Aminat, A. A and Kolawole, O. (2018). Pain relief during labor: attitudes of postpartum mothers in selected hospitals in Ibadan, Nigeria. *Journal of midwifery & reproductive health*, 6(4), 1414-1421.
16. Obeagu, E.I., Alum, E.U. and Obeagu, G.U. (2023). Factors Associated with Prevalence of HIV Among Youths: A Review of Africa Perspective. *Madonna University Journal of Medicine and Health Sciences*, 3(1): 13-18.
17. Alum, E. U., Mathias, C. D., Ugwu, O. P.C., Aja, P.M., Obeagu, E. I., Uti, D. E. and Okon, M. B. (2023). Phytochemical composition of *Datura stramonium* Ethanol leaf and seed extracts: A Comparative Study. *IAA Journal of Biological Sciences*, 10(1):118-125.
18. Alum, E. U., Famurewa, A. C., Orji, O. U., Aja, P. M., Nwite, F., Ohuche, S. E., Ukasoanya, S. C., Nnaji, L. O., Joshua, D., Igwe, K. U. and Chima, S. F. (2023). Nephroprotective effects of *Datura stramonium* leaves against methotrexate nephrotoxicity via attenuation of oxidative stress-mediated inflammation and apoptosis in rats. *Avicenna J Phytomed.*, Accepted. Epub ahead of print.
19. Alum, E. U., Inya, J. E., Ugwu, O. P. C., Obeagu, I.E., Alope, C., Aja, P. M., Okpata, M. G., John, E. C., Orji, M. O. and Onyema, O. (2023). Ethanolic leaf extract of *Datura stramonium* attenuates Methotrexate-induced Biochemical Alterations in Wistar Albino rats. *RPS Pharmacy and Pharmacology Reports*, 2(1):1–6.
20. Ugwu, O. P.C., Alum, E. U., Okon, M. B., Aja, P. M., Obeagu, E. I. and Onyeneke, E. C. (2023). Anti-nutritional and Gas Chromatography-Mass spectrometry (GC-MS) analysis of ethanol root extract and fractions of *Sphenocentrum jollyanum*. *RPS Pharmacy and Pharmacology Reports*,rqad007.
21. Kyarisiima,P.(2023).Factors influencing the use of Traditional Medicine during Labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi District. *IAA Journal of Biological Sciences* 10 (1), 18-37.

Musasizi Eria

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Musasizi Eria (2023). Factors influencing utilization of traditional birth attendants by mothers in Mafubira Sub-county, Jinja District *NEWPORT INTERNATIONAL JOURNAL OF PUBLIC HEALTH AND PHARMACY (NIJPP)* 3(2):12-19.

Musasizi Eria

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.