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Knowledge and practices of traditional birth attendants in prenatal services in Lagos State, Nigeria.

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Summary

A questionnaire-based study was conducted on 189 Traditional Birth Attendants (TBAs) on their knowledge and practices in prenatal services. Only 86 (45.5%) of them associated cessation of menstrual period with pregnancy while others use mystic power 46 (24.3%), early morning sickness, pallor of conjunctiva and reaction to herbs 56 (29.6%) to detect pregnancy. Fundal height n=76 (40.2%), palpation n=82 (43.4%), special soaps and soups n=52 (27.5%) and special devices n=8 (4.2%) are used to determine stages of pregnancy. Foetal health status is determined by regular foetal movements n=95 (50.3%), mystic power n=15 (8%), soap n=2 (1.1%), special concoction 9 (4.8%), health status of mother n=67 (35.4%) and foetal heart beat n=24 (12.7%). Ninety seven (51.3%) of them used herbal treatment, 77 (40.7%) used incantations, 189 (100%) used special soaps as their main methods of delivery, while only 18 (9.5%) of respondents refer difficult cases to hospitals. Instruments used for separating cord were blade 123 (65.1%) and scissors 40 (21.1%). Symptoms recognized by the TBAs as signs of complications in pregnancy were dizziness, swollen feet, pallor, tiredness, absent foetal movement, loss of appetite, heaviness, pain in back/stomach/side, weight loss, vomiting, bleeding, fever/malaria, head ache, bad dream, premature or delayed labour. Although some of them recognized some danger signs in pregnancy and labour, only very few would refer difficult cases for emergency obstetric interventions. Clear protocols for management and referral, which are necessary for improved maternal survival, should be provided through regular training of the TBAs.

Keywords: Skills, knowledge, traditional birth attendants (TBAs)

Résumé

Une étude basée sur des questionnaires a été faite sur 189 assistants à l'accouchement traditionnel (TBAS) sur leur connaissance et leur pratiques dans les services prénatals. Seulement 86 (45.5%) d'eux ont associé la la cessation de période menstruelle avec grossesse pendant que d'autres

utilisent le pouvoir 46 mystique (24.3%), la maladie matinale, la pâleur de conjunctiva et la réaction aux herbes 56 (29.6%) pour détecter la grossesse. Fundal hauteur 76 (40.2%), palpation 82 (43.4%), savons spéciaux et soupes 52 (27.5%) et appareils 8 spéciaux (4.2%) est utilisé pour déterminer étapes de grossesse. La situation de la santé foetale est déterminée par les mouvements 95 foetaux réguliers (50.3%), le pouvoir mystique 15 (8%), les savons spéciaux 2 (1.1%), la confection spéciale 9 (4.8%), la situation de la santé de mère 67 (35.4%) et le coeur foetal 24 (12.7%). Quarante-vingt-dix sept (51.3%) d'entre eux utilisent le traitement herbal, 77 (40.7%) utilisent les incantations, 189 (100%) utilisent les savons spéciaux comme leurs méthodes principales d'accouchement, pendant que seulement 18 (9.5%) d'eux l referent les cas difficiles à l'hôpital. Les instruments utilisés pour la séparation du cordon sont les lames 123 (65.1%) et les ciseaux 40 (21.1%). les Symptômes reconnus par le TBAs comme signes de complications de grossesse sont vertige, l'enflure es pieds, la pâleur, la fatigue, manque de mouvement foetal, perte d'appétit, la lourdeur, fles lombagos, la perte de poids, le vomissement, le saignement, la fièvre, le paludixme, le mal de tête, la rêve mauvaise, la parturition retardée. Bien que quelques-uns reconnaissent des signes de danger dan la grossesse et la parturition, tres pe seulement referent les cas difficiles à l'urgence des intervention obstétricales. Des protocoles clairs pour la gestion et la référence qui sont nécessaires pour améliorer la survie des meres devraient être fournis à travers la formation reguliere des TBAS fournis à travers la formation de l'habitué du TBAs.

Introduction

It has been observed that only 40% of births in developing countries take place in hospitals while the rest are taken by trained or untrained birth attendants [1]. It was also stated that a large proportion of births are attended to by TBAs, especially in areas where access to healthcare providers with more training and or resources is limited [2]. For some years, World Health Organization (WHO) policy has emphasized the use of Traditional Birth Attendants (TBAs) as the best means of improving the appalling level of maternal mortality and illness in much of the Third World Countries [3,4]. Since 1970, many African countries such as Zimbabwe, Tanzania and Nigeria have been tackling this problem by training TBAs in health promotion and in the basics of safe delivery and referral [5].

The National Primary Health Care Development Agency (NPHCDA) was established in 1992 by the Federal Government of Nigeria in order to ensure effective participation of communities in the planning and delivery of health services in the country and to give support to the village health system. Part of the functions of the agency is to provide maximum support to the training, development, logistic support and supervision of village health workers including Traditional Birth Attendants (TBAs). The agency is also expected to pay attention to the relationship between these workers and the communities and also the mechanisms, which link these workers to the other levels of the health system. The 1978 Alma Ata declaration of health for all by the year 2000 along with the Nigerian National Health Policy emphasize the development and strengthening of Primary Health Care (PHC) at the local government level [6]. Nigeria Demographic and Health Survey (NDHS) carried out by the National Population Commission (NPC) in 1999 indicated that about 53% of households are now within one kilometer of a health facility. Among the specific policy implementations of the NDHS data are provision of adequate health care facilities in the urban and rural areas and at a cost affordable to the majority of Nigerians and integration of TBAs into the modern health care system so as to reduce infant and maternal mortality rates.

In Eastern Nigeria, a Canadian-Nigerian safe motherhood project was carried out in 1992, which aimed at educating rural professional midwives in the use of the pictograph and training the Traditional Birth Attendants to identify risk conditions in childbirth [7]. In Lagos, south west, visits were made by the staff of the Federal Ministry of Health (FMOH) to some TBAs designated centers tagged "Call Points" on Lagos Island, during which their systems of recording births were scrutinized and suggestions were made on referral cases [8]. Thereafter, several training sessions and exhibitions had been organized for the TBAs in Lagos state by the UNICEF, WHO and Federal Ministry of Health (FMOH) and these have been followed with monitoring and proper scrutiny of their activities.

However, high maternal mortality and morbidity still occur particularly in rural areas in most African countries, where access to formal health care is limited [1]. In Nigeria, it is as high as 1,000 per 100,000 live births [9], while in Ilala, Tanzania, it is about 570 per 100,000 live births [10]. Maternal mortality occur particularly in rural areas of most developing countries as a result of many factors among which are nonexistent, inaccessible or inadequate facility-based emergency care and poorly developed referral linkages [1]. Also, the predominance of home-based care by attendants and family members who are poorly equipped to respond to emergencies, and the complexities of problem recognition and decision making during emergencies lead to inappropriate or delayed action [11]. This paper therefore presents some findings on the knowledge

and practices of some TBAs in prenatal services in Lagos state, Nigeria.

Materials and method

This study was carried out in Lagos state, South West of Nigeria. The state shares boundary to the north and east with Ogun state, to the west with the Republic of Benin and to the south with the Atlantic Ocean. It is made up of twenty Local Government Areas (LGAs). A multi-stage sampling technique was used to select the sample population of 250 Traditional Birth Attendants (TBAs) from 10 randomly selected LGAs out of the 20 LGAs of Lagos state. Sixty-one of them refused to participate due to undisclosed reasons. A nineteen-item structured, pre-tested questionnaire was administered to each of the remaining 189 TBAs. The study aimed to assess their knowledge and practices in prenatal services. Questions on methods of detecting pregnancy and its stages, monitoring of foetal health status and that of the mother and methods of detection of complications associated with pregnancy were asked among others. The data collected were entered into IBM compatible computer and analysis was done using EPI Info Version 6.

Result

One hundred and eighty nine (189) questionnaires were administered to 132 (69.8%) males and 57 (30.2%) females Traditional Birth Attendants (TBAs) aged between 20 and 82 years with a mean age of 51 years. Fifty seven (30.2%) are Christians, 112 (59.3%) are Muslims, and 18 (9.5%) are traditional worshippers while 2 (1.1%) do not belong to any of these groups. Majority of them belong to the Yoruba tribe 183 (96.8%), Ibo 2 (1.1%), Hausa 3 (1.6%) and other tribes 1 (0.5%).

About 48 (25%) of them did not attend any formal school while the rest had up to post-secondary school education. One hundred and fifty three (81%) of the TBAs are full time practitioners, while 36 (19.1%) are part-time, having other vocations such as tailoring, farming, Arabic teaching, fishing and trading, while the remaining claimed to be civil servants. One hundred and seventy (90%) of them specialize on pre-natal care and delivery, while 19 (10%) treat infertility and monitor pregnancy. Their years of experience spread between 1 and 30 years while about 43 (22.8%) of them have over 30 years experience as TBAs/herbal healers.

The widely used tools in detecting pregnancy by the TBAs are, missing period n=87 (46%), pallor of conjunctiva n=73 (38.6%), early morning sickness n=59 (31.2%), reaction to herbs n=38 (20.1%) and mystic power n=36 (19.1%). They use several approaches to determine stages of pregnancy. These are fundal height n=75 (39.7%), palpation n=82 (43.4%), special soap and soup n=52 (27.5%), special devices n=9 (4.8%), Ifa oracle n=10 (5.3%) and date of last menstrual period n=9 (4.8%). Regular foetal move-

ments n=95 (50.3%), use of sacrifice n=187 (98.9%), incisions n=189 (100%), health status of mother n=67 (35.4%) and foetal heart beat n=24 (12.7%) are used in determining the foetal health status.

Stillbirths and miscarriages are prevented by the use of herbs/concoction n=112 (59.3%), spiritual ring n=10 (5.3%), spiritual suspension of foetus n=16 (8.55%), incantation/mystic power n=13 (6.9%), incisions n=9 (4.8%), sacrifice n=2 (1.1%) and soap/soup n=64 (33.9%). Cases of threatened abortions indicated by bleeding are treated with concoctions/herb n=89 (47.1%), spiritual ring n=4 (2.1%), spiritual suspension of foetus n=3 (1.6%), incantation n=15 (7.9%), sacrifice n=2 (1.1%), soap/soup n=41 (21.7%), herbal powder n=41 (21.7%) and bed rest n=3 (1.6%). Pregnancies, which are beyond nine months, are managed through the use of concoctions n=89 (47.1%), incantation/mystic power n=33 (17.5%), incisions n=2 (1.1%), sacrifice n=15 (7.9%), soap/soup n=75 (39.7%), herbal powder n=23 (12.2%) and bed rest n=59 (31.2%).

Table 1: Signs of complications in pregnancy recognized by the TBAs

Signs	No. of TBA	%
Dizziness	128	67.7
Swollen feet	75	39.7
Pallor	58	30.7
Tiredness	128	67.7
No foetal movement	27	14.3
Loss of appetite	26	13.8
Heaviness	2	1.0
Pain in the back/Stomach/Side	60	31.8
Weight loss	1	0.5
Vomiting	18	9.5
Bleeding	17	9.0
Fever/Malaria	22	11.6
Headache	23	12.2
Bad dream	6	3.2
Premature labour	2	1.0
Delayed labour	1	0.5

Herbal treatment n=97 (51.3%), incantations n=77 (40.7%) and washing of vulva with special soaps n=189 (100%) are their main methods of delivery while only n=18 (9.5%) of them refer difficult cases to hospitals. About n=95 (50%) of the TBAs complained of health clinic workers rejecting the referred patients while some of them mentioned dizziness and swollen feet among others as signs of complications in pregnancy (Table 1). The instruments used in separating the cord are blade n=123 (65.1%), sharp edge of bottle n=1 (0.5%), bamboo or scissors n=34 (18%) and n=29 (15.4%) use recycled blades. About 146 (77.3%) use hand gloves while taking deliveries and 31 (16.4%) also use recycled gloves. Majority of them 176 (93.1%), wash

their hands after attending to each patient. Most of them use the same room they live in as the delivery room. Only a small number of them reported that they would refer a mother to the hospital as a result of complications while those that do not refer their patients gave reasons such as absence of the decision maker, usually the husband of the pregnant woman, patients' lack of money to pay hospital bills and n=95 (50.3%) of them reported rejection by government healthcare givers in the hospitals as they usually complain of delayed referral.

Discussion

Among the widely used tools in detecting pregnancy by the TBAs in this study are reaction to herbs n=38 (20.1%) and mystic power. Those who use specially prepared herbs explained that when these herbs are given to their patients, some reactions are induced such as itching or vomiting, and some of these reactions are used to confirm if the patients are pregnant or not. Others who use mystic power stated that some cases do present as pregnancies but which may be fibroid or some other conditions, which mimic pregnancy, hence the use of mystic power to confirm pregnancy.

Several approaches are used to determine stages of pregnancy by these TBAs some of which are soap and soup, special devices and the Ifa oracle. Those who use soap and soup observed that the nature of the foetal movements after the administration of the concoction to the mother, determines the various stages of pregnancy. Some also use special devices such as mystic power, while some consult the Ifa oracle. A lot of them prevent stillbirths, threatened abortions, miscarriages and pregnancies carried beyond nine months by using herbs/concoction, spiritual ring, spiritual suspension of foetus, incantation/mystic power, incisions, sacrifice, soap/soup and bed rest. Those who use spiritual rings put a ring on a particular finger of the woman to wear and in the case of spiritual suspension of foetus, a specially made belt-like object is tied round the woman's waist and the ring/belt is removed only when the woman is due to deliver.

Some of them use methods such as incisions and sacrifices to determine the foetal health status. Incisions are made on the woman and concoctions, the contents of which were not disclosed, are rubbed on the incisions and this is followed by some sacrifices. All these are done to appease the gods so that they could reveal the foetal health status and any complications and their sources. Some of them also use incantations and special soap made from herbs as methods of delivery as they believe that the soap will aid dilation of the cervix during labour and the incantations will ease delivery and also prevent any evil from befalling the mother and the baby. Forty-four (23%) of the TBAs do not use gloves during delivery, while some of them use gloves but admitted that they recycle the gloves.

Some of the TBAs agreed that they use recycled blades to cut the umbilical cord and use dry cloth to clean the blade after each use. In most cases, treatment of the umbilical stump is inadequate and harmful as very few clean the stump with cotton wool and methanol and also teach the mother to do so.

A lot of the TBAs in this study admitted that potentially serious complications occurring in pregnancy are causes for concern but only a small number of them reported that they do refer their patients to the hospital in the event of complications. Some believe they could handle any complications by incantations and offering sacrifices to appease the gods hence their refusal to refer complicated cases to the hospitals.

Conclusion

TBAs are usually the first choice of most of the mothers for care in childbirth in rural areas hence they have a profound influence on the health of their communities [7]. Their proper integration into the health care system and improving their practices by organizing seminars and workshops for them are major steps towards providing adequately for the health of mothers and their children. These workshops should include demonstrations on the use of universal precautions in handling pregnant women, identification of dangerous complications during pregnancy and delivery and prompt referral of such cases to the nearest health centre. This will undoubtedly be of value in improving their knowledge and maintaining their skills thereby reducing both maternal and foetal mortality and also raise the level of family health. Referral system should also be encouraged between the TBAs and government healthcare givers for prompt attention to dangerous complications that threatened safe motherhood.

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