

# Traditional Birth Attendants' Practice Encounters: Experiences from Northern Nigeria

Yahaya Jafaru, Aisha Abdullahi Magaji, Maryam Kabiru Haruna

Department of Nursing Science, Federal University Birnin-Kebbi, Kebbi State, Nigeria

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### Corresponding author:

Name: Yahaya Jafaru

Address: Along Kalgo-Bunza Road,  
Kalgo, Kec. Birnin Kebbi, Kota Birnin  
Kebbi, Kebbi State 860101, Nigeria.

E-mail: [jafaruyahaya2015@yahoo.com](mailto:jafaruyahaya2015@yahoo.com)

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## Abstract

The utilization of Traditional Birth Attendants (TBAs) is one of the patient-level factors that are common in causing maternal mortality. The TBAs are deficient in the ability to identify or manage birth complications such as postpartum haemorrhage and birth asphyxia. However, training and retraining are given to TBAs without ascertaining their practice needs. The aim of the study was to explore the difficult situations the Traditional Birth Attendants encountered during their practice. The study employed a descriptive phenomenological research design. The population of the study consisted of TBAs currently practicing in Birnin Kebbi Metropolis. A purposive sampling strategy was employed to select twelve veterans TBAs for the study. An in-depth interview was used for data collection. One-on-one interviews were conducted by the researchers with each participant TBA. Giorgi's descriptive phenomenological method was used for the analysis. four themes that emerged from this study conducted through in-depth interview. The four themes that emerged from this study are difficulties in conducting labour, retained placenta, umbilical cord issues, and method of identifying abnormal labour. The identified difficulties encountered by TBAs are crucial. These are difficulties that could lead to serious maternal and neonatal health issues. Understanding these difficulties underscores the importance of training TBAs. The Healthcare professional, together with TBAs, should have an effective collaboration that recognises the roles of one another for improved maternal and neonatal health.

**Keywords:** Childbirth, Maternal health, Neonatal health, Pregnancy, Women



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## INTRODUCTION

Since adopting the Sustainable Development Goals (adopted by the UN member states in 2015, Sub-Saharan African countries have found it challenging to achieve the related maternal health promotion targets (1). This is despite the global strategic efforts toward ending preventable maternal mortality. There is still a report of high maternal mortality from low- and middle-income countries (2). This means that improving access to skilled care throughout the maternal continuum of care is a top priority to improve maternal health and meet the Sustainable Development Goals (SDG3) (3). Skilled care during the maternal continuum of care can save the lives of both the women and newborns (4). The provision of maternal health services by skilled health professional throughout the continuum of care is the pillar in reducing Maternal Mortality Rate (MMR) (5). However, the utilization of Traditional Birth Attendants (TBAs) is one of the patient-level factors that are common in causing maternal mortality (6).

The WHO defines TBA as a person who assists mothers during labour and delivery, and who acquired her skills by delivering babies herself or training other TBAs (7). The TBAs have played significant roles in the delivery of maternal health services globally, particularly in low-income and middle-income countries (8; 9). Their roles include technical support to the mother perinatally and postnatally (10). However, the opponents of TBA care are of the view that TBAs have done little to improve maternal health (5). They are unskilled and unable to prevent or treat the complications during pregnancy or childbirth that lead to maternal deaths (11). The TBAs are deficient in the ability to identify or manage birth complications such as postpartum haemorrhage and birth asphyxia. These could result to delay in transferring women to Skilled Birth Attendants (SBAs) in case of emergency (12). Thus, focusing on training TBAs is the first priority strategy to Maternal and Child Health (MCH) improvement (13).

The risk of maternal mortality is reduced with SBAs utilization (14).

Nevertheless, a research study found that most women in Africa give birth at home (62%), and more than half (56%) are conducted by TBAs (15). It was asserted that the prevalence of TBA utilization in Africa's rural areas was about 60% to 90% (16). In Nigeria, the SBA utilization was found to be only 43%, which is lower than the overall 58% in sub-Saharan Africa and 80% globally (14). The recent interest in TBAs for MCH outcomes improvement established an avenue for enhancing TBAs-formal health facility relationship (13). This is important because of the high rate at which the TBAs are being utilized, specifically in Africa.

The challenges predominantly facing the policy makers and healthcare professionals include providing effective interventions that will enhance the care provided by the TBAs to women in rural areas. This becomes necessary considering the roles the TBAs play in the community, and to hasten the progress towards curtailing maternal mortality (17). The interventions used include incorporating TBAs into the healthcare system (18) and various training programs that trained the TBAs toward preventing postpartum hemorrhage (19). Onyekpa, and Odugu (19) opined that these interventions yielded no encouraging outcomes. This could be because training and retraining are given to TBAs without ascertaining their practice needs. Studies assessing the training needs of TBAs are very uncommon, despite the fact that the role and potential contribution of TBAs are inevitable in rural communities, and regardless of women's socio-economic status, many mothers prefer TBAs' services (20). Thus, for the training programs to be effective, there is a need for a clear understanding of those practice difficulties encountered by TBAs. This will facilitate focused policy development toward training and retraining of TBAs.

Moreover, learning is more likely to lead to change in practice when needs assessment has been conducted, the education is linked to practice, personal incentive drives the educational effort, and there is some reinforcement of the learning (21). In his descriptions of adult learning,

Knowles assumed that learners needed to feel a necessity to learn and that identifying one's own learning needs was an essential part of self-directed learning (21). Thus, there is a need for TBAs' need assessment in form of the difficulty they encounter and their felt practice deficiency and necessity.

## **OBJECTIVE**

The objective of the study was to explore the difficult situations the Traditional Birth Attendants encountered during their practice.

## **METHODS**

### **Research design**

The study employed a descriptive phenomenological research design. Phenomenology involves a qualitative method of studying and exploring the in-depth lived experiences of a phenomenon (22). This study explored the practice encounters as experienced by TBAs during their practice.

### **Sample, sample size, & sampling technique**

The population of the study consisted of TBAs currently practicing in Birnin Kebbi Metropolis. The Birnin Kebbi metropolis is suitable for this study because of its urban and suburban characteristics. It is also surrounded by rural catchment areas of TBAs in the city. Twelve TBAs formed the population of the study; and saturation starts to manifest at the respondent 10. However, the researchers decided to interview the remaining two TBAs since they were informed about the interview.

A purposive sampling strategy was employed to select twelve veterans TBAs for the study. Purposive sampling is employed in a phenomenological study to select experienced participants who can effectively and efficiently provide necessary information by sharing their thoughts and feelings (22). In this study, homogeneity of the participants was preferred since the essence was to select veterans TBAs. The snowball sampling method was used in identifying the most suitable participants. Only TBAs with at least 5 years experience were included for the study. The TBA must be

currently active and have been predominantly working as TBA in Birnin Kebbi metropolis within that 5 years. TBAs not willing to participate, and those that declined to give consent for the study were excluded from the study. Also, TBAs that were not allowed to be seen by their families were excluded from the study.

### **Data collection procedure**

An in-depth interview was used for data collection. One-on-one interviews were conducted by the researchers with each participant TBA. The interview was conducted in a conducive environment at a time provided by the TBA. The interviews lasted between 9 and 20 minutes, and they were recorded using a phone recorder. To guide the interview process, an interview guide was used. The guide was in form of questions that served the purpose of initializing the interview and stimulating response. The questions include: what are the difficult situations you encountered in your work as TBA (such as prolonged labour, lock twins, retained placenta etc)? How did you managed those difficulties you encountered? What were the outcome of those difficulties? (including no any injury/harm, deformed baby, death of the mother, death of the baby, etc). Face and content validity was used in validating the interview guide. Two experienced midwives (over 20 years of practice each) vetted the interview guide. Their corrections and advice were effected accordingly.

### **Data analysis**

The analysis was a thorough thematic examination of the participants' lived experiences. Giorgi's descriptive phenomenological method was used for the analysis. It included the significant statement extraction, making meaning out of the significant statement, and describing the phenomenon (23). To maintain truthfulness of the data, the credibility, transferability, dependability, and confirmability principles were applied. For the purpose of triangulation the interview was supported by field note.

Facial expressions and other non-verbal communications were noted through field note. It was taken during each interview, and was used in validating the study findings.

### Trustworthiness of the Study

The key components of the trustworthiness of a piece of qualitative research are credibility, transferability, dependability, and confirmability (24).

**Credibility:** Having more than one method of collecting data is one way of ensuring credibility of a study (25). In this study, interview and field note were employed in data collection. Field notes are used to record important observations and nonverbal communications of the respondents. Reflexivity, the act of identifying and controlling researchers' thoughts, feelings, and perceptions about the phenomena of interest was employed (26).

**Transferability:** The contextual description of the study was given. This includes description of the participants, sampling method, method of data analysis and results presentation. This is called thick description as postulated by Lincoln & Guba (27) that transferability can be achieved through purposive sampling and a "thick" context description.

**Dependability:** In dependability, the researcher has to describe the setting in which the research has taken place and how it impacted the data collection (24). In this study dependability was ensured through maintaining suitable context in which the data were collected. The interviews were conducted at an environment provided by each TBA. This prevented social desirability bias from the TBAs.

**Confirmability:** Confirmability is the impartial state of the researcher that results

to objective generation of participants responses (28). In this study, neutrality was ensured, and findings emerged naturally without restrictions. Also, the findings and interpretations were derived from the data collected. This is supported by the quotation format of the results.

### Ethical consideration

Ethical approval to conduct the research was obtained from the Kebbi State Health Research Ethical Committee (Registration number: 108:065/2025). The study observed beneficence, non-maleficence, confidentiality, and participation was made voluntary. Verbal informed consent was obtained from each participant.

## RESULT

### Demographic Data

The majority of the respondents were aged 60 years or above. Very few were found to be in their 50s, and only one respondent was found to be in 40s. The Mean age was 60.6(9.8). The majority of the respondents had an experience of 10 years or more with Mean of 14.5(7.8). All the respondents had never received any formal training.

Themes	Themes description
Theme 1	Difficulties encountered in conducting labour
Theme 2	Retained placenta
Theme 3	Umbilical cord issues
Theme 4	Difficulties in identifying abnormal labour

Table 1 reveals the four themes that emerged from this study conducted through in-depth interview. The four themes have to do with difficulties in labour, retained placenta, umbilical cord issues, and method of identifying abnormal labour.

**Theme 1: Difficulties encountered in conducting labour**

Nearly all the respondents encountered some difficulties during their practice. Difficult labour is one of the issues the respondents emphasised. The respondents highlighted difficulties they encountered in conducting labour at home. These difficulties include a situation in which a labour is prolonged, conducting a twins pregnancy labour, and a

labour with a breech presentation. The respondents attested as follows:

*"I encountered a prolonged labour in which, after 2 days, we went to the hospital, and the mother underwent a CS (Cesarean Section) surgery"* (respondent 5). Respondent 8 recounted having difficulty with a twin pregnancy. *"...It was a twin pregnancy, and we didn't know. We faced difficulty in delivering the second child, but the woman delivered the second child successfully before the nurse arrived"*. In the account of respondent 9, *"...The placenta was out, but the baby was not born. The time we went to the hospital, the baby was dead. She underwent surgery, and it was successful"*. *"I encountered a situation in which the baby's foot came first, and I delivered the baby successfully"* (respondent 10). Respondent 12's statement about difficult labour reads: *"I saw a baby's stool coming out (from the mother's vagina). This made me uncomfortable, and instructed to take her to the hospital. The baby was removed at the hospital successfully"*. In her experience with prolonged labour, she stated that *"There was a time I had to rupture the power (membranes) with a razor blade"* (respondent 12).

#### Theme 2: Retained placenta

Retained placenta can be a serious problem in maternity care as it could lead to postpartum haemorrhage especially when proper intervention is not taken. About 33% of the respondents identified retained placenta as one of the difficulties they encountered in their practice as TBAs. The results showed that the TBAs either use traditional method and prayers for solutions or call a healthcare professional/refer to a health facility for solution. The responses reads as follows:

Respondent 3 highlighted that *"...some TBAs encountered retained placenta"*. *"There was a time we encountered a retained placenta, in which a nurse intervened and removed the placenta"* (respondent 4). *"We used to face delays in placenta delivery, but we pray and use our local methods to deliver it"* (respondent 7). *Excessive bleeding and a delay in placenta delivery made me refer to the hospital. I usually refer as quickly as possible* (respondent 9).

#### Theme 3: Umbilical cord issues

Umbilical cord care is one of the roles TBAs performed during labour and after delivery. It involves guiding and maneuvering the cord, clamping and cutting of the cord after delivery as well as umbilical cord stump care before it dries and falls off. It is an important aspect of

labour and delivery. However, few respondents (25%) indicated that they encountered some difficulties in the umbilical cord care. Their responses are as follows:

Respondent 3 revealed that *"I have never encountered any difficulty except bleeding from the umbilical cord"*. *"Umbilical bleeding does occur, but we use thread, and some apply a hot knife to stop the bleeding"* (respondent 6). *"...a baby is delivered with the cord wrapped around the neck. I quickly cut the umbilical cord... I then suctioned the baby's nose and tapped the back; then the baby cried. I saw how nurses are doing it. If it were an inexperienced person, the baby might have died"* (respondent 12).  
Theme 4: Difficulties in identifying abnormal labour

Identifying abnormal labour is a cornerstone in avoiding complications of labour and delivery. Most of the respondents were able to mention only a few signs of abnormal labour. Prolonged labour and irregular labour pains were commonly mentioned as signs of abnormal labour. Below are the culled from the respondents' responses.

Respondent 1 admitted that she is not capable of identifying abnormal labour. She stated that *"my grandmother can identify abnormal labour, but I cannot"*. However, the majority of the respondents mentioned prolonged labour and irregular labour pains as signs of abnormal labour. *"I identify abnormal labour through vomiting, delayed progress in labour, or if the labour pains are not frequent"* (respondent 3). *"Prolonged labour is a sign of an abnormal labour. That is, if there is no progress in labour"* (respondent 4). Respondent 5 stated that *"infrequent labour pains are a sign of abnormal labour"*. *"The signs of abnormal labour include prolonged labour, or when the baby cannot be delivered"* (respondent 6). Respondent 9 added abnormal height of the abdomen and sweating as signs of abnormal labour. *"When the baby is not normally situated, that is, the height of the abdomen is much"*, she continued, *"... excessive sweating is a sign of abnormal labour, but could also indicate that the woman is about to give birth"*. Lack of urinating and a long time after seeing fluid (rupture of membranes) were identified as signs of abnormal labour. *"If a woman is not urinating, there is a problem. A woman in labour ought to urinate. Also, when fluids escaped (rupture of the membranes), the woman should deliver. If a woman takes a long time on labour after the escape of the*

*fluid is a sign of a problem"* (respondent 11). *"If there is no water (amniotic fluid) coming. If water has not escaped, there is a problem"* (respondent 12).

## DISCUSSION

The majority (66.7%) of the respondents were elderly women (60-70 years), while the remaining 33.3% were middle-aged women (40-55 years). This is in accordance with the assertion of Amutah-Onukagha et al. (29) that most TBAs are middle-aged or older women. The respondents' years of practice range from 5-30. However, majority (83.3%) had 10 years or more practicing as TBA. All the respondents revealed that they had never gone or been invited for any training as TBAs. This is contrary to findings of several studies that postulated the importance of TBAs' training to identify pregnancy early warning signs to problems for timely referrals to healthcare facility (30; 31; 32). TBAs ought to be trained on obstetrical complications early identification and immediate referral to health facilities for emergency obstetric care (33).

The aim of the study was to explore the difficult situations the TBAs encountered during their practice. The findings reveal that TBAs encountered different difficulties that have to do with conducting labour, placenta delivery, umbilical cord issues, and methods of identifying abnormal labour. These findings are in consonance with a research study that found difficulties encountered by the TBAs in the course of delivery to include retained placenta, difficulty with breech deliveries, prolonged bleeding and lack of facilities (34). About half of the respondents had experienced difficulty in terms of prolonged labour. This is in accordance with a finding of a study by Aliyu et al. (35) that TBAs knew that prolonged delivery of the fetus is an alarming sign. The study indicated that the TBAs did not know the importance of immediate referral to a health facility in that situation. Other aspect of labour difficulties as disclosed by the respondents in this study were twin delivery, placenta previa, breech presentation, and foetal distress. However, despite the fact that the respondents were able to state prolong labour as a difficulty,

but no one was able to state correctly how long the labour can be termed prolong. This is an indication that the TBAs' contributions to maternal and newborn health at the community level are limited to emotional caring for pregnant women and conducting uncomplicated deliveries, not in solving complications (36).

Thus, when labour deviates from normal, it becomes practically difficult for the TBAs to handle the situation. This brings about the need for TBAs to be trained on the normal labour and signs of difficult labour for prompt referral to a health facility. This is because there could be the development of certain problems when TBAs delay seeking skilled care for a woman in difficult labour. Some of the TBAs' actions or inaction are harmful and contribute significantly to morbidity and mortality, especially if untrained (37). The referral needs to be emphasised since the TBAs cannot be considered as skilled birth attendants and the care they provide can not curtail maternal and child mortality and morbidity (38).

Some of the respondents of this study described the difficulties they encountered to include retained placenta. A respondent made it clear that retained placenta and heavy bleeding after childbirth led her to refer the woman to a healthcare facility. The retained placenta is crucial in the management of labour since, in some cases, it is associated with postpartum haemorrhage. This is contrary to a finding of a study by Aliyu et al. (35) in which it was found that the TBAs did not recognise excessive vaginal bleeding as a potentially life-threatening condition during labour. It is worth mentioning that only a few respondents emphasised referring to the healthcare facility in case of complications or when labour is not normal. Handling complicated labour, especially with postpartum haemorrhage, increases the risk of infection, as TBAs lack training on aseptic techniques. Moreover, handling labour complications by TBAs might decrease timely access to healthcare facilities for skilled care (39).

The clamping, cutting, and care of the umbilical cord is a common role of TBAs in

society. Communities depend on TBAs for these important roles; in some cases, umbilical care is done by TBAs even for women who have given birth to their children in a hospital. Among the roles of TBAs is providing services during the postnatal period, which were very well utilized and trusted in some communities (40). Some respondents of this study faced difficulties in umbilical cord care, specifically umbilical bleeding and umbilical cord prolapse. These are very serious situations because they can lead to neonatal infection and neonatal strangulation, respectively. Good umbilical cord care is necessary for preventing neonatal infection (41). It is indicated that about 36% of all causes of neonatal mortality were due to sepsis and tetanus (42). The most prominent causes of infection among the neonates are related to the immediate care of the umbilical cord.

Prolonged labour, usually identified by a lack of labour progress, is a clear sign through which TBAs identify abnormal labour. However, the TBAs failed to clarify how long the labour could last before it could be termed abnormal. This could lead to neglecting a woman in labour with the assertion that she is still in labour even if the labour is literally prolonged. One of the common causes of perinatal morbidity and mortality among women in developing countries is neglected labour (43). A respondent identified vomiting as a sign of abnormal labour, contrary to a study by Aliyu et al. (35) in which TBAs did not identify nausea and vomiting during labor as potential danger signs. A respondent in this study made vague assertions that excessive sweating and exaggerated abdominal height are signs of abnormal labour. But the TBAs have no knowledge of differentiating normal and abnormal sweating or abdominal height. Other vague signs mentioned by the respondents include lack of urination by the mother and failure of membranes to rupture.

The responses indicate a lack of knowledge in identifying danger signs of labour among TBAs. This finding is in agreement with a finding of study which revealed that the TBAs were not aware of the

danger signs of labor (35). This indicates a serious need for a programme that trains TBAs in all aspects of perinatal and postnatal care. Trained TBAs can identify danger signs of pregnancy, unhealthy neonates and are more likely to refer abnormal cases to a healthcare facility compared to untrained TBAs (37). The limited training and lack of access to medical equipment serve as an obstacle that could lead to catastrophic events during childbirth (44). To address these issues, several countries have incorporated TBAs into their official healthcare frameworks by providing resources and guidance for practice and referral systems in the event of complications (45).

## **Conclusion**

The identified difficulties encountered by TBAs are crucial. These are difficulties that could lead to serious maternal and neonatal health issues. Understanding these difficulties underscores the importance of training TBAs. It also highlighted the need for a programme on training and retraining TBAs in northern Nigeria.

## **Limitations of the study**

1. The study was based on the information from the respondents which is associated with recall bias, especially in recalling an event that occurred years back.

2. In triangulation, the study did not apply quantitative and qualitative method of data collection.

## **Recommendations**

Based on the findings of this study, the following recommendations are made:

1. Policy makers should identify all the TBAs and register them for the purpose of regulating their activities.

2. The Ministry of Health should establish a programme that will provide training opportunities for the TBAs.

3. Policy makers, in collaboration with other stakeholders, should develop a scope of practice for TBAs.

4. The Healthcare professional, together with TBAs, should have an effective

collaboration that recognises the roles of one another for improved maternal and neonatal health.

5. The Ministry of Health should provide materials and monetary incentives to TBAs, as well as essential working tools for their practice.

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