ISSN No:-2456-2165

Socio-Demographic Variables and the Practice of Antenatal Care among the TBA in Southern Cross River State, Nigeria

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Abstract:- The purpose of this study was to determines the influence of Socio-demographic variables on the practice of antenatal care among the TBA in Southern Cross River State, Nigeria.

The research utilized a descriptive survey design and Slovins formula was used to select the 191 traditional birth attendants (TBAs) from the four (4) local government areas in the study area. A validated questionnaire constructed by the researcher was used to obtain data. Information obtained from the questionnaire was subjected to descriptive statistics using percentages. Data was analyzed with aid of SPSS version 18.Religious denomination and their settlement (P> .05). Also Practice distribution for socio demographic variable indicated no significant association between them,(P >.005), hence, none of the socio demographic variable influenced their practice of antenatal.

I. INTRODUCTION

In many developing countries where there is often a shortage of trained biomedical personnel, maternal care is usually provided by Traditional Birth Attendants World Health Organization (WHO, 2010). One key intervention to improve maternal health is to ensure that all women have access to skilled care during labour and delivery, unfortunately, less than 40% of Nigerian women give birth with a skilled attendant, this suggest that over 60% of Nigerian women are at excess risk of maternal death, as they do not have access to or utilize available lifesaving services (Graham, Bill &Bullough, 2009). Throughout history, TBAs have been the main human resource for women during childbirth, their role varies across cultures and times but even today, they attend to the majority of deliveries in the rural areas of developing Countries (Imogie, 2012). Traditional birth attendants are accessible, culturally acceptable and are known to influence women's decisions about using their health care. World Health Organization (WHO, 2005).There is little doubt that they have a significant role when it comes to cultural competence and psychosocial support at birth, all of which are important benefit for the woman and also the newborn baby (Falle *et al*., 2009). WHO,(2012) observes that, TBAs can potentially improve maternal and newborn health at community level and while the role of TBAs in caring for pregnant women & conducting deliveries is acknowledged, they are generally not trained. Traditional Birth Attendants (TBAs) have varying definitions across the globe. World Health Organization further reports that traditional birth attendants and community midwives have a key role to play in midwifery practice. They are often the only available source of basic prenatal care and family planning services in isolated communities, and are generally the main source of help in pregnancy and childbirth. They are highly respected members and proven asserts in addressing poor maternal outcomes (Mac-Arthur, 2009).Studies in developing countries such as Bangladesh, Turkey, South Asia and Nigeria revealed that Traditional birth attendants are generally older, non-literate women who have learnt the care of pregnant women, delivery and postpartum care through apprenticeship (Fatmi *et al*., 2005).

The TBAs consider themselves to be the private practitioners who respond to request for services, TBAs receive some compensation for their services, mostly in kind and some accept whatever monetary amount is given to them by the families (Humsein & Mpembeni, 2005). TBAs have a variety of names depending on where they are operating. They are all over the world, in developed or developing world, rural or urban.

Traditional birth attendants could render services in their homes or churches as the case maybe; these practices have gained momentum by the day, as their services could be accessed widely. Frequently, their services include helping in household chores, massage of the women's body, ante natal care, deliveries, care of the neonates and family Planning services. However, traditional birth attendants have no formal training on how to attend to pregnant women including how to recognize and respond appropriately to complications of pregnancy, for this reason, the way many attend to delivery was traumatic resulting in disability, leading to poor health

ISSN No:-2456-2165

outcomes and even death. (Rocker, Wilson, Mbaruka & Kruk, 2009). Traditional birth attendants are also described as members of the community, they share cultural and health beliefs with the women they serve and have strong ties with the community (Bultery, Fowler, Shaffer, Tih, Greenberg, Karita, & Cock 2010). Some women become Traditional birth attendants in the communities by working with and beside their mothers, other female's relatives or other Traditional birth attendants (Syamala, 2007).Some women are selected as TBAs by the community based on some characteristics that members of the community perceive are required for assisting women with deliveries such as good deliveries outcome, a strong personality, stable emotional state, understanding of the culture, along with the patience that will enable the birthing woman to move through the event with courage, power and ease (Brugemann, Parpinelli, Osis, Ceratti, & Neto 2007; Smith, 2006).

During Pregnancy women seek help from TBAs who are readily available since they (TBAs) perceive pregnancy as a period of trials and crisis for the woman and her family, while also being in a spirit of anticipation to bare a precious gift (baby), the woman will always want an understanding and comfort- providing hand to care for her throughout the period of gestation. There is a growing awareness in many African Countries that TBAs have a major role to play in the prevention of HIV and maternal death through improved antenatal practices (Sibley, Sipe, Brown, Diallo, McNatt & Habarta, 2007). This is because of their accessibility to communities and the relationship they share with women in local communities especially if the women are unable to access biomedical skilled services (Maternal Health Task Force, 2011).

Wallace and Ebraham (2004) observed that many women patronize TBAs as against utilizing modern health services even when they (TBAs) work in a world of scientific ignorance with skills developed through trial and error, and being very deeply rooted in some harmful cultural practices of their countries which results in poor health outcomes. Therefore, improving the skills and knowledge of traditional birth attendants, providing sterile equipment and enlisting their assistance and support in disseminating information to the community are critical steps to improving their care of pregnant women at the community level (WHO, 2005). Delivery by skilled professionals is an important factor in reducing maternal and infant mortalities. It is essential that each birth be attended to by trained personnel who give the necessary supervision and care during pregnancy, labour and the postpartum period (World Bank, 2005). The WHO (2004) refer "skilled attendants" as referring exclusively to people with midwifery skills i.e. doctors, midwives and nurses who have been trained to proficiency and licensed in the skills necessary to manage normal deliveries and diagnose, manage or refer complications.

II. STATEMENT OF PROBLEM

Despite all effort by government and agencies, to improve the knowledge and practice of Traditional Birth Attendants through training programs, provision of delivery kits and other equipment's necessary for emergency obstetric care, maternal and newborn outcomes continue to be a major public health challenge in developing Countries. In the Southern part of Cross River State substantial amount is spent on health care, with the implementation of free medical treatment for pregnant women and children, women still go to the TBAs for care, more still . It is based on this premise that the researcher is undertaking this study on socio demographic variables and antenatal, labour and postpartum care among the TBAs.

1. Ascertain the influence of socio-demographic variables on the knowledge of antenatal care among the TBAs

- *Research design*

A descriptive survey is the most appropriate design for this type of study. A descriptive survey sets out to describe comprehensively the current state of affair of a certain aspect of health, and is also known as a situation analysis. The descriptive survey usually sets out to describe characteristics of a group being investigated (Polit, 2008).Descriptive research is carried out for the purpose of observing, describing, and documenting aspect of a situation as it occurs in a natural setting (Akpabio & Ebong, 2010).

- *The Area of study*

The study area for this study will be Southern Senatorial Districts of Cross River State which is located at the Southern part of the State. It is made up of seven Local Government Areas, Calabar South, Calabar Municipality, Akpabuyo, Bakassi, Biase, Odukpani and Akamkpa Local Government Areas.

- *Population of the study*

The population of this study consist of 371 traditional birth attendants who care for women during pregnancy, labour and periods after childbirth within the last six months in the Southern part of Cross River state.

- *Sample*

The sample used for this study consists of 191 this reflects 52% of the entire population size. This number was determined using Slovins formula (Minimum Sample size formula) for estimating a simple finite proportion. The sample was obtained as follows:

$N=N/1+N\ (e)^2$(Horse, 2015)

- *Inclusion criteria*

Traditional Birth Attendants who are between the ages of, 15-55years (reproductive age group) Those who have had up to 20 deliveries in the last 2years**.** Traditional Birth

Attendants who are resident in the Southern part of Cross River State.

➢ *Exclusion criteria*

Traditional Birth Attendants who were ill or have other underlying medical or surgical conditions were excluded from the study.

➢ *Sampling procedure*

Four local government areas from the seven local government area of the Southern Senatorial District (Akamkpa, Biase, Calabar Municipality and Calabar South)were used for the study through randomization without replacement. In each of the areas 50% of the total number of TBAs was randomly selected as follows (45, 34, 60 and 52 respectively) to give the sample size of 191.

➢ *Instrument for data collection*

The instrument used for data collection is a structured questionnaire. The questionnaire was divided into four (4) sections, section A, has (10 items) deals with Bio data of the Traditional birth attendants. Section B, has (16items) of (Yes or No) used to elicit responses about knowledge of ante natal, labour and postpartum care among TBAs. Section C has (25) items, the likert scale of strongly agree, Agree, Disagree and strongly disagree deals with the practices among TBAs during ante natal, labour and postpartum periods and section D has 13 questions used to elicit responses on some factors that influence knowledge and practice of antenatal, labour and postpartum care.

➢ *Validity of instrument*

The validity was assured by presenting the draft copy of the questionnaire to the supervisor and corrections were made. Content validity was evaluated by three lecturers in the department of Nursing Science.

➢ *Reliability of the instrument*

The reliability of an instrument or test refers to the degree of consistency that the instrument demonstrates in measuring what it purports to measure. To establish the reliability of the instrument, a pilot testing was done using fifty (50) women from Southern Senatorial District of Cross River State. These women were not included in the real study. Cronbach Alpha reliability method was used.

➢ *Ethical consideration*

With an introductory letter from the Department of Nursing Sciences, University of Nigeria, Enugu Campus, ethical approval of the study was sort from the Ministry of Health, Cross River State to carry out the study. An administrative clearance obtained from the department of Public Health, Local Government Service Commission, Calabar. Respondents were assured of anonymity and confidentiality. The respondents' wishes and rights were respected at all times, including right to discontinue with the study at any time.

➢ *Procedure for data collection*

With the letter of identification signed by the Head of Department of Nursing Science University of Nigeria, Enugu Campus, ethical approval was sort from the state ministry of health Cross River State to carry out the study since it involves human subjects. The researcher briefed the respondents on the importance, purpose and objectives of the study. Four research assistants were trained on the objectives of the study, the content of the questionnaire and how to administer it and interpret the content of the questionnaire to the non-literate respondents. The questionnaires were distributed to the sample by the four (4) research assistants. Emphasis on the need for confidentiality was made. The data collection lasted for a period of two (2) week.

➢ *Method of data analysis*

Descriptive statistics was used (this include, mean, percentage, and standard deviation) to analyze data on the socio demographic characteristics of the respondents. Simple percentage analysis was used to answer the research questions posed for the study. Data was entered into the computer software program statistical package for the social sciences (SPSS version 18).

III. RESULTS

➢ *Socio Demographic Characteristics of Respondents*

Most of the attendants were above 35 years (71.3%) and were females (95.2%). Almost all were Christian (99.4%) of which Protestants were more (49.7%). Majority of the respondents never got up to secondary education (79.6%). Predominant among them were in business/trading (45.6%), trained in TBA practice by either their relatives (35.1%) or mother (35.1%), delivered approximately 30 babies in the last 2 years (41.9%), resided in the urban area (63.0%) and have practiced above 5 years (94.3%). See table below,

ISSN No:-2456-2165

Variables		Frequency	Percent
Age n = 174	15-25 years 26-35 years > 35 years	12 38 124	6.9 21.8 71.3
Gender n = 165	Male Female	8 157	4.8 95.2
Religion n = 173	Christianity Traditional worship	172 1	99.4 0.6
Christian Denomination n = 171	Catholic Protestant Pentecostal	25 85 61	14.6 49.7 35.7
Education status n = 171	No formal Primary Secondary Tertiary	69 67 30 5	40.4 39.2 17.5 2.9
Occupation n = 171	Housewife Business/Trading Retiree Pastors wife/Prophetess Student Farmer Civil Servant	51 78 14 9 8 6 5	29.8 45.6 8.2 5.3 4.7 3.5 2.9
TBA trainer	Mother Mother-in-law Relative Healthcare Provider Self (from childhood)	61 21 61 19 6	35.1 12.1 35.1 10.9 3.4
Number of children delivered in the last 2 years (approximated to the nearest tens) n = 172	10 births 20 births 30 births 40 births 50 births	22 43 72 25 10	12.8 25.0 41.9 14.5 5.8
Settlement n = 146	Urban Rural	92 54	63.0 37.0
Years of practice (experience) n = 174	< 5 yrs 6-10 yrs 11-15 yrs > 15 yrs	10 56 55 53	5.7 32.2 31.6 30.5

Table1:- Socio Demographic Characteristics of Respondents

- *Socio-demographic variables and Antenatal, Care among the Traditional Birth Attendants*

Across the different groups of the socio-demographic variables indicated that for age: no significant difference existed between younger and older attendants, p = .942. Likewise, in gender (p = 1.000); educational status (p = .163); trainer (p = .322); number of delivered children in the last 2 years (p = .607) and years of practice (p = .847), there were no significant difference in the groups.. This implies that none of the socio-demographic variable had influence in their antenatal care except their denomination and settlement. See table below.

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		Antenatal Care			Fishers Exact Test p-value
		Poor	Average	Good	
Age	< 35 years	1(2.0)	8(16.0)	41(82.0)	.942
	> 35 years	5(4.0)	21(16.9)	98(79.0)	
	Total	6(3.4)	29(16.7)	139(79.9)	
Gender	Male	0(0.0)	1(12.5)	7(87.5)	1.000
	Female	5(3.2)	27(17.2)	125(79.6)	
	Total	5(3.0)	28(17.0)	132(80.0)	
Denomination	Catholic/Protestant	0(0.0)	18(16.4)	92(82.6)	.004
	Pentecostals	6(9.8)	10(16.4)	45(73.8)	
	Total	6(3.5)	28(16.4)	137(80.1)	
Education	≤Primary	6(4.4)	26(19.1)	104(76.5)	.163
	≥Secondary	0(0.0)	3(8.6)	32(91.4)	
	Total	6(3.5)	29(17.0)	136(79.5)	
TBA Trainer	Non health provider	5(3.4)	27(18.2)	116(78.4)	.322
	Health provider	0(0.0)	1(5.3)	18(94.7)	
	Total	5(3.0)	28(16.8)	134(80.2)	
Number of children delivered in the last 2 years	< 30	1(1.5)	10(15.4)	54(83.1)	.607
	30 +	5(4.7)	18(16.8)	84(78.5)	
	Total	6(3.5)	28(16.3)	138(80.2)	
Settlement	Urban	0(0.0)	13(14.1)	79(85.9)	.037
	Rural	2(3.7)	13(24.1)	39(72.2)	
	Total	3(1.4)	26(17.8)	118(80.8)	
Years of Practice	≤ 10 years	3(4.5)	11(16.7)	52(78.8)	.847
	> 10 years	3(2.8)	18(tra16.7)	87(80.6)	
	Total	6(3.4)	29(16.7)	139(79.9)	

Table 2:- Influence of Socio-demographic variables and Antenatal, Care among the Traditional Birth Attendants

IV. DISCUSSION

From the result of this study, socio-demographic variables example age, educational status and gender does not in any way influence the knowledge of antenatal, labour and postpartum care except religious denomination, the reason for why more Catholics and Protestants are more knowledgeable is based on their earlier affiliations with the colonial masters is paying off, and their settlement and this supports Syamala (2004) asserts that the learning pattern of the TBAs involves both observation and imitation, in contrast to the instructive style of education of professional midwives, Komolafe, (2006) also asserts that the TBAs can be men or women, they engage in deliveries, acquisition of skill is not through any formal education or setting, their skills is acquired through spiritual means or inheritance. This findings is in disagreement with Babalola & Fatusi (2009) who opined that a woman's age may act as a proxy from the woman's accumulated knowledge of health care services, moreover, a woman acquire her experience and skills with age.

The findings from this study clearly shows that the practice of antenatal care by the TBAs is not influenced by any socio-demographic variables example age, gender, religious denomination,, trainers etcetera. Some of these findings have been reported in other studies Solomom & Rogo (2004), Syamala (2004) noted that, TBAs acquire their knowledge of skills through traditional and informal methods, which include, through their own experience as mothers, from assisting other women, family members (mother and other relatives), healthcare personnel, healers, other ways are from the spirits, her spirituality with God may guide her work.

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V. IMPLICATION OF THE FINDINGS

It was observed that age, gender, and educational status, and have no influence on and practice of ante natal, labour and postpartum care among the TBAs ,as well as religious denomination and settlements does not influence maternal and infant disabilities and death.

VI. CONCLUSION

Traditional Birth Attendants who reside in the Southern part of Cross River State with socio demographic data such as Age, Gender, Religious denomination, educational level and Settlements have no influenced on ante natal care among TBAs.

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