

Roles and Challenges of Traditional Birth Attendants in Maternal Healthcare Delivery in Awka South Local Government Area, Anambra State

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Abstract

This study examined the roles and challenges of Traditional Birth Attendants (TBAs) in maternal healthcare delivery in Awka South Local Government Area, Anambra State, Nigeria. Anchored on the Health Belief Model which explains how perceptions, cultural norms, and perceived control influence health-seeking behaviour, the study adopted a mixed-methods research design integrating quantitative and qualitative approaches. A total of 204 respondents were selected through a multistage sampling technique, while in-depth interviews were conducted with key informants. Data were collected using a structured questionnaire and an interview guide. Quantitative data were analyzed using descriptive statistics such as frequencies and percentages, while qualitative data were analyzed thematically. Findings revealed that TBAs play important roles in antenatal care, delivery assistance, post-natal support, health education, emotional counselling, and referral of complicated cases. However, they face major challenges including lack of formal training, inadequate medical equipment, poor integration into the healthcare system, financial constraints, and limited access to emergency referral services, while cultural expectations and reliance on traditional practices also hinder the adoption of modern healthcare procedures. Despite these challenges, many TBAs expressed willingness to receive training and collaborate with skilled healthcare providers. The study therefore recommended the integration of TBAs into the formal health system through structured training programmes, provision of basic medical supplies, improved referral networks, regular supervision, and supportive policies, alongside strengthened community partnerships and public health education, as these measures are expected to improve maternal health outcomes, reduce preventable childbirth complications, and enhance the quality of maternal healthcare delivery in Awka South LGA and similar settings.

Keywords: maternal health, maternal mortality rate, neonatal care, postnatal care, traditional birth attendants

Introduction

Traditional Birth Attendants (TBAs) are individuals who assist women during childbirth, acquiring their skills through experience, apprenticeship, or familial lineage (Amutah-

Onukagha et al., 2017). They have historically played a crucial role in maternal and child healthcare, especially in rural and underserved communities where access to formal healthcare services is limited (Kassie et al., 2022; Garces et al., 2019). Globally, approximately 48 million women, representing about 35% of annual deliveries, give birth without the assistance of skilled healthcare providers, with Africa having the highest reliance on TBAs at around 52% (Sibley et al., 2012). In Nigeria, between 50% and 77% of women in rural areas deliver at home with the help of TBAs, reflecting both cultural preferences and logistical barriers to formal care (Amutah-Onukagha et al., 2017). The role of TBAs is deeply rooted in cultural traditions and community trust. Historically, TBAs emerged as essential caregivers, often managing childbirth within the home environment and passing their knowledge through generations (Musie et al., 2022; Adatara et al., 2018). In Anambra State, TBAs assist with home deliveries, prenatal and postnatal care, minor pregnancy-related complications, counseling, and the provision of herbal remedies (Oraelosi & Ezeah, 2025). Despite lacking formal medical training, they are trusted for their accessibility, affordability, and cultural alignment with local practices. However, concerns regarding hygiene, safety, and management of complicated deliveries remain significant, highlighting the need for integration of TBAs into the formal health system through training, supervision, and collaboration with skilled healthcare providers (Okeke et al., 2024).

The choice to use TBAs is influenced by several factors, including cultural norms, accessibility, education, economic considerations, and prior experiences with healthcare providers (Agboyo et al., 2024; Tabong et al., 2021). Women often prefer TBAs because of their familiarity with local customs, trustworthiness, and proximity, especially in areas where healthcare facilities are sparse or difficult to reach (Adongo et al., 2020). Lack of awareness about danger signs during pregnancy and negative experiences with formal healthcare systems can also reinforce reliance on TBAs (Dantas et al., 2020; Kassie et al., 2022). Social influence and peer experiences further perpetuate TBA use, as women often rely on stories from family and community members when making childbirth decisions (Dwivedi et al., 2024; Sibley et al., 2012).

Despite their widespread use, TBAs face numerous challenges. Many operate without formal recognition, adequate training, logistical support, or sustainable financial resources (Amutah-Onukagha et al., 2017). Unsafe practices such as unsterile tools, unregulated procedures, and inadequate recognition of obstetric complications contribute to maternal and neonatal morbidity and mortality. In rural African settings, postpartum sepsis affects 20–30% of cases, and neonatal infections account for roughly 30% of deaths associated with TBA-assisted deliveries (Ashinze et al., 2025). In Nigeria, maternal mortality among women referred from TBAs is particularly high, with prolonged obstructed labor and uterine rupture contributing to over 65% of deaths in some studies (Umeora & Egwuatu, 2010). Governments have implemented interventions to improve TBA practices, such as Ondo State’s Safe Motherhood program, which trained and registered over 5,600 TBAs, facilitating referrals and reducing TBA-related maternal deaths to 2.7% of the total within three years (Oyeneyin et al., 2021). Similarly, the National Agency for the Control of AIDS (NACA) linked TBAs to PMTCT programs, contributing significantly to HIV counseling and testing among pregnant women (Olakunle et al., 2017). In Anambra State, however, there is limited documented evidence of formal support or interventions for TBAs. There remains a significant gap in understanding the roles, practices, and challenges of TBAs within specific local contexts, particularly in Awka South LGA. While general studies exist on TBA utilization and maternal outcomes, localized empirical data are lacking, hindering effective integration into health systems and evidence-based policymaking. This study aims to address this gap by exploring the roles and challenges of TBAs in maternal healthcare delivery in Awka South LGA, Anambra State, providing insights that could inform strategies to improve maternal health outcomes.

Research Questions

The following research questions have been designed to guide this study:

1. To what extent are the traditional birth attendants knowledgeable about maternal health services in Awka South LGA?
2. What are the roles of traditional birth attendants in Awka South LGA?

3. What are the challenges faced by traditional birth attendants in providing maternal healthcare services in Awka South LGA?
4. What strategies can be put in place to improve the skills of traditional birth attendants in the healthcare system in Awka South LGA?

Objectives of the Study

The general objective of this study is to explore the roles and challenges of traditional birth attendants in maternal healthcare delivery in Awka South LGA, Anambra State. The specific objectives are as follows:

1. To assess the extent of knowledge that traditional birth attendants have about maternal health services in Awka South LGA.
2. To examine the roles of traditional birth attendants in Awka South LGA.
3. To identify the challenges faced by traditional birth attendants in providing maternal health care services in Awka South LGA.
4. To suggest strategies that can be put in place to improve the skills of traditional birth attendants in the healthcare system in Awka South LGA.

Theoretical Framework

The Health Belief Model (HBM) serves as the theoretical framework for this study, offering an effective lens to understand how perceptions, beliefs, and attitudes shape health-related behaviours, particularly in maternal healthcare. The model posits that individuals' decisions to engage in health-promoting actions such as attending antenatal clinics, accepting hospital referrals, or following safe delivery practices are influenced by perceived susceptibility to health risks, perceived complications, perceived benefits of taking action, and perceived barriers to such actions. In Awka South LGA, many women continue to patronize Traditional Birth Attendants (TBAs) due to cultural familiarity, trust, accessibility, affordability, and entrenched beliefs about pregnancy and childbirth. HBM helps to reveal how both TBAs and their clients perceive the risks of maternal complications, the value of formal medical intervention, and the constraints; economic, cultural, or logistical that limit the adoption of facility-based care. Additionally, TBAs' willingness to cooperate with healthcare systems,

adopt safe practices, or refer clients depends on their beliefs about health outcomes and the seriousness of potential complications. By capturing these psychological and socio-cultural factors, HBM provides a comprehensive framework for examining the roles, motivations, and challenges of TBAs in influencing maternal health outcomes within the community.

Hypotheses

The following hypotheses have been formulated to guide this study.

1. There is a significant relationship between level of education and perception of the role of traditional birth attendants in Awka South LGA.
2. Rural dwellers are more likely to patronize the services of traditional birth attendants than urban dwellers in Awka South LGA.

Method

This study employed a mixed methods design to examine the roles and challenges of Traditional Birth Attendants in maternal healthcare in Awka South Local Government Area, Anambra State. The area, comprising nine towns with urban and rural settings, has a projected population of 299,274 in 2025, with a target adult population of 163,404. A sample of 204 respondents was determined using Taro Yamane's formula, while six participants including community leaders, members, and Traditional Birth Attendants were purposively selected for in depth interviews. Multistage sampling was used for quantitative data, including clustering, random and systematic selection, and availability sampling, while purposive sampling guided the qualitative component. Data were collected using structured questionnaires and interview guides. Quantitative data were analyzed with SPSS 25 using descriptive statistics and Chi Square (χ^2) tests, while qualitative data underwent thematic analysis. This approach provided an integrated understanding of Traditional Birth Attendants knowledge, roles, and challenges in maternal healthcare delivery in the area.

Result

Two hundred and four 204 questionnaires were administered by the researcher, out of which 200 (98.04%) of the questionnaires were correctly filled and returned. Four

questionnaires were not filled. The analysis is based on the correctly filled and returned 200 questionnaires.

Socio-demographic Data of Respondents

This sub-section deals with the socio-demographic data of respondents.

Table 1: Distribution of respondents by their socio-demographic characteristics

Responses	Frequency	Percent
SEX		
Male	69	34.5
Female	131	65.5
Total	200	100
Age		
18-25	128	64.0
26-33	48	24.0
34-41	13	6.5
42-49	8	4.0
50-57	3	1.5
Total	200	100
Marital Status		
Single	156	78.0
Married	37	18.5
Divorced	2	1.0
Widowed	5	2.5

Total	200	100
Educational Qualification		
No formal education	4	2.0
FSLC	14	7.0
SSCE/GCE	43	21.5
OND/NCE	14	7.0
Bachelor's degree/ HND	111	55.5
Postgraduate degree	14	7.0
Total	200	100
Religion		
African Traditional Religion	7	3.5
Christianity	175	87.5
Islam	10	5.0
Atheism	8	4.0
Total	200	100
Occupation		
Unemployed	10	5.0
Student	74	37.0
Self-employed	78	39.0
Civil/Public servant	19	9.5
Farmer	9	4.5
Trader	6	3.0

Other	4	2.0
Total	200	100
Place Of Residence		
Urban area	161	80.5
Rural area	39	19.5
Total	200	100

Field Survey, 2025

The socio-demographic distribution of respondents shows that females constituted most of the sample, accounting for 65.5% of respondents, while males represented 34.5%, indicating a clear gender imbalance that may shape the perspectives expressed in the study. With respect to age, most respondents were within the 18–25 years (64.0%) age group, followed by those aged 26–33 years (24.0%), revealing a predominantly youthful population, while older age categories such as 34–41 years (6.5%), 42–49 years (4.0%), and 50–57 years (1.5%) were sparsely represented, suggesting that the findings largely reflect the views of younger individuals. In terms of marital status, most respondents were single (78.0%), with smaller proportions being married (18.5%), divorced (1.0%), or widowed (2.5%), further reinforcing the youthful and unmarried nature of the sample. Educationally, more than half of the respondents possessed a bachelor's degree or HND (55.5%), followed by SSCE/GCE holders (21.5%), while fewer had FSLC (7.0%), OND/NCE (7.0%), postgraduate qualifications (7.0%), or no formal education (2.0%), indicating a relatively well-educated population likely to have higher awareness of social issues. Religiously, Christianity was the dominant faith (87.5%), with minor representations from Islam (5.0%), African Traditional Religion (3.5%), and atheism (4.0%), reflecting the religious composition of the study area. By occupation, respondents were mainly self-employed (39.0%) and students (37.0%), followed by civil/public servants (9.5%), farmers (4.5%), traders (3.0%), the unemployed (5.0%), and others (2.0%), suggesting that most respondents are economically active or engaged in skill development. Regarding place of

residence, a substantial majority resided in urban areas (80.5%), while only 19.5% lived in rural areas, implying that the data and opinions generated are largely urban based.

Analysis of Research Questions

This sub-section dealt with the analysis of data and interpretation of findings with regards to the research questions and specific objectives of the study.

Research Question 1: To what extent are the traditional birth attendants knowledgeable about maternal health services in Awka South LGA? Questionnaire items 8-11 were designed to answer this research question. The findings are presented below:

Table 2: Respondents' views on their sources of knowledge about maternal health practices

Responses	Frequency	Percent
Family lineage/training from parents	81	40.5
Apprenticeship under an experienced TBA	19	9.5
Formal health training program or workshops	57	28.5
Religious or spiritual instruction	6	3.0
Self-acquired knowledge through experience	37	18.5
Total	200	100.0

Field Survey, 2025

The distribution of respondents by their source of knowledge on maternal health practices indicates that family lineage or training from parents is the most common source, accounting for 40.5% of respondents, highlighting the strong role of intergenerational knowledge transfer in maternal health practices. This is followed by formal health training programs or workshops, reported by 28.5% of respondents, suggesting that a considerable proportion have acquired their knowledge through structured and professional channels. Self-acquired knowledge through personal experience also represents a notable share at

18.5%, reflecting reliance on practical exposure and experiential learning. In contrast, fewer respondents reported apprenticeship under an experienced traditional birth attendant (9.5%), while religious or spiritual instruction was the least cited source at 3%. According to an IDI participant:

Eeeeh... Some of them are knowledgeable about maternal health. Some of them learn from their families, especially from older women who have experience with childbirth. Some of them learn through apprenticeship, by assisting and observing those who have been doing the work for many years. Some of them also get information from the church, where health talks and advice are shared during programmes. So, their knowledge mainly comes from family, apprenticeship, and community teachings (Male, 52 years, Community member, Awka, 2025).

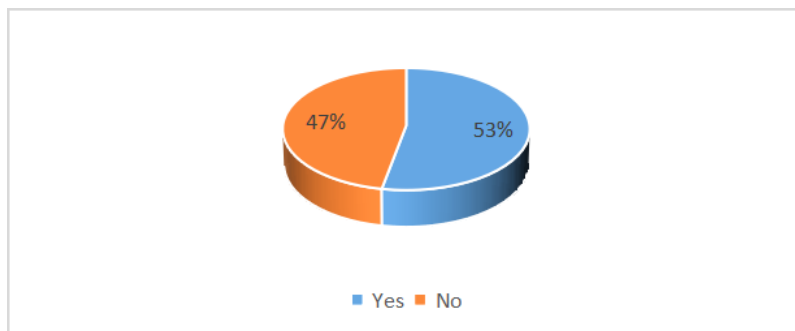
Table 3: Respondents' views on the most commonly available antenatal services in their community

Responses	Frequency	Percent
Advice on nutrition and rest	31	15.5
Herbal medicine for wellness	34	17.0
Spiritual guidance or rituals	18	9.0
Regular medical checkups at hospitals	110	55.0
None of the above	7	3.5
Total	200	100.0

Field Survey, 2025

Table 3 shows that regular medical checkups at hospitals are the most commonly accessible service, reported by 55% of respondents, indicating a strong presence of formal healthcare facilities. Herbal medicine for wellness was cited by 17% of respondents, reflecting the continued use of traditional remedies alongside modern medical care. Advice on nutrition and rest was available to 15.5% of respondents, suggesting some awareness of basic maternal health practices. Spiritual guidance or rituals were less common, reported by 9% of respondents, while 3.5% indicated that none of these services were available in their community.

The antenatal services that are mostly available are basic ones. Pregnant women can go for regular check-ups where their blood pressure and weight are checked, and their stomach is examined. They are also given simple health talks on how to eat well, keep clean, and take care of themselves during pregnancy. Sometimes, they receive injections and are advised on when to come back for the next visit. However, most of the services are simple, and serious cases are usually referred elsewhere (Female, 61 years, Community leader, Awka, 2025).



Field Survey, 2025

Fig. 1: Respondents' use of services provided by traditional birth attendants

Fig. 1 indicates that a slight majority of respondents, 53%, reported that they or someone they know make use of TBA services, while 47% indicated otherwise. This suggests that traditional birth practices remain relevant and widely utilized in the community, despite the availability of formal medical services, reflecting a blend of cultural preference and accessibility in maternal healthcare choices.

Table 4: Respondents' views on what usually happens when a woman faces difficulty during delivery in the community

Responses	Frequency	Percent
She is given traditional herbs or remedies	43	21.5
A traditional birth attendant continues the delivery until successful	25	12.5
Prayers or rituals are performed	22	11.0
She is taken to a hospital or health center	107	53.5
Family members handle the delivery themselves	3	1.5
Total	200	100.0

Field Survey, 2025

The data in table 4 indicate that the majority of women (53.5%) are taken to a hospital or health center, highlighting a reliance on formal medical care during emergencies. Traditional approaches also remain significant, with 21.5% receiving traditional herbs or remedies, 12.5% having a traditional birth attendant continue the delivery until successful, and 11% relying on prayers or rituals. A small proportion (1.5%) reported that family members handle the delivery themselves. Overall, while formal healthcare is the predominant response to complications, traditional practices still play a notable role in maternal care within the community.

Research Question 2: What are the roles of traditional birth attendants in Awka South LGA? Questionnaire items 12-15 were designed to answer this research question. The findings are presented below:

Table 5: Respondents' views on their perception of the roles played by TBAs in the community

Responses	Frequency	Percent
Very important	42	21.0
Important	68	34.0
Neutral	77	38.5
Not important at all	13	6.5
Total	200	100.0

Field Survey, 2025

The data show that their primary function is providing herbal medicine to facilitate delivery, reported by 31.5% of respondents. They also assist health workers during delivery (30%) and conduct deliveries alone in 19.5% of cases, indicating a mix of independent and supportive roles. Additionally, 11.5% provide support to family members during labour, while 7.5% perform spiritual or cultural rituals. An IDI participant noted:

In my own opinion, I will say that their role is basically to support during labour. Maybe to watch out for the baby, if it is in the right position. They offer delivery assistance. They are also known for providing herbs to pregnant women to ease delivery. That is what I can say about them (Female, 32 years, Community member, Awka, 2025).

Table 6: Respondents' views on the main role of TBAs during pregnancy in the community

Responses	Frequency	Percent
Providing herbal remedies	71	35.5
Offering counseling and encouragement	29	14.5
Guiding cultural or spiritual practices	36	18.0
Monitoring health and checking for complications	52	26.0
Referring pregnant women to hospitals	12	6.0
Total	200	100.0

Field Survey, 2025

The data on the role of traditional birth attendants (TBAs) during pregnancy in the community indicate that their most common function is providing herbal remedies, reported by 35.5% of respondents. Monitoring health and checking for complications was cited by 26%, while guiding cultural or spiritual practices accounted for 18%, and offering counseling and encouragement represented 14.5%. A smaller proportion (6%) referred pregnant women to hospitals. These findings suggest that TBAs perform a combination of medicinal, supportive, and cultural roles during pregnancy, with a strong emphasis on herbal and traditional practices. According to an IDI participant:

You mean their roles? Okay. Their role is to give pregnant women advice on things to do and eat and things not to. They also massage pregnant women and administer herbs. They perform various duties. They ensure that both the mother and child are healthy. They also help wash her womb after childbirth. They also give them ointments for the new born baby. They perform a very wide range of duties in maternal health (Female, 64 years, Community member, Awka, 2025).

Table 7: Respondents' views on the primary roles of TBAs during childbirth in the community

Responses	Frequency	Percent
They conduct the delivery alone	39	19.5
They assist health workers during delivery	60	30.0
They give herbal medicine to make delivery easier	63	31.5
They perform spiritual or cultural rituals	15	7.5
They provide support to family members during labour	23	11.5
Total	200	100.0

Field Survey, 2025

The data indicate that their primary function is giving herbal medicine to facilitate delivery, reported by 31.5% of respondents. They also assist health workers during delivery (30%) and conduct deliveries alone in 19.5% of cases, showing that TBAs perform both independent and supportive roles. Additionally, 11.5% provide support to family members during labour, while 7.5% perform spiritual or cultural rituals.

According to an IDI participant:

The primary role of TBAs during childbirth is to help women deliver their babies safely. They assist the woman during labour, encourage her, and monitor the progress of the delivery. They also help in cutting the umbilical cord and cleaning the baby after birth. TBAs provide emotional support, reassurance, and comfort, especially for women who are afraid or in pain. They also give advice on how to push and when to rest. In cases where labour becomes difficult, some TBAs advise the family to take the woman to a hospital (Female, 32 years, Community member, Awka, 2025).

Table 8: Respondents' views on the services most provided by TBAs after childbirth

Responses	Frequency	Percent
Herbal medicine for mother's recovery	92	46.0
Counseling on breastfeeding and childcare	44	22.0
Performing traditional cleansing rituals	31	15.5
Directing mothers to hospitals for immunization	25	12.5
Emotional or social support for the family	8	4.0
Total	200	100.0

Field Survey, 2025

The data on post-childbirth services provided by traditional birth attendants (TBAs) indicate that their most common role is administering herbal medicine to aid the mother's recovery, reported by 46% of respondents. Counseling on breastfeeding and child care was cited by 22%, while performing traditional cleansing rituals accounted for 15.5%. Directing mothers to hospitals for immunization was reported by 12.5%, and providing emotional or social support for the family was the least common service at 4%. These findings suggest that TBAs continue to play a significant role in maternal and child care after delivery, primarily through herbal remedies and supportive guidance.

Research Question 3: What are the challenges faced by traditional birth attendants in providing maternal healthcare services in Awka South LGA? Questionnaire items 16-19 were designed to answer this research question. The findings are presented below:

Table 9: Respondents' views on the biggest challenges faced by TBAs in the community

Responses	Frequency	Percent
Lack of modern medical equipment	99	49.5
Lack of recognition from government or health workers	58	29.0
Low financial rewards from clients	20	10.0
Competition from hospitals and clinics	10	5.0
Transportation problems during emergencies	13	6.5
Total	200	100.0

Field Survey, 2025

The responses regarding the biggest challenges faced by traditional birth attendants (TBAs) in the community indicate that nearly half of the respondents (49.5%) identified the lack of modern medical equipment as their primary challenge. This is followed by lack of recognition from government or health workers, reported by 29% of respondents. Low financial rewards from clients were noted by 10%, while transportation problems during emergencies (6.5%) and competition from hospitals and clinics (5%) were less commonly cited. According to an IDI participant:

I will go with lack of health facilities like I mentioned before. Health facilities we use for child delivery and all that are usually not available to TBAs. So, monitoring prenatal care is usually harder than post-natal care. Then, in terms of lack of training, they do not have formal education. Moreover, they are not licensed, so, many people do not go to them. Because people prefer going to licensed professionals. Then in terms of

transportation, they do not have provisions for ambulance in emergency situations. So, distance also affects their work (Female, 32 years, Community member, Awka, 2025).

Table 10: Respondents' views on the main limitations faced by TBAs when complications arise during delivery

Responses	Frequency	Percent
Lack of modern medical knowledge	97	48.5
Lack of support from hospitals when referred	47	23.5
Inability to afford medicines and supplies	31	15.5
Interference from family or cultural beliefs	14	7.0
Long distance to health facilities	11	5.5
Total	200	100.0

Field Survey, 2025

The data indicate that the most significant challenge is a lack of modern medical knowledge, reported by 48.5% of respondents. This is followed by lack of support from hospitals when referrals are made, cited by 23.5%, and inability to afford medicines and supplies, reported by 15.5%. Other limitations include interference from family or cultural beliefs (7%) and long distances to health facilities (5.5%).

Table 11: Respondents' views on factors preventing TBAs from accessing updated maternal health information

Responses	Frequency	Percent
Lack of regular training opportunities	62	31.0
Illiteracy or inability to read medical materials	57	28.5

Distance from training centers	14	7.0
Cost of attending training programmes	33	16.5
Lack of awareness about such trainings	34	17.0
Total	200	100.0

Field Survey, 2025

The findings in table 11 reveal that the most prominent constraint is the lack of regular training opportunities, reported by 31% of respondents. Illiteracy or inability to read medical materials closely follows at 28.5%, indicating that limited literacy significantly restricts access to new knowledge. Lack of awareness about available training programmes was by 17%, while the cost of attending such programmes accounted for 16.5%, suggesting that cited financial and information barriers also play important roles. Distance from training centers was the least reported challenge at 7%.

Table 12: Respondents' views on factors discouraging young people from learning and becoming traditional birth attendants

Responses	Frequency	Percent
Lack of recognition in the health system	46	23.0
Perception that it is old-fashioned	74	37.0
Poor financial benefits	33	16.5
Strong preference for hospital delivery	42	21.0
Lack of apprenticeship opportunities	5	2.5
Total	200	100.0

Field Survey, 2025

The results in table 12 show that the major factor discouraging young people from learning and becoming traditional birth attendants (TBAs) is the perception that the practice is old-

fashioned, reported by 37% of respondents. This is followed by lack of recognition within the formal health system at 23% and a strong preference for hospital delivery at 21%, indicating a shift toward modern healthcare practices. Poor financial benefits were cited by 16.5%, while lack of apprenticeship opportunities was least reported at 2.5%.

Research Question 4: What strategies can be put in place to improve the skills of traditional birth attendants in the healthcare system in Awka South LGA? Questionnaire items 20-22 were designed to answer this research question. The findings are presented below:

Table 13: Respondents' views on the types of training that would best improve TBAs' services in the community

Responses	Frequency	Percent
Basic literacy and health education	60	30.0
Modern maternal health workshops	59	29.5
Training on use of medical tools and equipment	45	22.5
Training that combines spiritual/cultural practices with health care	27	13.5
Others	9	4.5
Total	200	100.0

Field Survey, 2025

The data on the type of training that would best improve the services of traditional birth attendants (TBAs) indicate that basic literacy and health education is considered the most important, as reported by 30% of respondents. This is closely followed by modern maternal health workshops at 29.5%, showing strong support for structured and up-to-date medical training. Training on the use of medical tools and equipment was preferred by 22.5% of respondents, highlighting the need to strengthen practical skills. Fewer respondents favored

training that combines spiritual or cultural practices with healthcare (13.5%), while 4.5% suggested other forms of training. According to an IDI participant:

I will say formal training where TBAs undergo some form of formal training. Also, if there can be a kind of joint seminar where both those in the modern settings and TBAs can learn from each other, because till today, there are certain herbs that are still useful. So, if there can be collaborations between those in the modern settings and TBAs, it will be helpful (Female, 32 years, Community member, Awka, 2025).

Table 14: Respondents' views on the types of government support that would most improve TBAs' work

Responses	Frequency	Percent
Free training opportunities	43	21.5
Provision of medical kits and supplies	58	29.0
Inclusion in the official health system	49	24.5
Financial incentives or stipends	17	8.5
Regular supervision and collaboration with health staff	33	16.5
Total	200	100.0

Field Survey, 2025

The findings on government support needed to improve the work of traditional birth attendants (TBAs) show that the provision of medical kits and supplies is considered the most impactful form of support, as indicated by 29% of respondents. Inclusion of TBAs in the official health system followed closely at 24.5%, highlighting the importance of recognition and integration. Free training opportunities were identified by 21.5% of

respondents, while regular supervision and collaboration with health staff accounted for 16.5%. Financial incentives or stipends were least cited at 8.5%. According to an IDI participant:

The government could improve TBAs' work by providing regular training and workshops on maternal and newborn health. Supplying basic delivery kits, protective clothing, and first aid materials would help them work more safely. Financial support or small incentives could also motivate them to continue offering services. In addition, government recognition of their role through certification or inclusion in local health programmes would give them more credibility and encourage better collaboration with health centres (Female, 32 years, Community member, Awka, 2025).

Table 15: Respondents' views on community-level actions that would best support TBAs

Responses	Frequency	Percent
Regular health awareness campaigns	60	30.0
Active involvement of community leaders	36	18.0
Formation of community health committees	30	15.0
Partnership with NGOs for maternal health	62	31.0
Peer learning and experience-sharing among TBAs	12	6.0
Total	200	100.0

Field Survey, 2025

The data in table 15 indicate that partnerships with non-governmental organizations for maternal health are seen as the most effective approach, reported by 31% of respondents. Regular health awareness campaigns closely follow at 30%, emphasizing the importance of continuous community education. Active involvement of community leaders was identified by 18%, while the formation of community health committees accounted for 15%. Peer learning and experience-sharing among TBAs was least reported at 6%.

Test of Hypotheses

In this section, the two hypotheses formulated to guide this study were tested using chi-square inferential statistics and interpreted.

Hypothesis one: H_1 : There is a significant relationship between level of education and perception of the role of traditional birth attendants in Awka South LGA.

Table 16: Relationship between level of education and perception of the role of traditional birth attendants in Awka South LGA

		How do you perceive the role of traditional birth attendants in your community?				Total	
		Very important	Important	Neutral	Not important at all		
What is your highest formal educational qualification?	No formal education	Count	6	7	1	0	14
		Expected Count	2.9	4.8	5.4	.9	14.0
	FSLC	Count	2	1	1	0	4
		Expected Count	.8	1.4	1.5	.3	4.0

SSCE/GCE	Count	10	16	10	7	43
	Expected Count	9.0	14.6	16.6	2.8	43.0
OND/NCE	Count	0	11	3	0	14
	Expected Count	2.9	4.8	5.4	.9	14.0
Bachelor's degree/ HND	Count	19	29	57	6	111
	Expected Count	23.3	37.7	42.7	7.2	111.0
Postgraduate degree	Count	5	4	5	0	14
	Expected Count	2.9	4.8	5.4	.9	14.0
Total	Count	42	68	77	13	200
	Expected Count	42.0	68.0	77.0	13.0	200.0

$X^2=43.407$, $DF=15$ P-value=0.000

Field Survey, 2025

The chi-square value (X^2) is 43.407 with 15 as the degree of freedom (DF), and the p-value is 0.000. Since the p-value is less than the significance level of 0.05, we reject the null hypothesis and accept the substantive hypothesis. This indicates that there is a significant relationship between respondents' level of education and how they perceive the role of traditional birth attendants in the community. This suggests that respondents with different educational qualifications hold differing views on the importance of TBAs in maternal healthcare.

Hypothesis two: H_1 : Rural dwellers are more likely to patronize the services of traditional birth attendants than urban dwellers in Awka South LGA.

Table 17: Relationship place of residence and the likelihood to patronize of traditional birth attendants in Awka South LGA

		Do you or anyone you know make use of the services of traditional birth attendants?		Total	
		Yes	No		
Where do you currently reside in Awka South LGA?	Urban area	Count	78	83	161
		Expected Count	85.3	75.7	161.0
	Rural area	Count	28	11	39
		Expected Count	20.7	18.3	39.0
Total	Count	106	94	200	
	Expected Count	106.0	94.0	200.0	

$X^2=6.870$, $DF=1$ $P\text{-value}=0.009$

Field Survey, 2025

The chi-square analysis for hypothesis two shows a chi-square value (X^2) of 6.870 with 1 as the degree of freedom (DF) and a p-value of 0.009. Since the p-value is less than the significance level of 0.05, we reject the null hypothesis and accept the alternative hypothesis. This indicates that there is a significant relationship between place of residence and the likelihood of patronizing the services of traditional birth attendants in Awka South LGA.

Specifically, rural dwellers are more likely to use the services of TBAs compared to urban dwellers, suggesting that geographic location influences the choice of maternal healthcare providers in the area.

Discussion

The study found that traditional birth attendants (TBAs) in Awka South LGA possess substantial knowledge of maternal health services, primarily acquired through family lineage (40.5%), formal health training programs or workshops (28.5%), and personal experience (18.5%). Apprenticeship under experienced TBAs and religious instruction accounted for 9.5% and 3%, respectively. This distribution highlights the enduring role of intergenerational knowledge transfer and practical experience in shaping TBAs' competence, supporting previous findings that experience-based learning significantly contributes to their expertise (Esan et al., 2023; Adatara et al., 2018). Despite limited formal education, TBAs demonstrate strong understanding of antenatal care, danger signs during pregnancy, and delivery practices, confirming their role as key custodians of indigenous maternal health knowledge.

TBAs continue to play critical roles across pregnancy, childbirth, and the postnatal period. Over half of respondents (55%) perceive TBAs as "very important" or "important," reflecting their relevance in maternal healthcare. During pregnancy, TBAs provide herbal remedies (35.5%), monitor maternal health (26%), guide cultural or spiritual practices (18%), and offer counseling and encouragement (14.5%). In childbirth, they administer herbal medicine (31.5%), assist health workers (30%), and conduct deliveries independently (19.5%). Postnatally, their support includes administering herbal remedies for maternal recovery (46%), counseling on breastfeeding and childcare (22%), and guiding mothers to hospitals for immunizations (12.5%). These findings align with evidence from other African contexts where TBAs function as primary caregivers, emotional supporters, and culturally sensitive service providers (Chi & Urdal, 2018; Amutah-Onukagha et al., 2017).

Despite their critical contributions, TBAs face substantial challenges. Nearly half of respondents (49.5%) identified lack of modern medical equipment as the main constraint, while 29% cited limited recognition by government or health workers. Other challenges included inadequate financial rewards (10%), transportation difficulties (6.5%), and competition from formal health facilities (5%). Similarly, 48.5% of respondents reported a lack of modern medical knowledge as a key limitation during complications, and 23.5% highlighted insufficient support from hospitals when referrals are made. Barriers to accessing updated maternal health information included irregular training opportunities (31%) and illiteracy (28.5%), while 37% of respondents noted that the perception of TBAs as old-fashioned discourages youth from entering the profession. These constraints mirror findings in other low-resource settings, where lack of equipment, training, and formal recognition limit TBAs' effectiveness (Kassie et al., 2022; Musie et al., 2022).

Strategies to improve TBA competencies were strongly supported by respondents. Basic literacy and health education (30%), modern maternal health workshops (29.5%), and training on medical tools and equipment (22.5%) were highlighted as priority interventions. Government support through provision of medical kits (29%) and integration of TBAs into the formal health system (24.5%) was also recommended, alongside community-level engagement such as NGO partnerships (31%) and health awareness campaigns (30%). These interventions align with evidence demonstrating that structured training improves TBAs' recognition of obstetric complications, referral practices, and overall maternal outcomes (Sibley et al., 2012; Dwivedi et al., 2024).

The study found no significant relationship between level of education and perception of the role of TBAs in Awka South LGA. This finding aligns with studies suggesting that perceptions of TBAs are influenced more by cultural beliefs, trust, and accessibility than by formal education. Anono et al. (2018) reported that community members in Kenya, regardless of educational attainment, continued to value TBAs for their cultural sensitivity, emotional support, and constant availability. Similarly, Shimpuku et al. (2021) found that even relatively educated rural residents in Tanzania maintained positive perceptions of TBAs due

to long-standing social relationships and shared cultural norms, supporting the present finding that education does not necessarily diminish confidence in TBAs.

Finally, the study found that rural dwellers are more likely to patronize the services of TBAs than urban dwellers in Awka South LGA. This finding is consistent with numerous studies that report higher utilization of TBAs in rural areas due to limited access to formal health facilities and skilled birth attendants. Tabong et al. (2021) found that women in rural northern Ghana preferred TBAs because of distance to hospitals, lower cost of services, and familiarity with traditional practices. Similarly, Taye et al. (2022) reported that women residing in rural Ethiopia were significantly more likely to use TBAs than their urban counterparts, where healthcare facilities are more available and accessible.

The findings of this study align with the Health Belief Model (HBM), which explains health behaviors through perceived susceptibility, severity, benefits, barriers, cues to action, and self-efficacy. The high use of TBAs in Awka South LGA, especially among rural dwellers, reflects the perceived benefits of accessible, culturally compatible, and supportive maternal care, while the lack of modern medical equipment represents a significant barrier. Community trust in TBAs, regardless of formal education, shows that perceived risk of complications motivates women to seek care from trusted providers. TBAs enhance self-efficacy by guiding women through pregnancy, childbirth, and postnatal care, empowering them to make safer health decisions. Interventions such as literacy programmes, health education, and skills training act as cues to action, improving TBAs' competence and the quality of care. The study highlights how the HBM explains reliance on TBAs and underscores the potential of targeted support to improve maternal health outcomes in Awka South LGA.

Conclusion

This study examined the roles and challenges of Traditional Birth Attendants (TBAs) in maternal healthcare delivery in Awka South Local Government Area of Anambra State, highlighting their continued importance within the local health system. The findings indicate that TBAs remain a key source of maternal care for many women due to their

accessibility, cultural alignment, affordability, and the trust they enjoy in their communities. They provide antenatal support, assistance during childbirth, postnatal care, emotional reassurance, and referrals, filling critical gaps caused by limited access to formal healthcare facilities. However, the study also identified significant challenges, including inadequate formal training, limited knowledge of modern obstetric procedures, poor access to sterile equipment, weak referral systems, lack of institutional recognition, and minimal collaboration with skilled healthcare providers. These constraints place pregnant women and newborns at risk of preventable complications such as infections, prolonged labour, and maternal and neonatal mortality. The study concludes that improving maternal health outcomes requires structured training, supervision, provision of basic medical supplies, and culturally sensitive integration of TBAs into the formal health system to enhance safety, equity, and overall health outcomes for women and children.

Recommendations

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

1. The government and local health authorities should formally recognize and support traditional birth attendants by integrating them into the primary healthcare system in Awka South LGA. This integration should define their roles clearly, promote collaboration with skilled health workers, and encourage timely referral of complicated cases to health facilities.
2. Government and non-governmental organizations should organize regular training programmes, workshops, and refresher courses for traditional birth attendants. These programmes should focus on modern maternal health practices, identification of danger signs during pregnancy and childbirth, postnatal care, and infection prevention to strengthen TBAs' skills and competence.
3. Provision of basic medical equipment and delivery kits should be prioritized for traditional birth attendants operating in Awka South LGA. Essential tools such as sterile gloves, delivery packs, blood pressure monitors, and basic record-keeping materials should be supplied to improve the safety and quality of care provided to pregnant women.

4. Basic literacy and health education programmes should be introduced for traditional birth attendants, especially those with little or no formal education. Improving their literacy levels will enhance their ability to understand health guidelines, keep simple records, and communicate effectively with formal healthcare providers.

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