

## **Factors Influencing the Use of Traditional Birth Attendants among Women of Reproductive Age in Benue State, Nigeria**

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### **Abstract**

Traditional Birth Attendants (TBAs) are traditionally independent people of the health system, and are community-based providers of care during pregnancy, childbirth and the postnatal period. In Nigeria, births assisted by TBAs and other untrained personnel are common; however, epidemiological data on their prevalence, trends, and determinants are limited. Yet in rural communities in Nigeria, TBAs constitute the greater number of childbirth care providers. Hence the need for this study on the factors influencing the utilization of traditional birth attendants among women of reproductive ages in Benue State, Nigeria. The rational choice theory was used in the study. The study used a primary data adopting cross sectional design. The population for this study was selected from rural women of reproductive ages of 15-46 years. A total number of 354 rural women participated in the stud. Data were collected using questionnaire and Focus Group Discussion. The findings showed that, economic factors associated with the utilization of traditional birth attendants were cheap services, caring nature of TBAs, desire for privacy, family involvement with care, faith based reasons, untoward attitude of healthcare workers and a favorable previous experience all contribute to these respondents' decision to patronize the TBA centers. Facility based factors such as caring nature of TBA and untoward attitude of healthcare workers were also found to be significant in influencing the women's patronage of TBA centers. It was suggested that healthcare workers especially midwives should hence try to inculcate the caring labour care of these TBAs.

**Keywords:** Traditional Birth Attendants, Women Of Reproductive Age, Economic, Social, Geographical Factors

Facteurs influant sur le recours aux accoucheuses traditionnelles chez les femmes en âge de procréer dans l'État de Benue, au Nigeria

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**Abstrait**

Les accoucheuses traditionnelles (AT) sont traditionnellement des personnes indépendantes du système de santé et sont des prestataires communautaires de soins pendant la grossesse, l'accouchement et la période postnatale. Au Nigéria, les accouchements assistés par des accoucheuses traditionnelles et d'autres personnels non formés sont courants ; cependant, les données épidémiologiques sur leur prévalence, leurs tendances et leurs déterminants sont limitées. Pourtant, dans les communautés rurales du Nigéria, les accoucheuses traditionnelles constituent le plus grand nombre de prestataires de soins à l'accouchement. D'où la nécessité de cette étude sur les facteurs influençant l'utilisation des accoucheuses traditionnelles chez les femmes en âge de procréer dans l'État de Benue, au Nigeria. La théorie du choix rationnel a été utilisée dans l'étude. L'étude a utilisé des données primaires adoptant une conception transversale. La population de cette étude a été sélectionnée parmi les femmes rurales en âge de procréer de 15 à 46 ans. Au total, 354 femmes rurales ont participé au haras. Les données ont été recueillies à l'aide d'un questionnaire et d'une discussion de groupe. Les résultats ont montré que les facteurs économiques associés à l'utilisation des accoucheuses traditionnelles étaient les services bon marché, la nature bienveillante des accoucheuses traditionnelles, le désir d'intimité, l'implication de la famille dans les soins, les raisons religieuses, l'attitude fâcheuse des agents de santé et une expérience antérieure favorable. la décision de ces répondants de fréquenter les centres AT. Des facteurs basés sur l'établissement tels que la nature bienveillante des AT et l'attitude défavorable des travailleurs de la santé se sont également avérés importants pour influencer la fréquentation des centres d'AT par les femmes. Il a été suggéré que les travailleurs de la santé, en particulier les sages-femmes, devraient donc essayer d'inculquer les soins du travail attentionné à ces accoucheuses traditionnelles.

Mots clés : accoucheuses traditionnelles, femmes en âge de procréer, facteurs économiques, sociaux, géographiques

**Introduction**

A traditional birth attendant is a person (man or woman) who assists the mother or serves as an apprentice to other TBAs, during delivery, and must have acquired his or her knowledge and experience in delivery and is capable of delivering babies without assistance. They live in the community in which they practice and they are respected in that community. They operate mainly in a relatively restricted zones always limited to their own community and sometimes those close to them. Their roles include everything connected with the conduct of childbirth and this is where they hold most power and authority. Many of their beliefs and practices pertaining to the reproductive cycle are dependent upon religion or mystic sanctions (Ukpabi & Okpan, 2017). They are reinforced by rituals that are performed with traditional ceremonies which are intended to maintain the balance between the absence of ill health and state of ill health (WHO 2021).

In many countries, TBA training has been used as a means of extending health services to underserved communities especially in developing nations with the hope of decreasing mortality and morbidity. They sometimes serve as a bridge between the community and the formal health system, and may accompany women to health facilities for delivery. Around the world, one third of births take place at home without the assistance of a skilled attendant (Ogunyomi & Ndikom, 2016).

In Africa where culture is intricately interwoven with so many aspects of the peoples' lives, it is no wonder that their culture influence their choice of delivery place. As such, traditional birth attendants (TBAs) in any African country and undoubtedly, Nigeria, receive a remarkable level of patronage from pregnant women. The World Health Organization defines a traditional birth attendant (TBA) "as a person who assists the mother during childbirth and who initially acquired her skills by delivering babies herself or through an apprenticeship to others" TBAs (Uche,2020).

In Sub-Saharan Africa only 56% deliveries takes place in presence of Skilled Birth Attendants. In Nigeria deliveries that take place in health facilities is less than 40% and this is one of the contributing factor to the increase maternal mortality that is experienced in Nigeria. The outcome of a study carried out in Nigeria shows that 49% out 93% of women that registered for antenatal care had their deliveries in TBAs centres (Traditional Birth Attendants (TBAs) in Nigeria have the potential to contribute significantly to maternal health outcomes because of their high utilization within the country (Titaley, Hunter, Dibley& Heywood, 2010; Uche,2020).

TBAs are providers who are traditionally independent of the health system, and are community-based providers of care during pregnancy, childbirth and the postnatal period. TBAs do not receive formal medical training when compared to other health professionals such as obstetricians and gynecologists (Sialubanje, Massar, Hamer& Ruiter, 2014). However, TBA's are much more affordable and accessible than skilled birth attendants (SBAs) in most parts of the country. Most TBAs are middle-aged or older women and are highly respected in their roles as midwives to rural communities. TBAs are often thought of as the bridge between formal healthcare and cultural methods. TBAs provide a broad range of reproductive health services including antenatal care, labor and delivery, infertility treatment and management of threatened abortion (Ukpabi & Okpan, 2017).

TBAs play important role as first-line providers for many women. Women emphasized the close bond that they felt with TBAs, due to their status in the community and the trust they developed over years of experience. This relationship often prompted women to desire home-based births attended to by a TBA rather than a facility. Women perceived TBAs as providing high quality delivery care, often emphasizing the supportive and emotional role that TBAs play. A lot of women believed that TBAs have innate skills gifted to them from God and are more dependable providers than facility-based health workers. This is also because there are still people who would not for cultural and ethnographic reasons go to the maternity wards in modern hospitals to have their babies (Imogie, 2014; World Health Organization 2018).

When observation of the unbridled use of unskilled traditional birth attendants (TBAs) was first made in the 1990s, it was considered to be a socio-cultural phenomenon under the notion that women culturally preferred traditional births rather than orthodox births (World Health Organization 2017). This consideration led to a plethora of interventions consisting of the training and re-training of TBAs, with the idea to improve their skills and competencies in managing uncomplicated deliveries and referring more difficult deliveries to orthodox health facilities (Lane & Garrod 2016; World Health Organization 2017). Despite the re-training of TBAs, maternal mortality remains high in countries that rely on their use (Ntoimo, 2018).

The ineffectiveness of the re-training of TBAs became remarkable and it was not too long that the WHO declared the retraining programs of TBAs as ineffective in reducing maternal mortality in developing countries (World Health Organization, 2017). Consequently, the Federal Ministry of Health revised its policy on TBA re-training and focused on increasing the use of Skilled Birth Attendants (SBAs) in the country (Makinde, 2020). This was due to a renewed understanding that the use of TBAs is not necessarily a cultural preference but rather due to the lack of access of women to skilled providers and evidence-based maternal and child health services. Although maternal and child health services in Nigeria is not yet in its optimum, there have been efforts to increase the health workforce and improve the quality of health care delivery in the country. Nigeria is home to one of the largest stocks of human resources for health in Africa with a doctor and nurse/midwife population ratio of 38.9 and 148 per 100,000 population respectively. These ratios are far above the sub-Saharan African average of 15, and 72 per 100,000 population for doctors and nurses, respectively (Federal Ministry of Health, 2021).

Despite this large stock, Nigeria and Benue State in particular lacks sufficient health workers to manage the health needs of her more than 201 million people, particularly those in rural areas. To address the workforce shortage, particularly to ensure effective coverage of maternal and child health care, the government of Nigeria has implemented interventions such as the Midwives Services Scheme (MSS), Subsidy Re-investment and Empowerment Programme (SURE-P), and task shifting among others, to improve the availability of nurses and midwives for maternal and child health, particularly in rural and underserved areas. The Basic Health Services Scheme (BHSS) which was a part of the National Development Plan between 1975-1980 and the accelerated implementation of primary health care between 1986-1992 resulted in the expanded training of manpower and proliferation of primary health facilities in communities and villages (National Primary Health Care Development Agency 2020). There have been other initiatives to strengthen the country's health system such as the Primary Health Care Under One Roof, and the National Health Act, the National Strategic Health Development Plans, among others (Federal Ministry of Health 2021).

Over time, there has not been a substantial change in the percentage of women who are assisted during delivery by traditional birth attendants in Nigeria. The percentage increased from 19.4% in 1990 to 22% in 2013, and declined slightly to 20% in 2018 with a wide disparity between the urban and rural places (National Population Commission (NPC, 2019). In Benue State these women who are left behind from the

progress of coverage are constrained by multiple challenges arising from their individual circumstances including illiteracy, poverty among others. It is within this context that, the present study is out to examine factors influencing the utilization of traditional birth attendants among women of reproductive ages in Benue State, Nigeria, with the specific objectives to examine the economic, socio-cultural, and geographical factors associated with the utilization of traditional birth attendants among women of reproductive ages in Benue State, Nigeria.

### **Brief Literature Review and Theoretical framework**

There are over 34,000 health posts for populations of 500 or less, primary health clinics, and primary health centre's (PHCs) located in every political/health ward the smallest administrative level in Nigeria with a population of between 5000 and 10000; referral hospitals are located in every Local Government Area (LGA), and State, with many privately owned health facilities where routine, basic and comprehensive emergency obstetric care services are offered. (Federal Ministry of Health 2021; Makinde, 2018). However, there have been reports of inefficient functioning of the PHCs (Ntoimo, 2019), and barriers to utilization of the health facilities that border on essential elements of right to health availability, accessibility, acceptability, and quality of care (Homer, 2018). Studies in the country have identified barriers such as sub-optimal quality of care, accessibility bottlenecks in the form of distance, cost of transportation, affordability of the direct and indirect cost of care, disrespectful care, and long waiting time among others (Adam & Awunor 2014; Chinawa 2015; Fagbamigbe & Idemudia 2015;).

Despite these barriers, there has been an increase in the number of women who use health facilities for maternal care. In 2018, 67% of women of reproductive age received antenatal care from a skilled provider, a 9 percentage point increase from 58% in 2008, and 43% of births were assisted by skilled providers, an increase from 39% in 2008 (National Population Commission (NPC, 2019).

Uche (2020) carried out a study on factors associated with the utilization of traditional birth attendants among pregnant women in Nigerian rural communities. Data from secondary sources was gleaned to ascertain the factors that encourage pregnant women in utilizing the services of TBAs across the country. Findings from literature revealed that the age of the women, level of income, level of education, proximity to and accessibility of medical personnel and healthcare facilities are the major reasons that women across the country patronize the services of TBAs. The study recommended for stakeholders to encourage a synergy between TBAs assisting in home delivery and the medical personnel in the healthcare facilities. The study relied on literature review and failed to adopt primary data, therefore, there is to obtain a firsthand data in the present study.

A study on traditional birth attendants and women's health practices: a case study of Patani in Southern Nigeria by Oshonwoh, Nwakuo and Ekiyor (2014), the study employed a cross sectional design and using a simple random sampling technique, 420 women within the reproductive age (18 - 45 years) meeting the inclusion criteria for the study were selected. Results from the study indicated a high (88.8%)

knowledge of Traditional Birth Attendants (TBAs) but a poor (51.1%) perception about their practices. A significant relationship was shown between age ( $<0.05$ ), education status ( $P<0.05$ ) and the frequency of patronage of TBAs Services. Although, perception about TBAs practices was poor, the role of TBAs in the improvement of women's health (maternal and child health) in rural Nigeria cannot be ignored. TBAs remain major health resources in rural communities in developing countries as well as some parts of urban areas. Efforts need to be harnessed for training of TBAs through the Ministry of Health and Primary Health Care facilities close to their area of practices. The study relied on quantitative data without the use of qualitative data. The present study adopted a triangulation method of data collection of both qualitative and quantitative data.

Ahmed, Odunukwe, Raheem, Efiemokwu, Junaid, Adesesan, Ogedengbe, Harry and Salako, (2019), assessed the knowledge, attitudes and practices in relation to HIV infection and prevention. Questionnaires were administered to a convenience sample of 189 participants in 20 local government areas of Lagos State. They found that knowledge of modes of transmission of HIV was less than adequate and included lack of knowledge of the existence of HIV/AIDS amongst some practitioners, claims for the ability to treat HIV/AIDS, failure to name major avenues of transmission and confusion of HIV/AIDS with other conditions. The use of measures to prevent infection of clients and themselves showed that normal standards of infection control are not adhered to. Considering that as many as 60% of children born in Nigeria are delivered by traditional birth attendants and that use of the services of herbal practitioners extends across the entire society in both rural and urban settings, this is seen as reason for concern. It is suggested that better incorporation of TBAs/HPs into the well-developed primary health care system offers not only a way of overcoming the risks of infection posed by traditional health practices but also offers an opportunity to extend the reach of voluntary counselling and testing and prevention of mother-to-child infection programmes. The study did not consider the factors in the use of traditional birth attendants in Benue State, the present study will bridge that gap.

Primus and Henrik (2018) carried out a study on the evolving role of traditional birth attendants in maternal health in post-conflict Africa: a qualitative study of Burundi and northern Uganda. A total of 63 individual semi-structured in-depth interviews and 8 focus group discussions were held with women of reproductive age, local health care providers and staff of non-governmental organisations working in the domain of maternal health who experienced the conflict, across urban, semi-urban and rural settings in Burundi and northern Uganda. Discussions focused on the role played by traditional birth attendants in maternal health, especially childbirth during the conflict and how the role has evolved in the post-conflict era. Transcripts from the interviews and focus group discussions were analysed by thematic analysis (framework approach).

Traditional birth attendants played a major role in childbirth-related activities in both Burundi and northern Uganda during the conflict, with some receiving training and delivery kits from the local health systems and non-governmental organisations to undertake deliveries. Following the end of the conflict, traditional birth attendants have been prohibited by the government from undertaking deliveries in both Burundi and

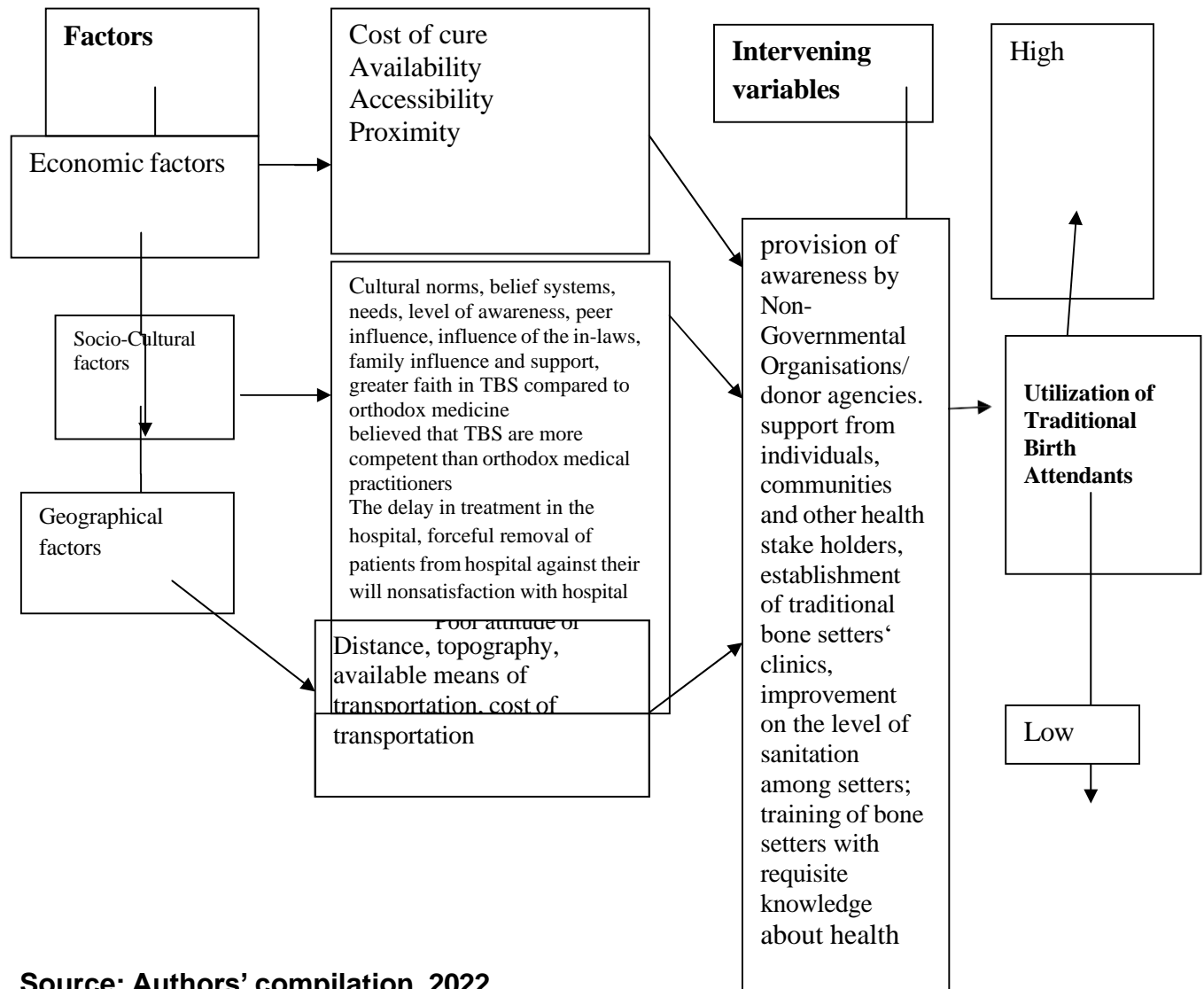
northern Uganda. In Burundi, the traditional birth attendants have been integrated within the primary health care system, especially in rural areas, and re-assigned the role of 'birth companions'. In this capacity they undertake maternal health promotion activities within their communities. In northern Uganda, on the other hand, traditional birth attendants have not been integrated within the local health system and still appear to undertake clandestine deliveries in some rural areas. The prominent role of traditional birth attendants in childbirth during the conflicts in Burundi and northern Uganda has been dwindling in the post-conflict era. Traditional birth attendants can still play an important role in facilitating facility and skilled attended births if appropriately integrated with the local health system. The study failed to consider the major determinants in the use of TBA among rural women. The present study has examined those factors.

### **The Rational Choice Theory**

The rational choice theory, is a theory for understanding social and economic as well as individual behaviour. (i) Rational choice theory focuses on actors: Individuals, as actors in the society have intentions and purpose. (ii) Actors are seen as having preference (or value utility). (iii) Actors are faced with constraints in achieving their intentions and purpose, these constraints ranges from scarcity of resources to institutional constraints. (iv)The aggregation mechanism, or the process by which the "individual actions are combined to produce the social outcome". (v) The quality of information an actor has at hand.

This study adopted the rational choice theory because it best explains the issue of TBAs in the sense that, man is believe to be rational in all decision makings. In terms of TBAs, man calculate the benefits of seeking care from traditional bone setters, when the benefits of seeking care from the former are high, then s/he choice from the other choices like orthodox. Also, In the course of utilization of TBAs, man is faced with several circumstances like socio-cultural, economic and individual factors which either hinder or enhances the use of TBAs. Also, it must be noted that that there are several source of information about whether and where to access TBAs. these sources include family members, relatives, friends and peers, colleagues, parents and children among others who form part of significant others.

**Fig.1.A conceptual model showing factors influencing the utilization of Traditional Birth Attendants in Benue State**



Source: Authors' compilation, 2022



## Methods

The study used a primary and secondary data. Secondary data was collected from literature search about the subject matter, while the primary data was collected among the rural women in Benue State. Benue is a State in the middle-East region of Nigeria, it has a population of about 2.8million based on the 2006 census record; its total land area is 34,059km<sup>2</sup> and it is among the 11<sup>th</sup> in the country. Benue State has its capital at Makurdi and its GDP was estimated in 2007 to be \$6.86billion. The population for this study was selected from rural women of reproductive ages of 15-46 years. A total number of 354rural women were and 24 key informants were selected for the study in Benue state. Six local government areas in Benue state were sample for the study. Multistage sampling technique was adopted for the study. These local government areas were, Ukum, Tarka, Konshisha, Kwande, Okpokwu and Obi. Semi – structured questionnaires (SSQs) was used to elicit data from the respondents. The gathered data was then analyzed quantitatively using descriptive statistics. The quantitative data was analysed using simple percentages, frequency distribution and tables while the qualitative was analysed using content analysis.

## Results

This section dealt with the results of the analysis of data in the light of the objectives set forth in the beginning of the study. The necessary discussions of the results have also been made on appropriate places in the following sections.

A total of 400 copies of questionnaires were taken to the field and administered to respondents, but only 354 were completed and returned. Demographic characteristics of respondents are presented below, gender, age, marital status, education status and religious affiliation.

**Table 1: Socio-Demographic Characteristics of Respondents**

<b>Category</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Gender</b>		
Female	354	100
<b>Total</b>	<b>354</b>	<b>100</b>
<b>Age</b>		
18-25	66	18.6
26-35	100	28.2
36-44	138	39.1
46 above	50	14.1
<b>Total</b>	<b>354</b>	<b>100</b>
<b>Marital Status</b>		
Single	91	25.7
Married	219	61.9
Divorced/Separated	15	4.2
Widowed	29	8.2
<b>Total</b>	<b>354</b>	<b>100</b>
<b>Educational Status</b>		
Non-formal	48	13.5
Primary	105	29.7
Secondary	151	42.7
Tertiary	50	14.1
<b>Total</b>	<b>354</b>	<b>100</b>
<b>Religious Affiliation</b>		
Christianity	305	86.2
Islam	45	12.7
Traditional Religion	4	1.1
<b>Total</b>	<b>354</b>	<b>100</b>

**Source: Field Survey, 2022**

From table 1 above, the demographic data of the respondents' shows that all the respondents according to their sex were female, representing 100%, since the study is on attitude and health seeking behaviour of rural women. The age of the respondents shows that 18.6% were between 18-25 years, 28.2% were between the 26-35 years, 39.1% were between 36-45 years while 14.1% were 46 years and above. This implies that, people of active productive age between 26-35 years are dominant group in the area. Their marital status shows that 25.7% were single, 61.9% were married, and 4.2% were divorced/separated and 8.2% were widowed. This shows that, women who are married dominated the area, only 4.3% were divorced. Their educational attainment shows that, 13.5% had no formal education, 29.7% had primary education, and 42.7% of the respondents had secondary education while 14.1% had tertiary education. This shows that secondary school leavers are the dominant group in the area. Their religious affiliations show that, 86.2% were Christians, 12.7% were Muslims while 1.1% were traditional worshippers. By implication we can say that Christianity is the dominant religion in the area.

**Table 2: Economic factors associated with the utilization of traditional birth attendants among women of reproductive age in Benue State, Nigeria.**

Options	Frequency	Percentage (%)
<b>i. Poverty</b>		
Agree	195	55.1
Strongly Agree	111	31.4
Disagree	26	7.3
Strongly Disagree	22	6.2
<b>Total</b>	<b>354</b>	<b>100</b>
<b>(ii). Traditional birth attendants are not expensive</b>		
Agree	98	27.7
Strongly Agree	167	47.2
Disagree	45	12.7
Strongly Disagree	44	12.4
<b>Total</b>	<b>354</b>	<b>100</b>
<b>(iii). They provide services even free of charge</b>		
Agree	90	25.4
Strongly Agree	187	52.8
Disagree	36	10.2
Strongly Disagree	41	11.6
<b>Total</b>	<b>354</b>	<b>100</b>
<b>(iv). Affordability of appropriate health care facility</b>		
Agree	99	28.0
Strongly Agree	172	48.6
Disagree	41	11.6
Strongly Disagree	42	11.8
<b>Total</b>	<b>354</b>	<b>100</b>
<b>(v). no protocols</b>		
Agree	111	31.4
Strongly Agree	177	50.0
Disagree	34	9.6
Strongly Disagree	32	9.0
<b>Total</b>	<b>354</b>	<b>100</b>
<b>(vi). No delay</b>		
Agree	90	25.4
Strongly Agree	190	53.7
Disagree	40	11.3
Strongly Disagree	34	9.6
<b>Total</b>	<b>354</b>	<b>100</b>

**Source: Field Survey 2022**

Findings on table 2 showed economic factors affecting the use of TBAS in Benue State were; poverty, TBAS are not expensive, quality care is provided at cheaper rate, availability and accessibility of healthcare facility, no much money is require for bill, quality of care among others. The findings above is further corroborated by one of the 45 year old Traditional Birth Attendant in Tarka who reported that

Even before I started offering services myself, I personally go to TBAs during the first four months of my pregnancy. I do not joke with health especially when I am heavy, I know that health is wealth, and the only way for me to have safe delivery is when I attend antenatal care services timely (KII, Tarka, 2022).

However, a contradictory view was reported by another 31 years old female respondent, who reported that

I have four children, and I deliver all of them at home, without wasting time. In fact, like my third pregnancy, I was very strong until the very point of delivery. I could recall very well my mother gave birth to eight children, and she told me that, all of us were born at home, she did not use to attend antenatal care, so I am a true daughter of my mother, a real Tiv woman (KII, Ukum, 2022).

Another discussant aged 26 in Konshisha village who did not utilized health care facilities during reported that

My husband has three wives, and none of us use to go the hospital on the ground that we are pregnant, after all pregnancy is not sickness. Even as I am pregnant, I still work on the farm from morning till even; that is to tell you that I am not ill. I don't have any money to go and give; in fact they will not see my #10k unless I am sick (KII, Konshisha, 2022).

In this case, men trust and have confidence in TBAs; closer collaboration with TBAs may provide a suitable platform through which communities can be sensitized and men actively brought on board in promoting maternal health services for women in rural communities.

**Table 3: Socio-cultural factors associated with the utilization of traditional birth attendants among women of reproductive ages in Benue State, Nigeria.****(i) TBAs have adequate experience**

<b>Options</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Agree	194	54.8
Strongly Agree	112	31.6
Disagree	24	6.8
Strongly Disagree	24	6.8
<b>Total</b>	<b>354</b>	<b>100</b>

**(ii). They understand the culture of the people**

Agree	98	27.7
Strongly Agree	170	48.0
Disagree	42	11.9
Strongly Disagree	44	12.4
<b>Total</b>	<b>354</b>	<b>100</b>

**(iii). They are friendly**

Agree	90	25.4
Strongly Agree	183	51.7
Disagree	40	11.3
Strongly Disagree	41	11.6
<b>Total</b>	<b>354</b>	<b>100</b>

**(iv). They provide social support**

Agree	98	27.7
Strongly Agree	172	48.6
Disagree	40	11.3
Strongly Disagree	44	12.4
<b>Total</b>	<b>354</b>	<b>100</b>

**Source: Field Survey 2022**

The data on the table 3 shows that, TBAs is used because they are believed to have adequate experience, they provide social support, they are friendly with the pregnant women, they understand the culture of the people. The findings on the use of TBA facilities as stated above were also corroborated by the responses of some discussants. In this light, a 30 years old respondents in Tarka, had this to say

Today, we have a collection of TBAs providing services for the pregnant women in our areas; they are available at our door steps. So, the issue of which type of health care facility to attend during pregnancy is just a matter of choice and economic status (KII, UKum, 2022).

Another respondent reported that

"My husband didn't agree to use maternal health facility, he is not educated, at least I dropped out from SS2, so, I know some of these things but, he is the head and takes all decisions. My mother and father-in-law also would not allow us to go because my mother in-law is an experienced mother, so, she takes care of birth attendance functions. At

most, we have some native doctors here who attend to us at a relatively low cost (FGD, Konshisha, 2019).

Another respondent reported that

Personally, I am always being attended to by the Traditional Birth Attendants who are non-professionals, but assist me and other women during pregnancy and deliveries and in some cases advocate some form of family planning. I often prefer to deliver their babies with the assistance of Traditional Birth Attendants.

“Poverty is one of the challenges that determine the extent women can access reproductive healthcare services. This is because most women are aware of the availability of reproductive healthcare services around them, but they do not have the means (money) to even carry themselves to the area for the utilization of these services. Distance/proximity to the health facilities also serves as a barrier for women to access the availability of healthcare services. This is because, the closer the health facilities are to the women, the more they can easily access them & vice-versa. Another discussant reported that

I do not like attending health care in this place due to the attitude of these nurses especially the female ones. The only challenge that limited my decision was financial constraint, but I am sure this will surely be my first and last time to visit hospital. I did not expect this kind of treatment from the nurses during my first visit, the nurses there (in the private hospital) were very young, smart and more dedicated to their work than those ones who attend to patients and at the same time play with their big smart phones (35 year old respondent in Tarka, 2022).

The above statement means that, respondents lack confidence in the nurses working in PHCC which constitutes a challenge for seeking health care. In a similar case, another respondent lamented that

I am highly disappointed in the sense that, this big hospital cannot satisfactorily takes care of the women. How I wish the nurses go to the private counterparts and see how smooth things go on there. If the nurses feel they are too big, they should allow those with the zeal and willingness to work. This was how they delayed my neighbor here until she was to be operated during delivery. These people are not trying at all..... (KII, Ukum, 2022).

**Table 4: Geographical factors associated with the utilization of traditional birth attendants among women of reproductive ages in Benue State, Nigeria**

<b>Distance (%)</b>	<b>Frequency</b>	<b>percentage</b>
Strongly Agreed	66	18.6
Agreed	100	28.2
Disagreed	138	39.1
Strongly Disagreed	50	14.1
<b>Total</b>	<b>354</b>	<b>100</b>
<b>Lack of modern facilities</b>		
Strongly Agreed	91	25.7
Agreed	219	61.9
Disagreed	15	4.2
Strongly disagreed	29	8.2
<b>Total</b>	<b>354</b>	<b>100</b>
<b>No means of transportation</b>		
Strongly Agreed	48	13.5
agreed	105	29.7
disagreed	151	42.7
strongly disagreed	50	14.1
<b>Total</b>	<b>354</b>	<b>100</b>
<b>Accessibility</b>		
Strongly agreed	305	86.2
Agreed	45	12.7
Disagreed	4	1.1
<b>Total</b>	<b>354</b>	<b>100</b>

**Source: Field Survey, 2022**

From the table above, it was found that, geographical factors associated with the utilization of traditional birth attendants among women of reproductive ages in Benue State, included distance, lack of modern facility, no means of transportation, non-accessibility and affected the use of use of TBAs.

### **Discussion of Findings**

The findings of the study showed that economic factors were significantly related to the utilization of TBAs among the women of reproductive ages in Benue State. The findings were in line with the previous works of Mhame, Busia and Kasilo, (2015) who found that a significant part of the total cost of accessing services falls on the demand side, including indirect costs such as transport, patient food, care accommodation which must all be paid by the user and opportunity costs derived from income foregone by the patient or care due to care seeking. Also, Chimezie,(2013). Also found that TBAs provided maternal health service because of low cost. TBAs are sources of succor to pregnant women because their services are financially affordable unlike the orthodox medical services. Financial affordability of TBA-provided maternal health care illustrates

how popular the services are to pregnant women; therefore providing an easy access for the patronage of TBA-provided maternal health services.

Another finding showed that socio-cultural factors such as educational level, level of awareness resulted to the use of TBAs as noticed by social accessibility deals with the situation in which people consult health personnel that they feel comfortable during times of sickness. In a study on potential barriers to the use of health services among ethnic minorities (Centre for Community Based Research (2011) argued that ethnic minority patients may see providers as a rather alien or distant group of people and foster too much respect for medical personnel. This may, in turn, restrain them from asking important questions about medical instructions, and this form of abstract subordination prevents them from questioning authority as they see it.

It was also found that geographical factors influence the use of TBAs in Benue State. This goes in line with previous studies which show that pregnant women believe that there are better accesses to TBAs compared to modern healthcare provider because of physical proximity that TBA services could offer as against modern health care which are not evenly spread in the rural areas (Imogie 2014). According to a paper presented at the 6th African population conference in Burkina Faso, accessible distance and utilization of maternal health facilities decreases as the distance increases. This could translate to a fact that distances from health facilities are linked with utilization of maternal health services.

## **Conclusion**

The study established that factors such as cheap services, caring nature of TBAs, desire for privacy, family involvement with care, faith based reasons, untoward attitude of healthcare workers and a favorable previous experience all contribute to these respondents' decision to patronize the TBA centers. Also, a significant relationship was found to exist between respondents' socio-cultural, economic and geographical variables and their patronage of TBA centers. Facility based factors such as caring nature of TBA and untoward attitude of healthcare workers were also found to be significant in influencing the women's patronage of TBA centers.

## **Recommendations**

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

- i. Healthcare workers especially midwives should hence try to inculcate the caring labour care of these TBAs.
- ii. The federal government should strive harder at making maternity care free or at a subsidized to all pregnant women irrespective of their religion, age or economic status.
- iii. The TBAs can be integrated into the primary health care services so that there can be better monitoring of their services and better EMOC and faster referral services
- iv. Religious centers should be charged with encouraging their members to patronize skilled attendants during childbirth and health education for all pregnant women encouraging them to patronize skilled attendants should be made mandatory throughout the state.



## References

- Ahmed, O., Odunukwe, N., Raheem, Y., Efiemokwu, C., Junaid, M., Adesesan, S., Ogedengbe, O., Harry, T. & Salako, L. (2019). Knowledge, attitudes and perceptions of HIV/AIDS among traditional birth attendants and herbal practitioners in Lagos State, Nigeria, *African Journal of AIDS Research* 2004, 3(2): 191–196, 1727–9445
- Briss, P. A., Gostin, L. O. & Gottfried, R. N. (2005). Science and public health policy makers. *The Journal of Law, Medicine & Ethics*, 33, 89–93.
- Centre for Community Based Research (2011). What is community based research? Retrieved from <http://www.communitybasedresearch.ca>
- Chimezie, R. O. (2013). A case study of primary healthcare services in Isu, Nigeria. (Unpublished Doctoral Thesis), Walden University. San Francisco.
- Imogie, A.O. (2014). The practice of traditional birth attendants and women's health in Nigeria, *The Regional Institute limited 2014*: Available from <http://www.regional.com.au/au/mwia/papers>.
- Mhame, P. P., Busia, K. & Kasilo, O. M. J. (2015). Clinical practices of African traditional medicine. *The African health monitor*, 13. Available from: <https://www.who.int/sites/default/files/ahm/reports/35/ahm-issue-13-special-completeedition-clinical-practices>
- Ogunyomi, M. T. Ndikom, C. M. (2016). Perceived factors influencing the utilization of traditional birth attendants' services in Akinyele Local Government, Ibadan, Nigeria. *Journal of Community Medicine and Primary Health Care*. 28 (2) 40-48
- Oshonwoh, F. E., Nwakwuo, G. C. & Ekiyor, C.P (2014). Traditional birth attendants and women's health practices: A case study of Patani in Southern Nigeria. *Journal of Public Health and Epidemiology*, 6(8), pp. 252-261, DOI: 10.5897/JPHE2013.0634 ISSN 2006-9723
- Primus, C. C. & Henrik, U. (2018). The evolving role of traditional birth attendants in maternal health in post-conflict Africa: A qualitative study of Burundi and northern Uganda. *SAGE Open Medicine Volume 6*: 1–9, DOI: 10.1177/2050312117753631.
- Sialubanje, C., Massar, K., Hamer, D. H. & Ruiter, R. A. C. (2014). Understanding the psychosocial and environmental factors and barriers affecting utilization of maternal healthcare services in Kalomo, Zambia: A qualitative study. *Health Education Research*, 29(3), 521–32.
- Titaley, C. R., Hunter, C. L., Dibley, M. J. & Heywood, P. (2010). Why do some women still prefer traditional birth attendants and home delivery? A qualitative study on delivery care services in West Java Province, Indonesia. *BMC Pregnancy Childbirth*, 10, 43-54.
- Uche, O.A. (2020). Factors associated with the utilization of traditional birth attendants (TBAs) among pregnant women in Nigerian rural communities. *International Journal of Research in Arts and Social Sciences*. 13 (1).1-15
- Ukpabi, O.C. & Okpan, S. O. (2017). Traditional birth attendants and maternal mortality: A study of Ohaji Egbema, Imo State, Nigeria. *International Journal of Health and Social Inquiry*, 3, (1), Nov 2017 33

World Health Organization (2018). Maternal Health. Available from: <http://www.who.int>  
World Health Organization. (2017). The determinants of health. Retrieved from  
<http://www.who.int/hia/evidence/doh/en/index.html>  
World Health Organization.(2021). Sixty-second world health assembly. Retrieved from  
<http://www.who.int/mediacentre/events/2021/wha62/en/index.html>