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**Effects of Traditional Birth Attendants among
Pregnant Women who come to Fort Portal Regional
Referral Hospital–Buhinga Kabarole District.**

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ABSTRACT

This study was carried out in Fort Portal Regional Referral Hospital-Buhinga (FPRRH) in the Kabarole district in Western Uganda to examine the effects of Traditional Birth Attendants (TBAs) among pregnant women. Two categories of respondents were included in the study. These were traditional birth attendants, pregnant women, and mothers who come to FPRRH in the Kabarole district within the study period, who consented. These respondents were selected using random sampling based on a first come first serve basis. A questionnaire consisting of both closed and open-ended questions was used to collect data. The questionnaire was filled by TBAs, pregnant women, and mothers with the assistance of the researcher in case it was needed. Statistical Package for Social Sciences (SPSS) was used for data entry and analysis. A descriptive analysis was done and presented in terms of mean, and median. Frequency was reported in terms of numbers and percentages using tables. The majority of the mothers were Batooro and the commonest age group was those above 18 years with 88.7%, a large number were peasants and the majority were married which is 58.0%. The distance to health centers was mainly below 10 km with major costs in the range of (1000-5000) Uganda shillings. 55.6% of the mothers had visited the TBAs twice and 79.0% received no complications. The main reasons why they preferred TBAs were cost-effectiveness and distance. 42.7% of the mothers got to know about TBAs from relatives and friends, though 71.0% of those that had used TBAs didn't recommend others. The typical complication seen by TBAs was bleeding after birth and neonatal infections developed after birth which is 26.7% and 18.6%, respectively. 61.3% of TBAs didn't know the prevention of child transmission of HIV. All the TBAs said that the government knew about their services and the commonest challenge was over bleeding, though 44.3% of the TBAs said their services are worse compared to midwives' and Doctors' services. It was concluded that TBAs remain vital in communities, especially in the Kabarole district, in western Uganda. Although few mothers recommended the use TBAs, this study reveals how they are of great importance to mothers. Therefore, it is recommended that the district and country at large look for more means of improving the services offered by TBAs. Since most have limited knowledge of child transmission of HIV at birth it can be one of the most important things to teach TBAs.

Keywords: Traditional Birth Attendants, Midwives, Pregnant women, Maternal mortality, neonatal infections.

INTRODUCTION

In recent years, with changes in society and modern healthcare systems, a need to re-examine the definition, role, and future of traditional birth attendants (TBA) has emerged. Maternal mortality and morbidity are some of the most important global health issues facing the world today [1, 2]. Worldwide, approximately 1000 women die each

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day from pregnancy and childbirth-related causes [3]. In addition, 99% of these maternal deaths occur in the developing world, with sub-Saharan Africa accounting for over half of these deaths [4-6]. In the same trend, 287,000 global maternal deaths were recorded in 2010 with Sub-Saharan Africa having 56%, and South Asia at 26% both accounting for approximately 84% global burden of maternal mortality with a global maternal mortality rate of 210 per 100,000 live births and lifetime risk of 1 in every 180 [7]. In 2010 the estimate indicated a decline from 840 to 630 per 100,000 live births [8]. Traditional medicine is a global practice that encompasses the use of herbs in the management of various diseases and the provision of other healthcare services by informally-trained health personnel [9-11]. Traditional medicine is a very common practice among rural dwellers [12-14]. The contribution of TBA in the improvement of maternal and child health especially in rural areas cannot be unrecognized. TBA has remained one of the alternatives of health resources for women of children-bearing age in most local communities of Nigeria [8]. Despite the contribution of TBA in the healthcare system, there are still some drawbacks to this practice since TBAs are not formally trained to handle medical emergencies. Thus, unguarded use of TBAs can increase child and mother's death tendencies. Some of the complications that can lead to death include bleeding culminating in anemia, mother-to-child HIV transmission, and puerperal sepsis. These complications can lead to an increased risk of anemia, and HIV transmission [15-19]. TBAs are not hygienic in nature, as they sometimes neglect hand washing, non-sterilization of instruments, environmental sanity not maintained, and others which will cause more harm than good to them and their patients. They use herbs during delivery to facilitate dilatation which may lead to infecting the mother and the baby [8]. According to a world health statistics report in 2010, Uganda's under-five mortality rate was 147 per 1000 deaths in rural areas and 115 per 1000 deaths in urban areas in 2006. In addition to this Uganda was reported with few medical workers in the years 2000-2009 i.e. physicians were 3361, nurses and midwives were 37,625, dentistry personnel were 440, pharmaceutical personnel were 762, and environment and public health workers were 1042 [20]. There is a need to understand key factors influencing women's health and health-seeking behavior for the future improvement in maternal morbidity and mortality. This study addresses these gaps in knowledge and will provide a more comprehensive understanding of the factors influencing the health status of women in Uganda and ways to improve reproductive health. Thus, this study was aimed at examining the effects of Traditional Birth Attendants (TBAs) among pregnant women who use the Fort Portal Regional Referral Hospital in the Kabarole district located in the western part of Uganda.

METHODOLOGY

Study design

The researcher used a cross sectional survey design because the study intended to pick only some representative sample elements of the cross-section of the population. Quantitative and qualitative approaches were adopted to enhance the understanding of the meaning of numbers give precise and testable expression to qualitative ideas.

Area of Study

The study was conducted in Fort portal regional referral hospital (FPRRH)-Buhinga in Kabarole district in Rwenzori region in western Uganda.

Study population

The target population was traditional birth attendants, pregnant women and mothers in FPRRH-Buhinga in Kabarole district since the research was interested in examining effects of Traditional Birth Attendants (TBAs) among women. Study population was obtained according to selection criteria, (inclusion and exclusion criteria).

Inclusion criteria

Two categories of respondents were included in the study. These were traditional birth attendants, pregnant women and women who use FPRRH in Kabarole district with in the study period, which had consented. These respondents were selected using random sampling basing on first come first serve basis.

Exclusion criteria

All traditional birth attendants, pregnant women and mothers not willing, too ill, with mental illness, and those that had not visited TBAs were excluded.

Sample size estimation

The researcher used a sample size of 124 respondents because it is accessible given the resources that are available and the population of FPRRH makes this easy. The researcher selected the sample using the sample size determination table formulated by Krejcie [21].

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Table 1: Krejcie's table

Populasi (N)	Sampel (n)	Populasi (N)	Sampel (n)	Populasi (N)	Sampel (n)
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

Data Collection instruments

The researcher used interviews and questionnaires type of instrument to collect data.

Interviews

Interviews were used to collect in-depth information about the topic and follow up with certain respondents to further investigate their responses and serve the purpose of triangulation [22].

Questionnaires

A questionnaire consisting of both closed and open-ended questions was used to collect data. The questionnaire was filled out by traditional birth attendants, pregnant women, and mothers with the assistance of the researcher in case it is needed.

Dependent variables

Deciding to seek care, identifying and reaching health facilities, and receiving adequate and appropriate health care.

Independent variables

These included; social-economic factors, perceived accessibility, and perceived quality of care. Such as women status, illness, economic status, education status, Family income, Distance, Transport, Cost, Reputation, satisfaction with outcomes, and satisfaction with service.

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Intervening variables

Presence of health facility, presence of TBAs, availability of resources

Data collection management

A questionnaire consisting of both closed and open ended questions was used to collect both qualitative and quantitative data. Qualitative data was collected in relation to pregnant women practices, knowledge on TBAs and the impact of TBAs. Quantitative data was collected in relation to demographic characteristics, individual TBAs factors health-seeking king behavior.

Data analysis

Statistical Package for SPSS or excel was used for data entry and analysis. A descriptive analysis was done and presented in terms of mean, median. The frequency which was reported in terms of numbers and percentages using tables.

Quality control

In order to ensure quality control questionnaires were tested and adjustments will be made accordingly.

RESULTS

Pregnant Women and Mother Findings on TBAs

Table 2: A table showing mothers' socio-demographic findings

Variables	Category	Frequency	Percentage (%)
Age	Below 18	17	11.3
	Above 18	133	88.7
Occupation	Civil servants	10	6.7
	Peasants	140	93.3
Marital Status	Married	87	58.0
	Single	22	14.7
	Divorced	41	27.3
Tribe	Mutooro	89	59.3
	Others	61	40.7
District	Kabarole	60	40.0
	Others	90	60.0

From the table above, the majority of the respondents were Batooro accounting to 59.3% of the respondents and the commonest age group was those above 18 years accounting to 88.7% of the respondents. Their occupation was majorly peasants accounting to 93.3% and civil servants 6.7% respectively and majority were married accounting to 50.0% of the respondents and finally a major group of mothers were from outside Kabarole hospital accounting to 60.0%.

Table 3: Shows the distances and cost to the nearest health facility

Distance from The Nearest Health Facility

Distance	Frequency	Percentage
Below 10 km	70	46.7
10-20 km	49	32.7
Above 20 km	31	20.6
Total	150	100

Cost to The Health Facility

Amount	Frequency	Percentage
1000-5000	79	52.7
5000-10000	62	41.3
Above 1000	9	6.0
Total	150	100

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From the table able distance to health centers was mainly below 10 Km accounting to 46.7% and costs were majorly in the range of (1000-5000) Uganda shillings accounting to 52.7% of the respondent mothers that participated.

Knowledge about TBAs

Table 4. Showing mother's relationship with TBAs

CATEGORY	FREQUENCY	PERCENTAGE
Relatives and friends	53	42.7
Radios and Televisions	37	29.8
TBAs	7	5.6
Local leaders	4	3.3
Others	23	18.6
Total	124	100

Reasons for Choosing TBAs

Category	Frequency	Percentage
Distance	79	63.7
Cost-effective	20	16.1
Forced by husband	7	5.7
Forced by mother in law	3	2.4
Pressure from relatives	7	5.7
No need for admissions	8	6.4
Total	124	100

Recommending Others

Category	Frequency	Percentage
Yes	36	29.0
No	88	71.0
Total	124	100

Got Complications

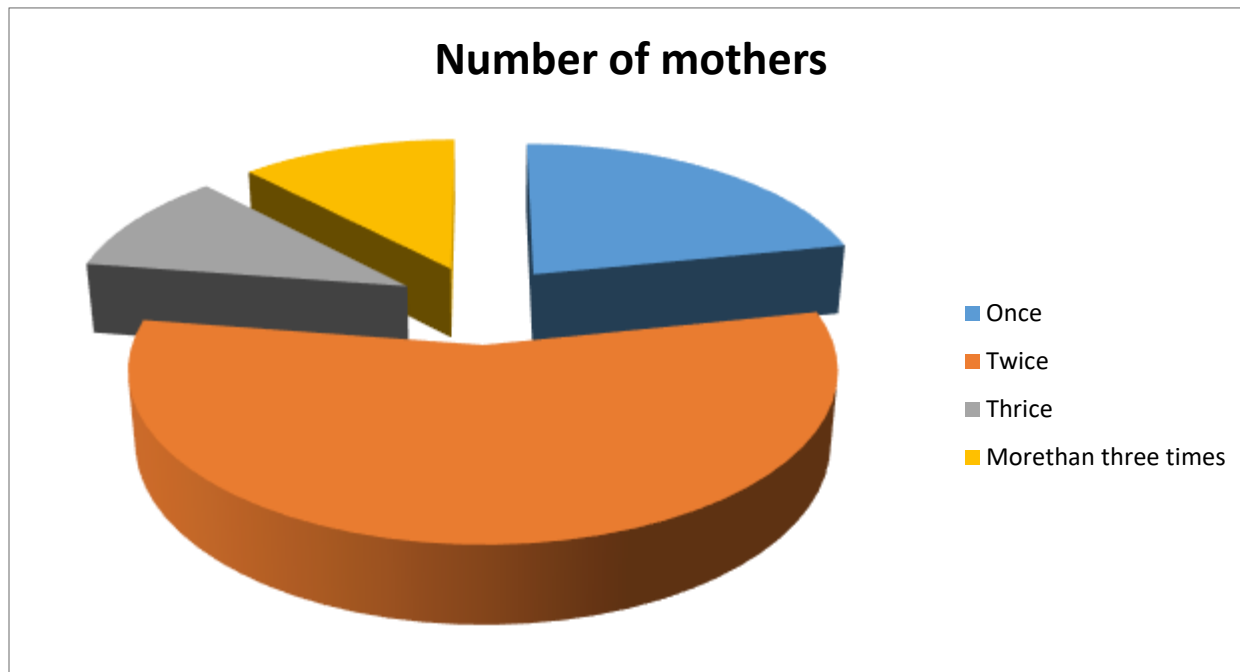
Category	Frequency	Percentage
Yes	26	21.0
No	98	79.0
Total	124	100

According to the table above majority got no complications accounting to 79.0% of the respondents. The main reasons why they preferred TBA was distance followed by cost-effectiveness accounting to 63.7% and 16.1% respectively. The majority of the respondents got to know about TBAs from relatives and friends accounting to 42.7% of the respondents. Though most of the respondents had used TBAs they didn't recommend others accounting to 71.0% of the respondents.

Table 5: Table showing the number of mothers receiving TBAs services

Number Of Times	Frequency	Percentage
Once	27	21.8
Twice	69	55.6
Thrice	13	10.5
More than three times	15	12.1
Total	124	100

Figure 1: Pie chart illustrating number of mothers receiving TBAs services



From the pie chart above the majority of the mothers had visited the TBAs twice accounting to 55.6% of the respondents followed by those that had received the TBA services once accounting for 21.8% of the respondents and a small number of about 10.5% had used TBA services thrice.

Information Got from TBAs
Table 6. Showing information got from TBAs
Years of Experience

Number of years	Frequency	Percentage
One	4	3.2
Two	13	10.5
Three	28	22.6
More than three	79	63.7
Total	124	100

How They Learnt About TBA Practices

Category	Frequency	Percentage
From medical professionals	49	39.5
From other TBAs	75	60.5
Total	124	100

Services TBAs Offer

Service	Frequency	Percentage
Antenatal care	17	13.7
Helping in delivery	90	72.6
Monitoring mother	10	8.1
Managing complications	3	2.4
Supportive health care	4	3.2
Total	124	100

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Number of Women Per Month

Category	Frequency	Percentage
Less than 10	48	38.7
10-20	60	48.4
More than 20	16	12.9
Total	124	100

Time at Which Pregnant Women Visit TBAs

Category	Frequency	Percentage
Less 3 months	10	8.1
3-9	44	35.5
At giving birth	70	56.4
Total	124	100

Place of Delivering

Place	Frequency	Percentage
Their homes	81	65.3
TBA homes	23	18.6
Delivery rooms	20	16.1
Total	124	100

From the table above most of the TBAs had experience above 3 years accounting to 63.7% of the respondents, most of them had learnt from other TBAs accounting to 60.5%, helping mothers mostly in delivery accounting to about 72.6% of the respondents while majority of the mothers visited TBAs at delivery accounting to 56.4%. Most the women had their deliveries from their homes accounting to 65.3% of the respondents.

**Table 7: A table showing mother's health conditions they face
Typical Health Complications Women Get**

Complication	Frequency	Percentage
Bleeding after birth	33	26.7
Bleeding before birth	15	12.1
Still birth	3	2.4
Retained placenta	7	5.6
Ruptured uterus	2	1.6
Death of mothers	2	1.6
Fetal distress	9	7.3
Neonatal infections developed at birth	23	18.6
Fetal death	6	4.8
Prolonged labor	20	16.1
Poor transport means	4	3.2
Total	124	100

Transmission of HIV from Mother to Child

Category	Frequency	Percentage
Yes	48	38.7
No	76	61.3
Total	124	100

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TBAs Services Vs Midwives/Doctors Services

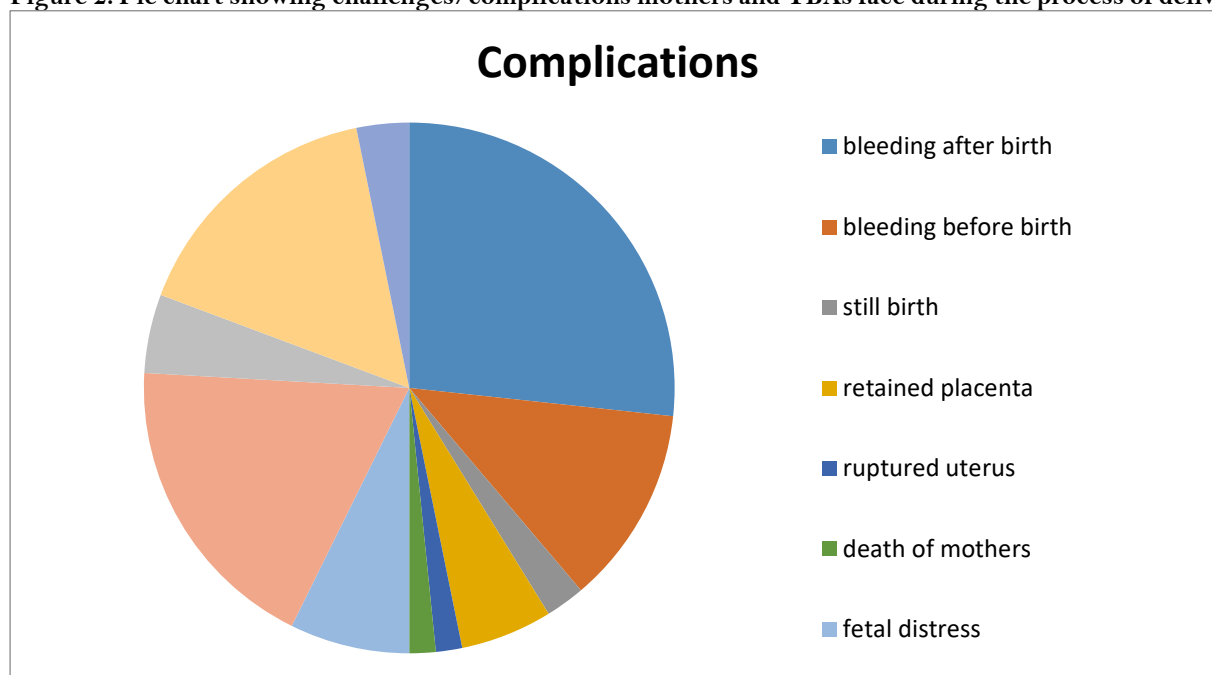
SERVICES	FREQUENCY	PERCENTAGE
Better	29	23.4
same	40	32.3
Worse	55	44.3
TOTAL	124	100

Government Knowledge On TBAs

Category	Frequency	Percentage
Yes	124	100.0
No	0	0.0
Total	124	100

From the above table, typical complications faced by women were bleeding after birth, neonatal infections developed after birth, and prolonged labor accounting to 26.7%, 18.6%, and 16.1% respectively of the respondents. Most did not fully know how to prevent HIV transmission from mother to child and was accounting for 61.3% of the respondents, though 44.3% of the women said TBAs services are worse as compared to midwives' and doctors' services and 100% of both TBAs and women reported that the government was aware of these services.

Figure 2: Pie chart showing challenges/complications mothers and TBAs face during the process of delivery.



From the above pie chart drawn, the major complication/challenge faced by both TBAs and mothers was bleeding after birth accounting to 26.7%.

DISCUSSIONS

Pregnant women and mother findings on TBAs

In this study, the majority of the mothers were Batooro accounting for 59.3% of the respondents and it was revealed that the commonest group was the peasants accounting for 93.3%, and rarely civil servants accounting for only 6.7% of the respondents. This showed that education had an effect on the use TBAs since the mothers of higher education were not commonly in use TBAs and the majority were married accounting for 58.0% of the respondents. In the study on factors influencing the utilization of late antenatal care services in rural areas: a case in Kisoro district by Centenary Gloria in 2010 [23-24], it was established that TBAs are widely used by pregnant women and mothers in the study area. The study revealed that TBAs are appreciated in the community as they adhere to the norm of

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deliveries, always being an emergency in the community, and that they act quickly and are always available. This brings out some connection with this study which showed that the majority of the mothers had visited the TBAs twice accounting for 55.6% of the respondents. Furthermore, the majority of the mothers had visited TBAs at giving birth accounting for 56.4% of the respondents. According to Centenary's study [23], the respondents mentioned visiting TBAs because they are nearer/closer to the mothers than ANC facilities. The commonly cited reason for the use of TBAs was the difficulty in transport that left mothers with no alternative but to use TBAs. This agrees with this study since the main reasons why the respondents preferred TBAs were cost-effectiveness and distance accounting for 52.7% and 46.7%, respectively. Centenary Gloria [23] further revealed that the respondents added that TBAs were more accessible and flexible enough to carry out a delivery in one's home than health units. However, some respondents raised concerns that TBAs were incompetent and not well-trained. But in this study, though most of the respondents had used TBAs they didn't recommend others accounting for 71.0% of the respondents.

Information on TBAs

According to this study, most of the TBAs had experience of more than 3 years accounting for 63.7% of the respondents. This shows that there is a possibility of them knowing clearly what they are doing. They got to learn about TBAs practices from other TBAs accounting for 60.5%. The TBAs were mainly helpful in assisting mothers delivering accounting for 72.6% of the respondents. They had mainly assisted between 10-20 mothers in giving birth accounting for 48.4% of the respondents and the majority of the women visited TBAs at giving birth accounting for 56.4%. Most of the TBAs assisted mothers to give birth from their homes accounting for 65.3% of the respondents. In this study, some of the complications faced by TBAs are as follows: If the hand comes first. In the case of transverse lies, they refer. The other dangerous signs during labor they mentioned were that if the labor is prolonged for more than 2 days and the mother is weak to push. In addition to that, all said that the major causes of maternal mortality are obstructed labor because of mal-presentation and postpartum hemorrhage. For post-partum hemorrhage in some areas, they give some herb to stop and if not they refer the mother to health facilities. This study further revealed that the typical complication seen by TBAs was bleeding after birth accounting for 26.7% and neonatal infections developed after birth making 18.6% of the respondents. Most TBAs knew the prevention of child transmission of HIV accounting for 61.3% of the respondents. This reduces the chances of a child getting HIV. Despite all this 100% of TBAs said that the government knew about their services, though 44.3% of TBAs said their services are worse compared to midwives' and Doctors' services.

CONCLUSION

Based on the findings of the research it is concluded that TBAs remain vital in communities, especially in the Kabarole district western part of Uganda. Though few mothers recommended the use TBAs, this study reveals how they are of great importance to mothers. Therefore, it is recommended that the district, city, municipality, region, and country at large look for more means of improving services offered by TBAs. Since most of them have limited knowledge and services it can be one of the most important things to do for TBAs.

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