



Perceptions of Hausa and Fulani Tribes on Traditional Birth Attendants in Zaria Local Government Area, Kaduna State, Nigeria

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Authors' contributions

This work was carried out in collaboration between all authors. Author ZA designed the study, wrote the protocol and wrote the first draft of the manuscript. Author USL managed the literature searches. Author AAMT performed all the analyses of the study. Author MMH managed and helped the survey. Authors HU and AN performed all the protocol during survey. All authors read and approved the final manuscript.

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ABSTRACT

Traditional Birth Attendants (TBAs) are found in most communities in the world. Although their nature and functions varied considerably. Their practices aimed at providing medical related services for the maintenance of good maternal health, particularly through ensuring good delivery.

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The study aimed to assess the perceptions of women on TBAs in Zaria Kaduna State, Nigeria. The State is part of Hausa and Fulani land where ethno medicine is recognised and highly practiced. Hausa and Fulani tribes of Zaria were selected for the study. A total of 200 women were randomly selected and interviewed. The information provided were recorded on structured questionnaires. The results showed that TBAs have made great impact in such communities. Low risk perception regarding their personal susceptibility to pregnancy and labour complications was one of the main reasons why most old women with many children delivered at home and utilized TBAs. Respondents showed that TBAs are available at any time, easily accessed, always reliable for pregnant patient women to attend at any moment, caring of women in labour or outside labour. Also they rendered their services to maximum capacity. Respondents in the study area indicated their confidence and beliefs towards utilizing TBAs services. In conclusion pregnant women's positive attitude towards TBAs was one of the main reasons why most of them preferred the services provided by TBAs. There is no doubt that such TBAs will continue to play an important role in health care provision in the study area. Therefore, comprehensive training of TBAs to act as primary health care workers in community should be considered and implemented.

Keywords: Traditional birth attendants; perceptions; Hausa and Fulani women; deliveries; labour.

1. INTRODUCTION

The oldest component of the Nigerian health sector at primary level includes traditional healers and birth attendants. Traditional medical practices provide personalized health care that is culturally appropriate, holistic and tailored to meet the needs and expectations of the patients [1]. Traditional birth attendant (TBA) are known by Hausa people of Northern Nigeria as "Unguwan zoma" or "Sarguwa" and known by Fulani as "Ungojomajo" who was considered to be an older woman who specializes in aspects of child delivery and the post-partum care of the mother and infant [2]. TBAs usually have a considerable knowledge of herbal medicines used in the treatment of women's and children's illnesses [3]. In the Northern part of Nigeria, TBAs are females only due to religious beliefs, where as in other parts of the country both males and females are involved [4]. Throughout history, TBAs have been the resource for women during childbirth in the rural and urban areas till present. TBAs' profession in Nigeria has been handed over from one generation to another in all communities. Women see them as the foundation pillars full of experience, skilled and no programme should displace them [5]. In Nigeria, TBAs have been part of the community for a long time before modern medicine was established and endorsed. They are noted for their service affordability, availability, accessibility and close relation with the community. Their services was quite acceptable by the pregnant women in rural areas, where modern medical services was poor [6,5]. Their expertise was respected and valued due to their social and

emotional closeness to their community, their long experience in providing services to mothers have create loyalty, respect and good understanding, particularly when other related health care services were not accessible [5].

Traditionally, the role of TBAs on reproductive health starts immediately after a woman becomes pregnant till after delivery. These TBAs are consulted for any health issue related problems or unusual conditions observed among pregnant women until during the first forty days after delivery [7]. During this period, advice, traditional medical procedures are usually taken into consideration. Therefore they are involved either actively or as consultants in child deliveries in Hausaland. The number of deliveries assisted by TBAs varies from one culture to another [8]. The World Health Organization (WHO) has defined TBAs as persons who assist the mother during childbirth and learns her skills through apprenticeship that involves both observation and imitation, and is often highly regarded by the community that chooses her to assist women in childbirth. WHO [9] show that an estimated 289,000 global maternal deaths were recorded in 2013. The report also indicates that Nigeria is among top five countries with highest rates of maternal mortality with about 40,000 pregnant women dying in the country in 2013. Despite the efforts of the State Governments to provide quality health programmes with the establishment of Mother and Child Hospitals, safe motherhood, free medical services for pregnant women and other laudable systems, some pregnant women still patronize traditional birth attendants in Nigeria [5].

Many studies conducted in African countries and other developing countries have reported the impact of TBAs in improving maternal and newborn health outcomes [10]. Reports also showed that effective training of TBAs to manage common maternal conditions could significantly reduced neonatal mortality in Nigeria [11].

The place of delivery is one of the determinants of maternal and child morbidity and mortality. With shortage of skilled birth attendants particularly, who are also unevenly distributed geographically [12]. Majority of women in Hausaland prefer to give birth in the comfort of their homes for many reasons, these include poor means of transportation and slow due to bad roads and uncomfortable during labour. In addition, some hospital labour rooms are overcrowded and understaffed, and lack privacy [13]. The economic reasons include, charges of the TBAs are far less and affordable unlike the charges of modern Hospitals or clinics. In addition, their payment method is less stressful since part payment is allowed [5]. Another prominent reason is that, TBAs are closed to them, therefore transportation is abolished. The challenge faced by TBAs is that they are independent health workers that do not usually have official recognition. As a lay man it is difficult to understand why women around the world, particularly rural women, often choose TBAs to assist them in their labour and deliveries [13].

Despite the policy change stopping TBAs from conducting deliveries at home and encouraging all women to give birth at the clinic under skilled care, many women still give birth at home and TBAs are essential providers of obstetric care in rural Zaria. Therefore the study was aimed to assess the perceptions of women on TBAs in Zaria, Kaduna State.

2. MATERIALS AND METHODS

Kaduna State has an estimated population of 6.1 million; 3,090,438 males and 3,023,065 females [14]. Majority of the State's population are located in Kaduna town and Zaria. Kaduna State was located in the North of Nigeria, and lies between Latitudes 11°34' and 9°11' North of the equator and longitude 6°11' and 8°49' east of the Greenwich meridian. Kaduna State shares boundary with Katsina State to the North, Niger and Abuja at the West, Plateau State to the South and Kano State to the East [14].

The survey was conducted in distinct area of Zaria (Kaduna State) from August 2015 to February 2016. The area is part of Hausa land where ethno medicine is recognised and highly practiced [15]. Previous studies have indicated that more children are delivered in the area with the help of TBAs. The survey was conducted among Hausa and Fulani tribes found in the study areas. The information is based on interviews and interaction with house wives according to standard methods [16]. Respondents were in the age range of 15–50 years who had given birth before. and a total of 200 women were interviewed in five wards: Kufena, Tudunwada, Tukurtukur, Wuciciri, Angwan Juma. From each ward 40 women were randomly selected. Ethical approval was obtained from committee of traditional medicine practitioners in Zaria and ethical committee of Shehui Idris College of Health Sciences and Technology research committee. Also permission was obtained at local government area level, at the community level. Community leaders granted permission to conduct the study. All interviews were conducted after the study's aims were explained to the participants and their informed consent was obtained. The researchers upheld the integrity of the participants and do their best to protect the rights of the research participants. Semi- Structured questionnaires were used to collect information from respondent after pre-test. Respondents were communicated in the local language (Hausa and fulfulde). Data collected from the respondents through questionnaire and interviews, were analysed, using descriptive statistics. The descriptive statistical analysis was adopted for the summarization of data, tables and percentages.

3. RESULTS

From Table 1 the most represented age group of the respondents was 21 - 25 years, followed by 26 - 30 years and 31 - 35 years. The study presents the mean age of women as 27.9 years. Majority of the respondents were Hausa (56%), followed by Fulani (36%), then others (8%). Therefore, result shows that Hausa and Fulani tribes combined constitute 92 % as against 8 % other tribes. Majority of the respondents (75%) were Muslims, (21%) were Christians. and (4%) practiced other religion. Majority of the women (68%) were married, (16%) were divorced, (9%) were separated from their family and (7%) were found to be widowed. It shows that study population was primarily married and Muslim. This gives a good picture that cuts across

cultural and religious backgrounds and reflects the diverse nature of Zaria population. Majority of the respondents (84%) had primary education, (37%) had secondary school and with only (19%) attended tertiary education, while (60%) of the respondent have no formal education. Majority of the women had 1–3 children (48.5%), the 4-6 children (37%) while 7- above represent (14.5%).

Table 2 revealed the knowledge and utilization of Traditional Birth Attendants during deliveries. The result shows that majority (95%) accepted to having information on the existence of TBAs and what they do, but only 87% of the respondents agreed that only older women do the services of the TBAs. And 67.5% utilized TBAs services, of which 79.5% seek assistance from TBAs during and after deliveries. Response generally show that women had extremely good knowledge of TBAs while few (5%) have poor knowledge of TBAs. There was a statistically significant association between the respondents level of education, age and their knowledge score ($p = 0.005$) for women.

Table 3 indicated that about (90%) and (82.5%) of the women believed that the services of the TBAs are easy to access and available at any time needed, but (66%) patronize them because their services are less charge whereas (73%) reported that TBAs services are not standard while (38%) prepare to use the services because there are no choice. About (74%) agreed that TBAs are located not in villages but also in urban centre. It also shows that (70%) of the TBAs do not use modern facilities in their services. but (70%) reported that TBAs use hand gloves. (22%) reported that TBAs are skilled this could be based on traditional skills and (39%) require the services due to fear of caesarian section. 74.5% reported that TBAs service served them better. (55%) of the respondent shows that TBAs services are effective with less complication whereas (68%) of the respondents reported that TBAs can detect some abnormalities in women during pregnancies. (85%) are good to counsel pregnant women. 85% and 75% advised that TBAs should be encouraged, trained and

assisted by the government and continue rendering their services.

Table 1. Socio demographic characteristic of the women

Demographic characteristics	Frequency	Percentage (%)
Age in years		
15 -20	25	12.5
21 -25	60	30
26 -30	50	25
31 -35	27	13.5
36 – 40	25	12.5
41 – 45	11	5.5
46 – 50	2	1
Tribe		
Hausa	112	56
Fulani	72	36
Others	16	8
Religion		
muslims	151	75.5
christian	41	20.5
others	8	4
Marital status		
married	136	68
divorced	32	16
separated	18	9
widowed	14	7
Level of education		
No formal education	60	30
Primary	84	43.5
Secondary	37	18.5
Tertiary	19	9.5
Parity		
1-3	97	48.5
4-6	74	37
7- above	29	14.5

4. DISCUSSION

Socio cultural factors play a key role in influencing women’s knowledge and utilization of TBAs despite the free and accessible maternal health care. Northern Nigeria is dominated by Hausa, fulani and Muslim. Because of the religious belief of the study area TBAs are older

Table 2. Knowledge and utelization of traditional birth attendants during deliveries (TBAs). (n = 200)

Questions	Yes	No
Have you heard of TBAs	190(95%)	10(5%)
Do you utilize the services of the TBAs during deliveries?	135(67.5%)	65(32.5%)
TBAs are old in age?	174 (87%)	26 (13%)
Are TBAs available in your locality?	189 (94.5%)	11 (5.5%)
Do you seek assistance from TBAs during and after deliveries	159 (79.5%)	41 (20.5%)

Table 3. Women's perception of traditional birth attendants (TBAs) practices

Questions	Yes	No
TBAs services is easy to access?	180 (90%)	20 (10%)
TBAs services is available any time?	165(82.5%)	35(17.5%)
TBAs service is less cost?	132(66%)	68 (34%)
TBAs services are standard?	54(27%)	146(73%)
TBAs are prefer because of no choice	76 (38%)	124 (62%)
TBAs render their services in rural area only?	52 (26%)	148 (74%)
TBAs combine their services with modern facilities?	60 (30%)	140 (70%)
TBAs use hand gloves?	60 (30%)	140 (70%)
TBAs services served you better?	154 (74.5%)	46 (25.5%)
TBAs have skilled to deal with deliveries?	44 (22%)	156 (78%)
TBAs services required because of fear of caesarian section?	78 (39%)	122 (61%)
TBAs services are effective with less? Complication	110 (55%)	90 (45%)
TBAs can detect abnormality at pregnancy?	136 (68%)	64 (32%)
TBAs counseling is helpful before and during labour?	170 (85%)	30 (15%)
TBAs services should be encouraged, trained and assisted by the government?	170 (85%)	30 (15%)
TBAs should continue to rendering their services even with government neglect?	150(75%)	50(25%)
TBAs give natural birth spacing?	173(86.5%)	27(13%)

women above 45 years or woman that enters menopause who in their younger age have acquired knowledge and skills from older women (relatives or neighbors) who has been in practice and strengthened that knowledge and skills through years of practice. Responses from the study area revealed that 90% of the traditional birth attendants (TBAs) were elderly females and few are in their younger age (Table 2). This agreed with the studies from the Northern Nigeria where TBAs are found to be elderly women [16]. However, according to [16] in a study carried out in Edo state showed that male TBAs also exist in the Southwest of Nigeria. Majority of the respondents had primary, secondary and no formal education (Table 1). This is because most of the female in Northern Nigeria usually get married earlier before their higher education. Majority of the respondents were Hausa and Fulani and they were Muslims. This is because in the North, the Hausa and Fulani are the majority and profess Hausa as a common language for communication [14].

More TBAs are available in the study area (Table 2) with similar functions. In many places of the world, nature and functions of TBAs vary considerably, but they have similar aims as defined by World Health Organization [17]. From our study many rural women rely on TBAs because they are accessible and their services are well known in their communities. In rural area where access to modern facilities is relatively difficult due to insufficient modern health

workers, inadequate facilities or bad roads put some road block. According to [9], the utilization of traditional services increase with distance from a health care facility. In addition TBAs are respected members in their community, perform important cultural practices and provide essential support to women during and after deliveries. From (Table 3) majority of women reported that TBAs services were better to deal with deliveries. This could be due to traditional believe. Some reasons for seeking the services of the TBAs could be due to the trust a women had. Most respondents explained that they were happy with TBAs because they appear when they are urgently needed to assist them during deliveries, regardless of the time of the day, night or weather conditions. This made most women to choose TBAs services to remain at home rather than going to modern health centres. In Hausa and Fulani Tradition, the role of TBAs on maternal health starts immediately after a woman becomes pregnant. These TBAs are consulted for some health related problems observed in pregnant women until forty days after birth [18]. Furthermore, TBAs educate pregnant women on appropriate type of diet to consume, pregnancy-related advices and how to take care of infants after birth. Most TBAs are known to have some knowledge of risk, symptoms and signs during pregnancy [18]. In addition, women who had many children and had given birth at home reported that women feel free with TBAs because they were closed together leaving in the same locality. Also another reason for

respondents choosing TBAs, however women were free to seek further assistance she may need. Respondents added that TBAs were so caring to mothers. This could increase their cordial relationship. Besides counseling pregnant women, they could serve in the management of pregnancy till delivery. She always ensures health of the growing fetus and safe delivery. For this to happened, complication may set in without notice which may need secondary health care attention. Thus training TBAs now is a necessity and can make impact on reducing infant and maternal deaths as well as morbidity of the mother after delivery in Nigeria and also in Africa and other developing countries [8].

5. CONCLUSION

The traditional Birth Attendants (TBAs) remain the major health resources in rural communities. Our findings show that various personal, family and health-related factors as well as social and cultural norms played an important role in influencing women to seek the services of TBAs. pregnant women's positive attitude towards TBAs was one of the main reasons why most of them preferred the services provided by TBAs. Results also suggest that women's positive attitude towards TBAs is an important factors motivating women to seek TBAs assistance. In general, respondents indicated great trust and confidence in TBAs and held many positive beliefs about them and the benefits to be gained from using their services. They described the TBAs as available, reliable, familiar, skilled, polite, patient, respectful and caring.

6. RECOMMENDATIONS

- The concept of training selected TBAs to act as primary health care workers in rural areas has not yet been implemented in Hausaland therefore, the services should be utilized and implemented.
- There is no doubt that such TBAs will continue to play an important role in health care provision, even if they are totally ignored by the medical establishment. Therefore government support should be considered.
- The antenatal care visit and modern facilities should be utilized.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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