Factors Contributing to attending Traditional Birth Attendants among Pregnant Mothers aged 18-45 Years in Bubaare Sub County,Mbarara District. A Cross-sectional Study.

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Abstract

Background:
The purpose of the study is to determine factors contributing to attending traditional birth attendants among pregnant mothers aged 18-45 years in the Bubaare sub-county, Mbarara district.

Methodology:
The study design was descriptive and cross-sectional and the researcher employed a simple random sampling technique to get 50 respondents. Data was collected using semi-structured questionnaires.

Results:
Most (55%) of the respondents were encouraged by the community to deliver at a hospital, and the majority (60%) were not accompanied by the husband during delivery, most (48%) of the respondents their husband decided the place of delivery, most(77%) of respondents had cultural beliefs and the majority (70%) of the respondents believed in religious affairs. (68%) of the respondents used skilled birth attendants, most (47%) of the respondents were not allowed by partners to deliver in hospitals, most (60%) 0f respondents attended antenatal, most (62%) of the respondents attended antenatal once, most (60%) attended antenatal in their second trimester, most (69%) of the respondents were wear of child delivery from the hospital and most (60%) of the respondents did prefer hospital delivery due to long waiting hours at the facility.

Conclusion:
Communally services offered by TBAS are giving advice both before and after delivery about nutrition, individually partners influencing mothers' place of delivery, and health wise distance to the facility was long limiting their delivery from hospitals.

Recommendation:
The recommends that TBAS should be trained and equipped with modern medical knowledge by the government to easily handle uncomplicated deliveries.

Email: Rutimalic@gmail.com Date submitted: 17th/04/2022 Date accepted: 18th/06/2022

1 Background of the study

A traditional birth attendant is a person who assists the mother during childbirth and initially acquired her skills by delivering babies herself or through an apprenticeship with other traditional birth attendants. TBAs are often older women who are generally illiterate.

TBA can also be called traditional midwife, community midwife, or lay midwife. Maternal Mortality is still noted to be high though there was a little improvement compared to what happened in the early 200 as there was about a 38% drop in Maternal Mortality. But in 2017, daily an estimated 810 women died from preventable causes of mortality, and 947 mortality recorded occurred in low and middle-income countries. Out of the 295,000 maternal mortality recorded globally (Sowunmi *et al,* 2020). Approximately, 75% of births worldwide occur outside of the health facility. In these cases, the presence of skilled birth attendants is uncommon, with most deliveries attended by a traditional birth attendant and in some cases no one at all. This contributes to complications and maternal death (Dantas *et al,* 2021).

In 2015, 99% of maternal mortalities occurred in Africa. More than half of these deaths took place in sub-Saharan African Countries where the estimated maternal mortality rate is as high as 546 maternal deaths per 100,000 live births. In Uganda where 1.5 million women give birth every year, there are approximately 1500 well-trained midwives to assist in childbirth process services. Some traditional birth attendants may be limited to social support while others provide full antenatal care (Turinawe *et al,* 2016).

In Mbarara, Nantumbwe provides a bad example for many rural women to use to justify their decisions to go to traditional birth attendants. They argue that mothers also die in hospitals. The specific objectives were to determine the community-related factors, individual-related factors, and health-related factors to attending traditional birth attendants among pregnant mothers aged 18-45 years.

Research Methodology

The study area

The study was conducted in the Bubaare sub-county, Kashari County, Mbarara district, Uganda. Bubaare Sub County is bordered by the Ibanda district in the north, Kiruhura in the west, and Sheema district in the south. Isingiroin the east. It is made up of parishes like Kamushoko, Mugarutsya, Rweturangara, and Bubaare itself. Bubaare Sub County is approximately 12 km along the Mbarara-Bushenyi road and approximately 300 km from Kampala capital city.

The inhabitants of the sub county are Bahima, Bakiga, Banyankole, Banyarwanda, Bafumbira, and Bakonjo. The activities carried out in the sub-county are farming by the majority of the inhabitants and some carry out some business activities like transportation, trading, education facilities within the trading center and nearby smaller growing centers in the villages and various parishes.

Study design

A descriptive cross-sectional study design was carried out at one point in time from December 2021 to May 2022 to determine factors contributing to attending to traditional Birth Attendants among pregnant mothers aged 18-45 years in Bubaare sub-county Mbarara district using both quantitative approaches.

Study population

The study targeted women of the reproductive age (18-45) with at least one delivery. The lower limit was 18 years because they are more exposed to sexual acts with high curiosity and to cater for late puberty and the upper limit was 45 years to rule out the probability of including post-menopausal women. Information was collected from TBAs and the element of the population was selected in such a way to obtain only relevant data for the study.

Sample size determination

The sample was got from the formula,

$$\frac{n=z2p(1-p)}{d2}$$

The Kish and Leis Lie formula (1965)

Where,

n- Represents sample size

d- Represents the precision of the study, a precision of 5% was used due to the limitation of the resources and time of the study.

z- Represents standard normal deviation corresponding to a 95% confidence interval which is 1.96

p- Represents proportional characteristics where no reasonable estimate is given. Therefore, 85% will be used.

Q- Represents (1-p) which is (1-85%) = 0.15

n= 50, therefore, the sample size was 50 women who had at least one delivery.

Sampling procedure

To get the sample of the parishes, a list of all the parishes in the Bubaare sub-county was made and by simple random sampling, by writing the names of these parishes on small pieces of paper, putting them in a small box, shaking, and with the help of two village volunteers, two parishes were picked from the box and these were considered.

The representative samples from the two chosen parishes were selected using a systematic probability sampling technique where the names and corresponding numbers were given to women of reproductive age(18-45) with at least a history of childbirth and were chosen at a regular interval following numbers indicated along with their names until the desired sample size of 50 women was reached from the formula 50/n where n is the number of women in the two chosen parishes in reproductive age who have had at least one delivery.

Data collection tools

Data was collected using questionnaires with both open and closed-ended questions in different sections A, B, C, and D which were self-administered and interviewer-administered depending on the level of education.

Pretesting the questionnaire

Before the questionnaire was used, it was first pretested from Bucwero Sub- County where 10 respondents were randomly chosen used, and the data got analyzed to find out the feasibility of the study and validity of data to be collected about objectives.

Data collection

The data was collected using a questionnaire written in English; both open and close-ended questions were used to probe information from respondents after creating rapport by either interviewer or self-administration depending on the level of education.

Study variable

The dependent variable was Traditional birth attendants.

The independent variable was community-related factors, individual-related factors, and health-related factors.

2 Data analysis and presentation

The data was analyzed manually using tally sheets and numerical data computed using calculators. A micro soft word computer program was used to draw graphs, diagrams, and tables to present data, and description was used to present qualitative data.

Ethical considerations

A letter of introduction was got from the Principal of Kampala School of Health Sciences to be submitted to the sub-county Chairperson LC III of Bubaare sub-county to seek permission and assistance in carrying out the research. Before interviewing participants, each participant was explained the objectives of the study and requested to make an informed consent before collecting any information. After this, respondents were briefed on the importance and purpose of the study. Then explained clearly that there were incentives, assured them of confidentiality of their responses, and that they were free to quit the study at any point if they wish so. I also assured the respondents that there were no risks exposed throughout their participation in the study.

3 Results

Demographic characteristics of the respondents.

From the study conducted,(20%) of the respondents were aged 18-24 years, (50%) of the respondents were aged between 25-31 years, (20%) of the respondents were aged between 32-38 years,(and 10%) of the respondents were aged between 39-45 years. (20%) of the respondents were Catholics,(40%) of the respondents were Anglicans, (36%) of the respondents were Muslims, and (4%) of the respondents were from other religions. (46%) of the respondents were Banyoro,(24%) of the respondents were Bakonjo, (22%) of the respondents were Bakiga, and (8%) of the respondents were from other tribes. (60%) of the respondents were from Kamushoko, (30%) of the respondents were from Mungarutsya, (10%) of the respondents were from Bubaare. (30%) of the respondents were peasants, (50%) the respondents were housewives, (14%) the respondents were civil servants, and (6%) of the respondents were from other occupations.

3.1 Community related factors contributing to attending traditional birth attendants among pregnant mothers aged 18-45 years (N=50)

From the figure 1, most of the respondents (55%) were encouraged by the community to deliver at a hospital, whereas the least (45%) had reported that their community does not encourage women to deliver with skilled birth attendants.

From the figure above, the majority (60%) of the respondents were not accompanied by their hus-

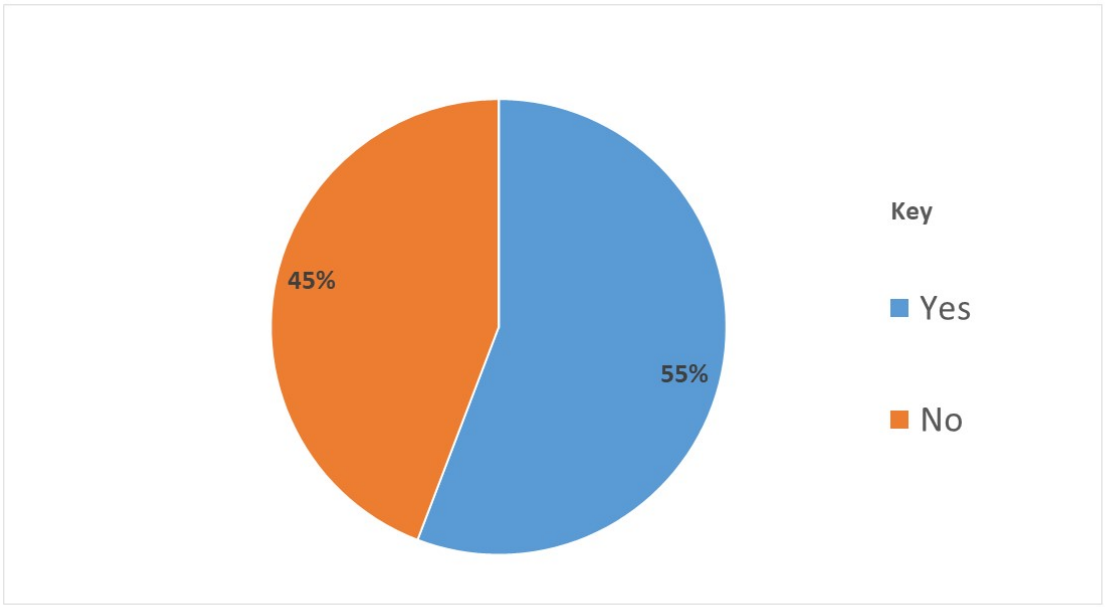

Figure 1. Shows respondents' distribution according to community's encouragement to delivery at hospital.

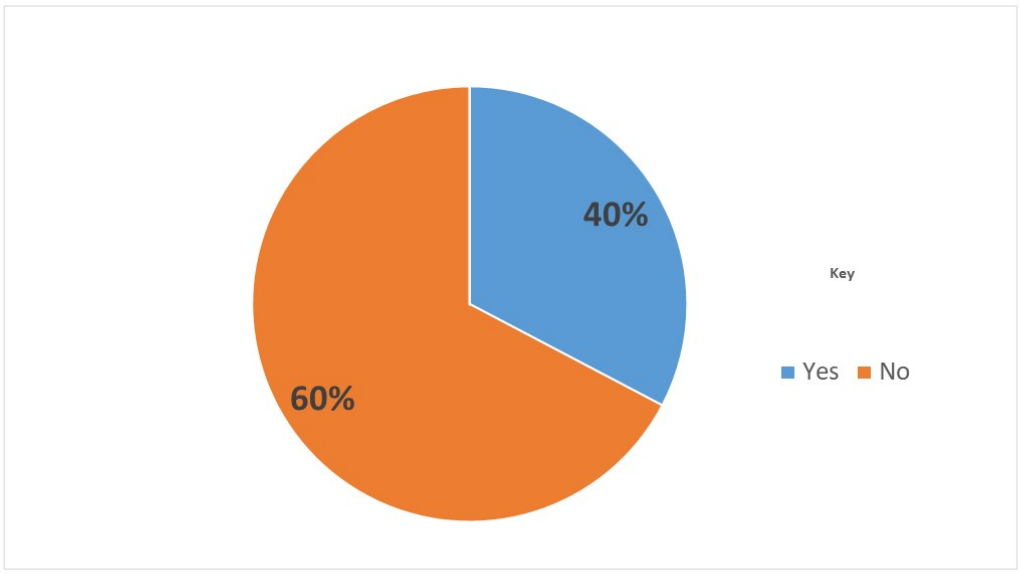

Figure 2. Shows respondents' views distribution according to accompaniment by husband during delivery (N=50)

Table 1. Shows distribution of respondents according to demographic characteristics of respondents (N=50)

Characteristic	Frequency(f)	Percentage (%)
Age (years)		
18-24	10	20
25-31	2	50
32-38	10	20
39-45	5	10
Total	**50**	**100**
Religion		
Catholic	10	20
Anglican	20	40
Muslim	18	36
Others(specify)	2	4
Total	**50**	**100**
Tribe		
Munyoro	23	46
Mukonjo	12	24
Mukiga	11	22
Others(specify)	4	8
Total	**50**	**100**
Home place		
Kamushoko	30	60
Mugarutsya	15	30
Bubaare	5	10
Total	**50**	**100**
Occupation		
Peasant	15	30
Housewife	25	50
Civilservant	7	14
Others(specify)	3	6
Total	**50**	**100**

bands during delivery, whereas a minority (32.7%) were accompanied by husbands during delivery.

From the figure 3, most of the respondents (48%) their husbands decided on the place of delivery while mothers (16%) had the least decision about their place of delivery.

From the figure 4, the majority (77%) of the respondents had cultural beliefs while the minority (23%) had no cultural beliefs.

From the table 2, the majority of the respondents (70%) had religious beliefs with the least (30%) having beliefs about not giving birth in open labor wards.

3.2 Individual related factors contributing to attending traditional birth attendants among pregnant mothers aged 18-45 years

From the figure 5, the majority of the respondents (68%) used skilled birth attendants while the least (32%) had never used skilled birth attendants.

From the figure 6, most of the respondents (47%) their partners prevented them from using skilled birth attendants while the least (24%) used traditional birth attendants.

From the table 3, the majority of the respondents (60%) attended antenatal visits, the majority of the respondents (62%) attended antenatal once, the majority of the respondents (60%) attended antenatal visits in their second trimester while the

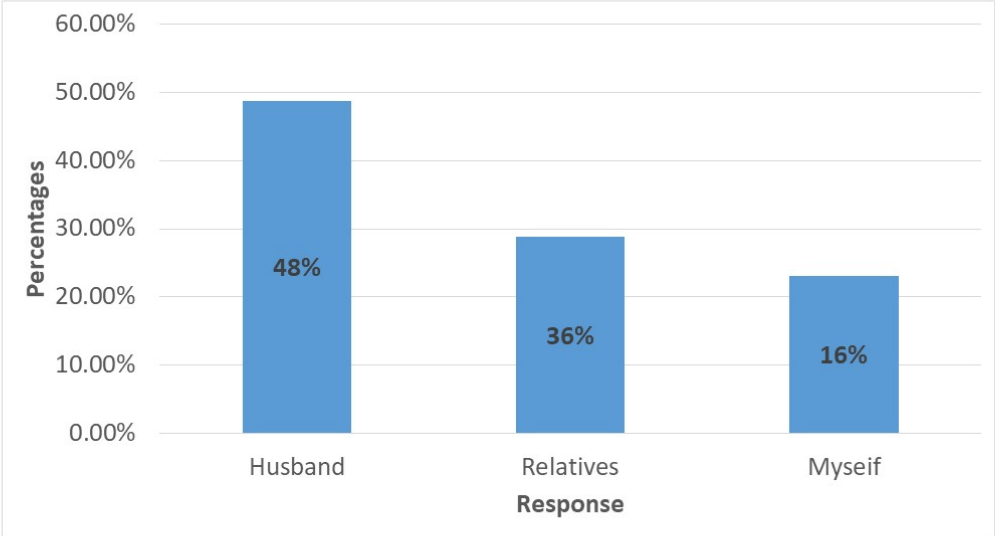

Figure 3. Shows respondents decision on where to delivery their baby. (N=50)

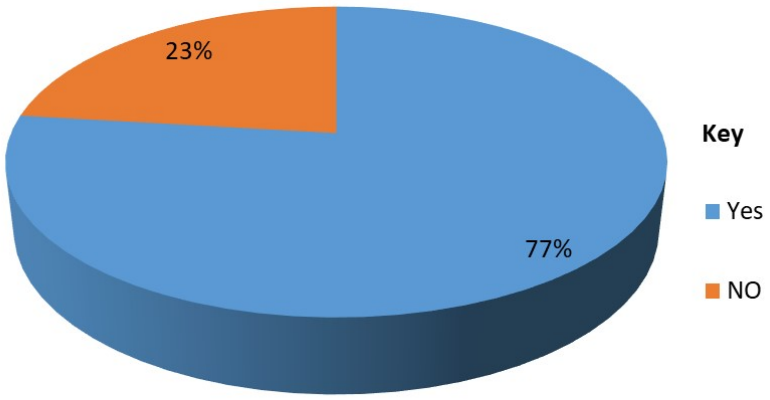

Figure 4. Shows respondents views on whether they are cultural beliefs. (N=50)

Table 2. Shows distribution of respondents according to their cultural beliefs. (N=50)

Response	Frequency	Percentages (%)
Religious beliefs	35	70
Open labour wards	15	30
Total	**50**	**100**

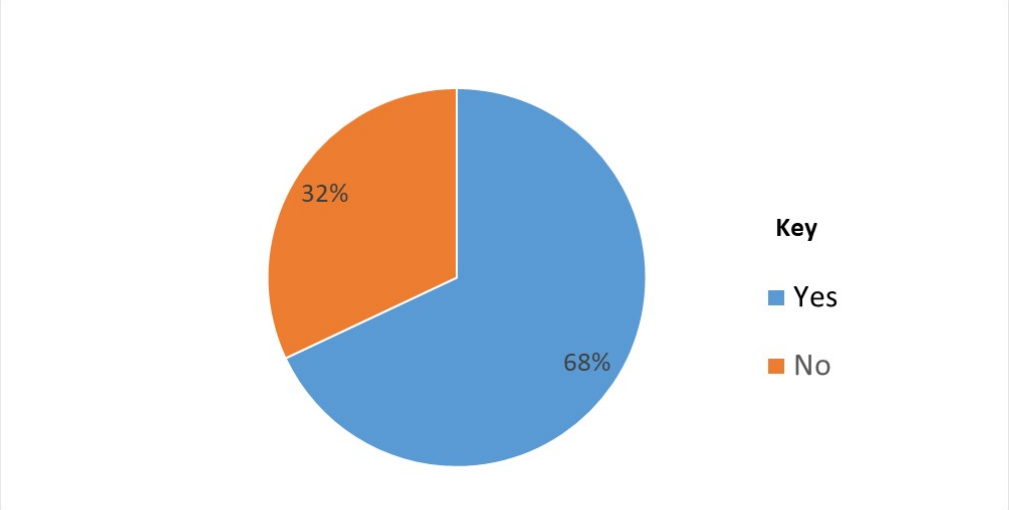

Figure 5. Shows respondents' use of skilled birth attendants. (N=50)

Table 3. Shows respondents' views on antenatal visits, times of visits to antenatal care and trimester there were getting first visits. (N=50)

Response	Frequency	Percentage (%)
How many times of antenatal visits		
once	31	62
twice	23	46
third	3	6
Attendance of first antenatal visit		
First trimester	2	4
Second trimester	30	60
Third trimester	28	56
Total	**50**	**100**

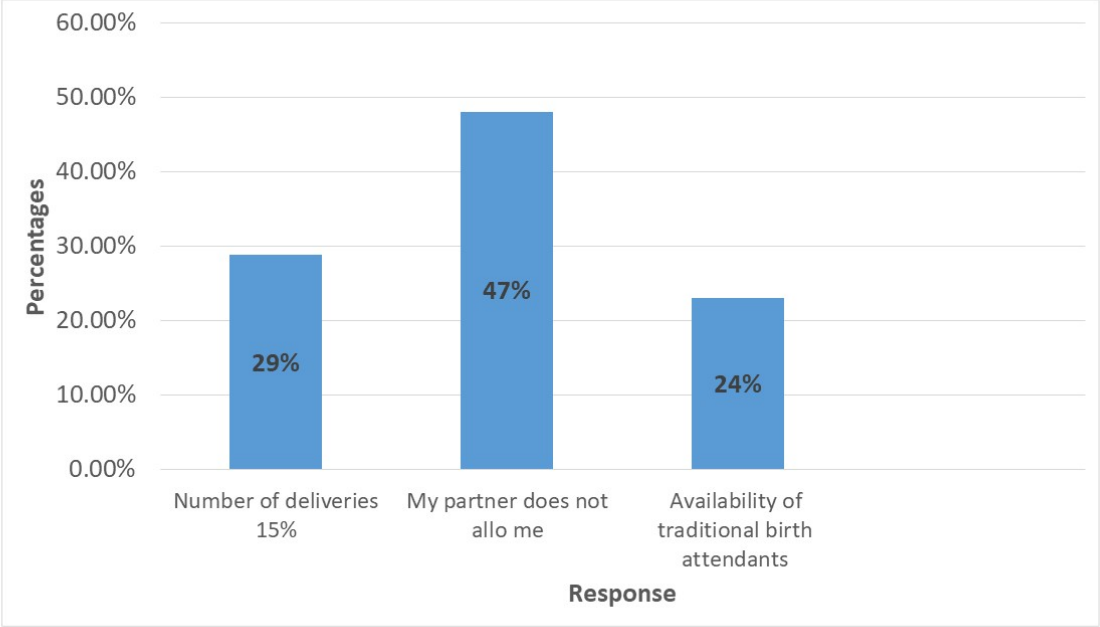

Figure 6. Shows respondents' views towards not using skilled birth attendants during delivery. (N=50)

least (40%) of respondents did not attend antenatal, (6%) 0f respondents attended antenatal three times, (4%) respondents attended their first antenatal in the first trimester.

From the figure 7, the majority of the respondents (69%) were aware of the child delivery from hospital settings while the least (31%) respondents were not aware of hospital delivery.

From the figure 8 the majority of the respondents (60%) did not prefer hospital delivery due to long waiting hours while the least (18%) of respondents was due to expenditure in private hospitals.

3.3 Health related factors contributing to attending traditional birth attendants among pregnant mothers aged 18-45 years

From the figure 9, the majority of the respondents (75%) used maternity services at the health facility while the least (25%) did use maternity services.

From figure 10, the majority of the respondents (91%) said health workers were available at the health facility while the least (9%) respondents said that there were no health workers at the health facility.

From the figure 11, the majority of the respondents (80%) attended government hospitals for maternity clinic days while the least (20%) attended private hospitals.

From the figure 12, the majority of the respondents (60%) afforded maternity services at the health facility while the least (40%) did not afford maternity services at the health facility.

From the table 4, most of the respondents (36%) lived 3-5km from the health facility while the least (20%) lived <1km aware from a health facility.

From the figure 13, most of the respondents (35%) most of the respondents took <30 minutes to receive maternity services when they get to the health facility while the least (9%) took over 2 hours.

From the figure above, majority of respondents (80%) said providers of maternity services were friendly while a least of respondents (20%) said maternity services providers were not friendly.

4 Discussion

Community-related factors contributing to attending traditional birth attendants among pregnant mothers aged 18-45 years

The study findings indicated that the majority of the respondents (55%) were encouraged by the community to deliver at the hospital due to

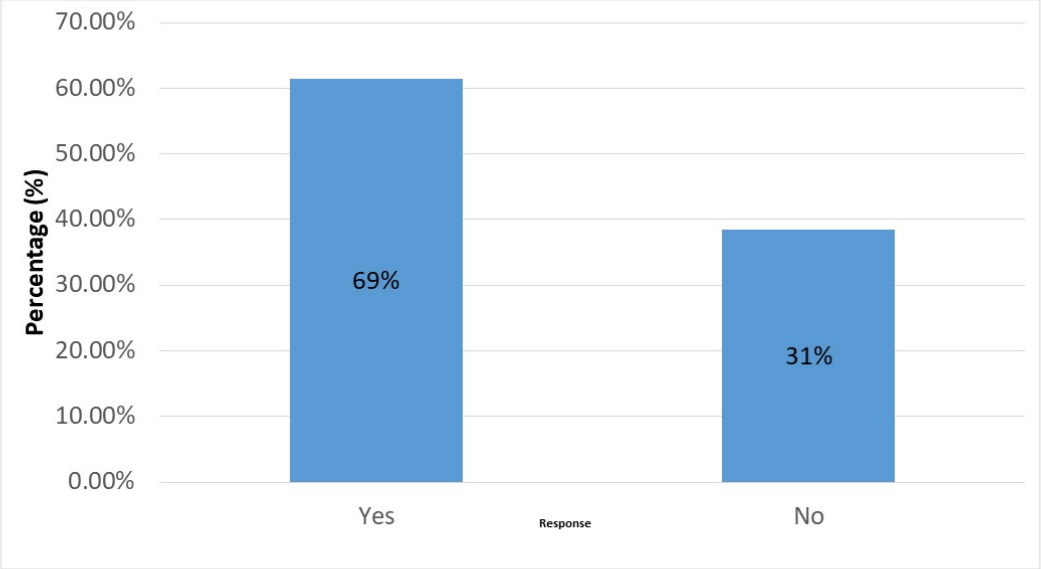

Figure 7. Shows respondents' awareness about child delivery from the hospital. (N=50)

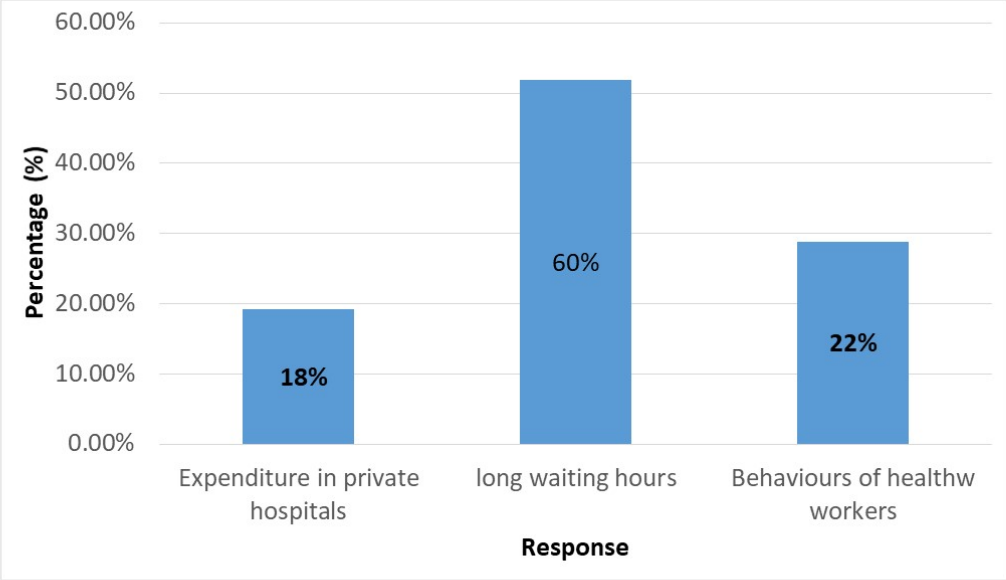

Figure 8. Shows respondents' attitudes towards going to hospital for child delivery. (N=50)

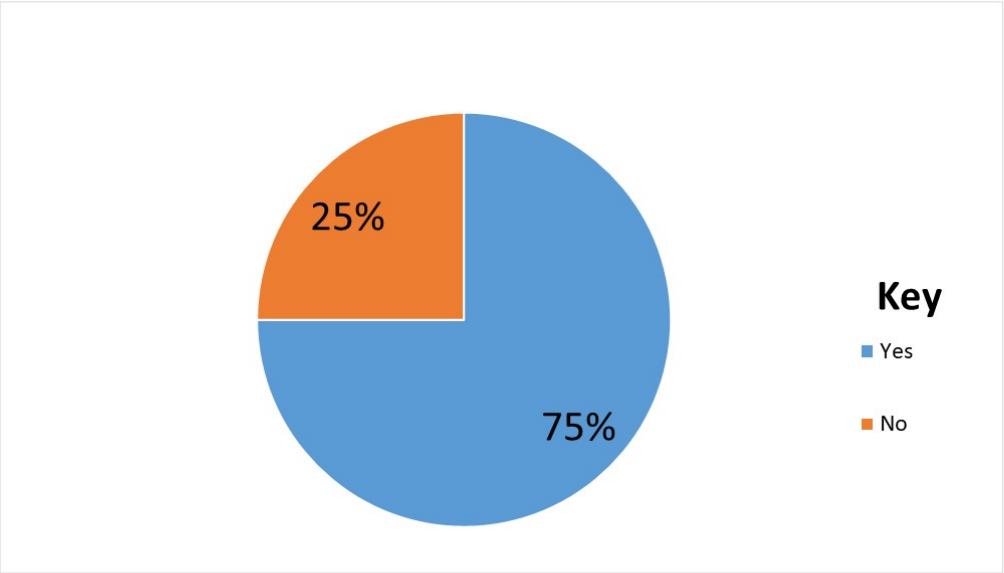

Figure 9. Shows respondents' views on the use of maternity services at the health facility (N=50)

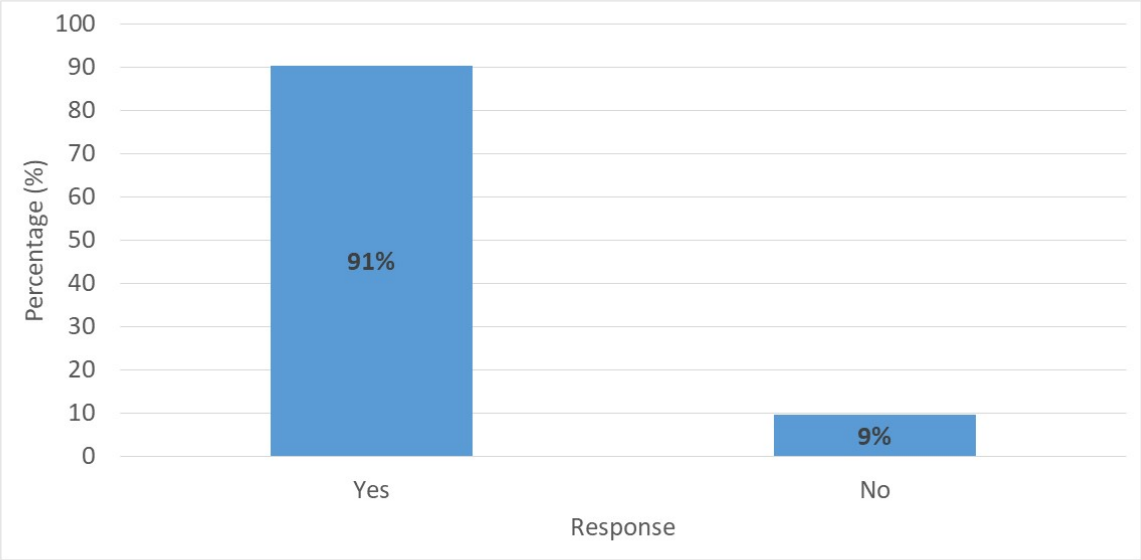

Figure 10. Shows respondents' views on health workers availability at the health facilities. (N=50)

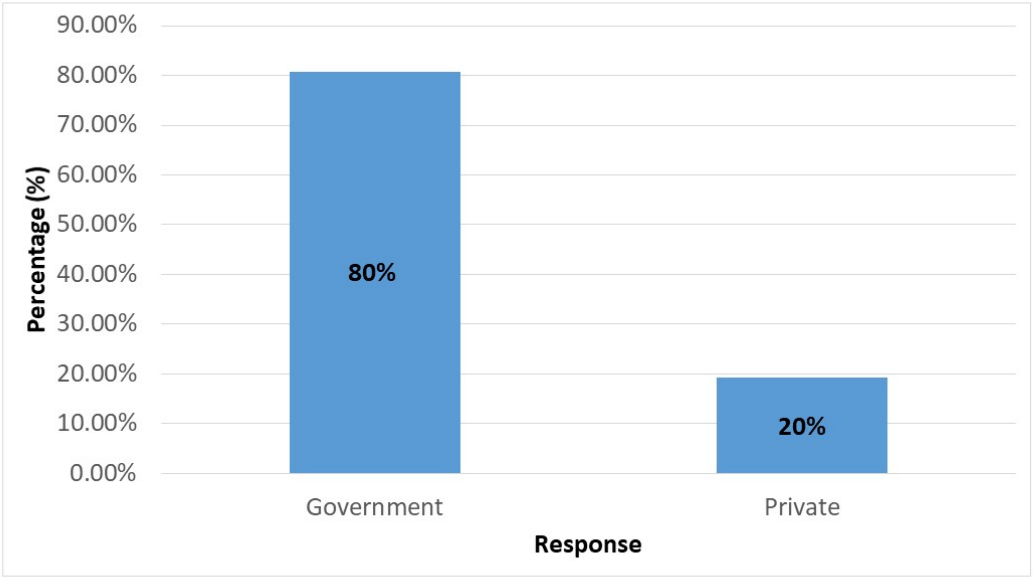

Figure 11. Shows respondents' views on availability of clinic days at existing health facilities. (N=50)

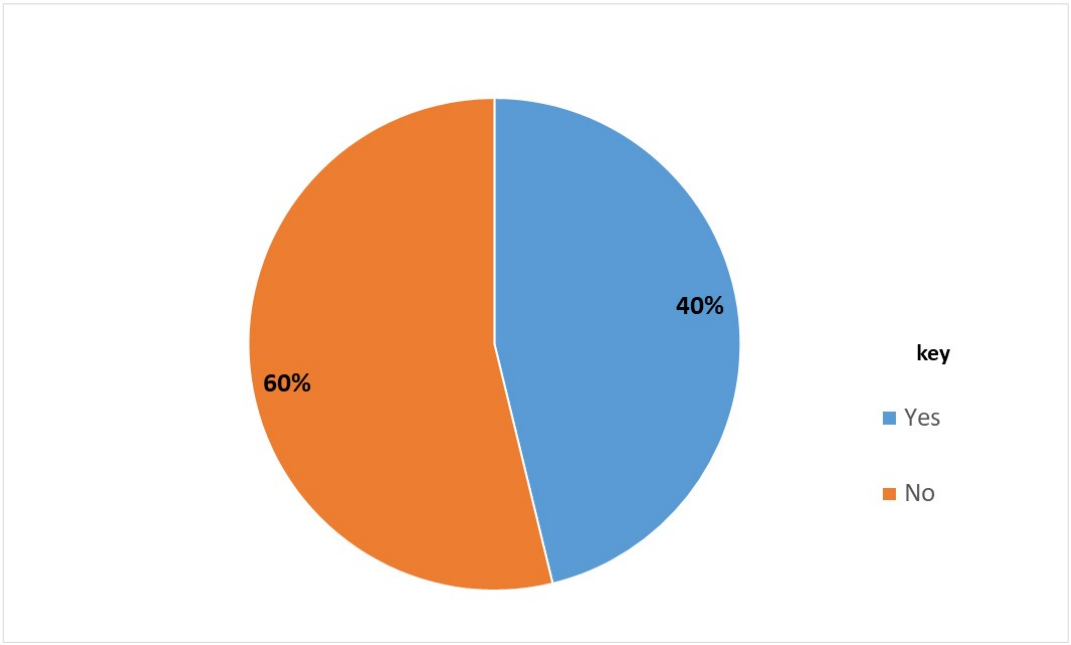

Figure 12. Shows respondents' views on affordability of services at the health facility. (N=50)

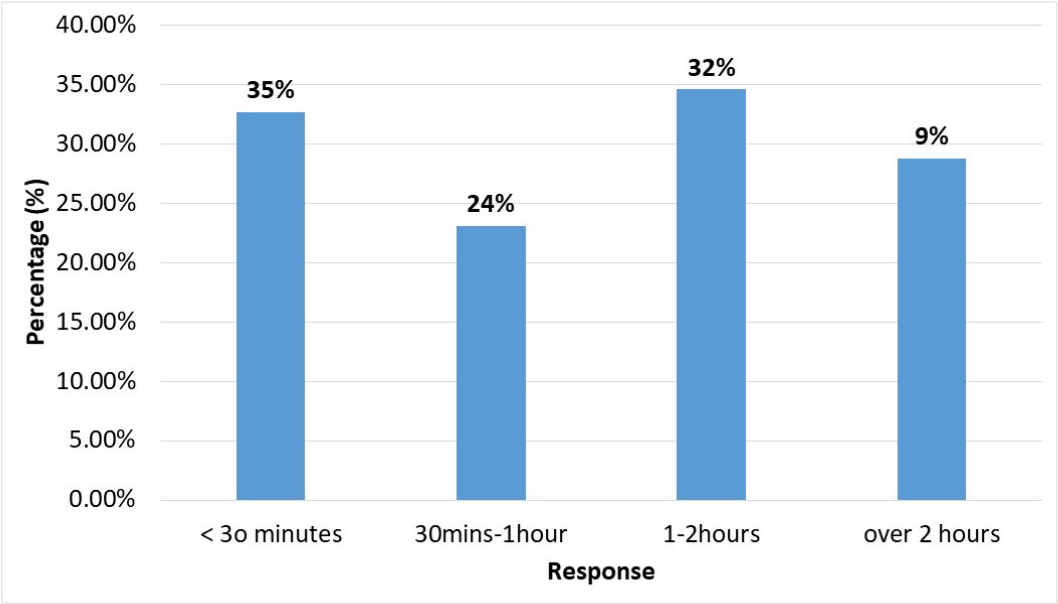

Figure 13. Shows respondents' views on time they take to receive maternity services. (N=5O)

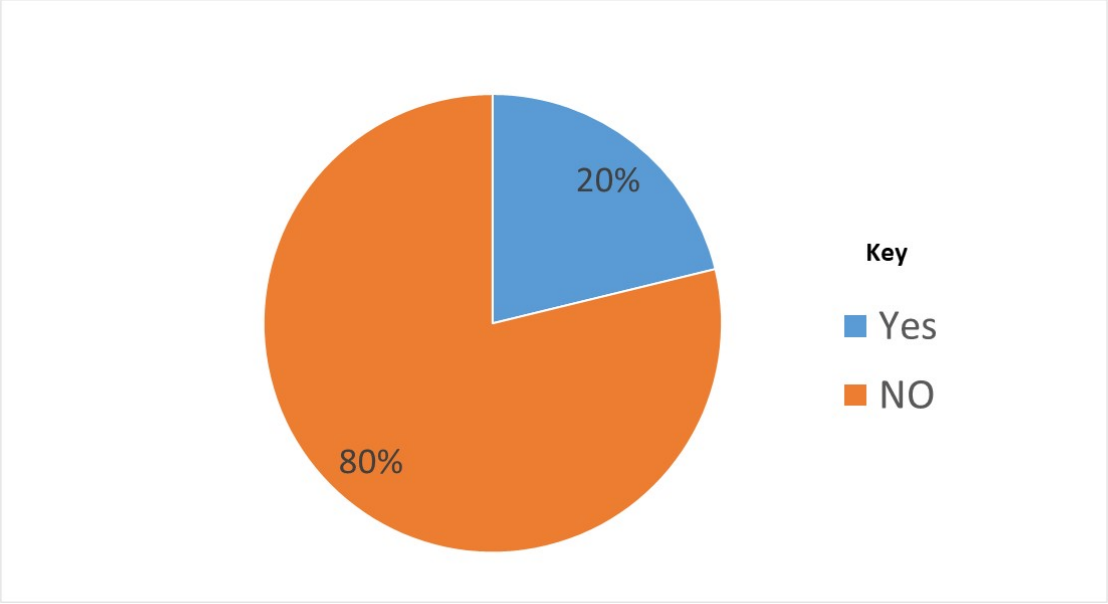

Figure 14. Shows respondents' views on maternity services provider friendship after reaching at the facility. (N=50)

Table 4. Shows respondents' views on distance to the health facility. (N=50)

Distance	Frequency	Percentage (%)
< 1km	5	20
1-2 km	11	22
3-5 km	18	36
>5 km	16	32
Total	50	100

complications that they face during delivery. This is in agreement with a study done by Mohamed Suleiman Yusuf (2018), where results showed that (58.1%) of respondents encouraged delivery at health facilities.

Findings from this study indicated that (60%) of respondents were not accompanied by their husbands during their delivery because husbands were not so much caring about their wives.

The study results showed most of the respondents (48%) had cultural beliefs which stopped them from going to the hospital. This is by Lily et al (2019) where results showed (that 150) were religious believers.

The study results showed most of the respondents (52%) had religious beliefs which reduced their hospital attendance for delivery. This is in agreement with a study done by Lily et al (2019) where most of the respondents believed in religious affairs.

Individual related factors contributing to attending traditional birth attendants among pregnant mothers aged 18-45 years

The findings of the study showed that most of the respondents (68%) needed skilled birth attendants because of the experience and expertise they have in treating serious complications during delivery.

These findings from the study showed that most of the respondents (47%) were not allowed by their partners to use skilled birth attendants because they are the ones to choose where to deliver from.

The findings from the study showed that most of the respondents (60%) attended antenatal care and (60%) attended antenatal care services in the last trimester because the pregnancy was seen as a normal thing and in the first-trimester fetus was not yet found hence no need of attending antenatal care. This is in agreement with the study conducted by Warri and Georage (2020) which showed that there was no need for early initiation of antenatal care, pregnancy was seen as a normal health condition because the fetus was not yet formed.

The findings from the study showed that most of the respondents (91%) were aware of child delivery from hospital settings because of the presence of skilled birth attendants. This is in agreement with the study conducted by Rodgers et al (2020), which showed (that 60%) of respondents chose to birth in a health facility with skilled birth attendants.

The findings from the study showed that most of the respondents (62%) did not go for child delivery in hospital settings because of exchanging delivery rooms that were also open. This is in agreement with the study conducted by Terasa et al (2021), which showed the environment to deliver was not conducive, since the labor rooms are open which does not provide the privacy they need.

The findings from the study showed that most of the respondents (60%) attended traditional birth attendants for delivery because they are cheap, and near to their homes.

Health-related factors contributing to attending traditional birth attendants among pregnant mothers aged 18-45 years

The findings from the study showed most of the respondents (75%) used maternity services at the health facility because of previous use of hospital services. This disagrees with the study conducted by Toddy et al (2019), which showed nurses being harsh and abusive discouraging hospital delivery.

The findings from the study showed most of the respondents (91%) reported the availability of health workers at health facilities because women who lived near health facilities were more likely to receive health services. This is in agreement with a study conducted by Mohammed Suleiman Yusuf (2018), which showed distance decreased delivery from traditional birth attendants due to easy accessibility to health workers.

The findings from the study showed that most of the respondents (80%) attended government hos-

pitals due to their level of employment. This is in agreement with a study conducted by Uganda demographic and health survey (2016), which showed 4 in 5 married women were employed and made independent decisions on the place of delivery.

The findings from the study showed that most of the respondents (60%) lived 1-2 kilometers from the health facility due to the population increase. This is in agreement with the study conducted by Nantume Judith (2016), which showed most of the respondents (56.1%) were living 1-2 kilometers away from the health facility.

The findings from the study showed that most of the respondents (38%) take 1 to 2 hours to receive maternity services because unsupportive facility personnel increases the hours of receiving services.

5 Conclusion

Community-related factors contributing to attending traditional birth attendants among pregnant mothers aged 18-45 years included increased community encouragement to delivery at the hospital (55.8%), most mothers were not accompanied by the husband during delivery (67.3%), most private hospitals were lessthan1kilometers from their homes, most government hospitals were 1-2kilometers, the husband decided place of delivery (48.1%), most had cultural beliefs (76.9%), religious beliefs (71.2%). This concludes that traditional birth attendants respect mothers' cultural beliefs, husbands trust them in conducting delivery and they're within communities.

Individual related factors contributing to attending traditional birth attendants among women aged 18-45 years included the use of skilled birth attendants (67.3%), my partners do not allow (48.1%), antenatal care was visited by (57.7%), antenatal care was visited in the third trimester (55.8%), lack of privacy in hospitals (61.5%), not aware of child delivery from hospital settings (65.4%), delivery from traditional birth attendants (34.6%), open labor wards (51.9%). This concludes that mothers still believe in traditional birth attendants due to the privacy their offer, having closed rooms, and experience.

Health-related factors contributing to attending traditional birth attendants among pregnant mothers aged 18-45 years included the use of maternity services at health facility (75%), availability of health workers at health facility (90.4%), availability of clinic days at the facility (51.9%), facilities are governmental (80.8%), most distance is 3-5 kilometers (36.5%), it takes 1-2hrs for most respondents (34.6%). This concludes that despite the availability of modern maternity services, mothers still use traditional birth attendants due to the cheap services they offer, good care, and their friendliness

Recommendation

Traditional birth attendants should be trained with modern medical knowledge to safely handle deliveries within communities.

Mothers who attend antenatal visits should be greatly health educated about the need to deliver from health centers and also to encourage delivery from health centers.

Time taken to receive health services should be addressed by increasing human resources for health and equipment used at the facilities.

Acknowledgment

Especially, I would like to give thanks and honor to the almighty GOD for being with me through all the good and tough times I underwent throughout my academic endeavors.

I would like to acknowledge the efforts of my dear beloved parent Mrs. Jane Busigye for the support and encouragement rendered to me throughout this time.

I acknowledge the roles played by the administration and staff of Kampala School of Health Sciences in developing me morally, academically socially, and spiritually.

I extend my sincere gratitude and appreciation to my research supervisor, Ms. Nakasolo Sania for her valuable time, support, guidance, and encouragement during the preparation of the research.

I extend my heartfelt gratitude to the administration and staff of the Mbarara district headquarters for allowing me to carry out research in Bubaare Sub County smoothly.

Study limitation(s) and their possible solutions

It was costly in terms of stationary and typing, language barrier which hindered obtaining right information solved by providing interpreter, inadequate time to collect satisfactory data about the study topic solved by collecting data the whole day until finishing data collection and failure of some respondents to reveal some information regarding

their choice of delivery solved by leaving them out of the study.

List of Abbreviations and Acronyms

AIDS : Acquired Immune Deficiency Syndrome

ANC : Antenatal Care

HIV/AIDS : Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

HPV : Human Papilloma Virus

MCH : Maternal and Child Health.

MMR : Maternal Mortality Rate

MoH : Ministry of Health

PMTCT : Prevention of Mother – To – Child Transmission

PPH : Post-Partum Hemorrhage

SBA : Skilled Birth Attendant

TBAs : Traditional Birth Attendants

UNICEF: United Nations International Children Emergency Fund

WHO : World Health Organization

Operational Definitions

Antenatal Means to identify high-risk pregnancies and educate women so that they might experience a healthier delivery and outcome.

Gravidity This refers to the number of pregnancies irrespective of the outcome.

Maternal health Refers to health of women during pregnancy, childbirth and the postpartum period.

Maternal mortality rate Is the number of maternal deaths during a given time period per 100,000 live births during the same period.

Mortality This is defined as number of death in a certain group of people in a certain period of time.

Morbidity This refers to having a disease or a symptom of a disease or to the amount of disease within a population.

Parity It is defined as the number of times that she has given birth to a fetus with a gestational age of 24 weeks, regardless of whether the child was born alive or was still-born.

Perinatal health Refers to health from 22 completed weeks of gestation until 7 completed days after birth.

Post-partum hemorrhage It is when a women has heavy bleeding after giving birth.

Recent delivered women In this study mean women who had a deliver with in the period of two years during the period of data collection.

Traditional birth attendant Is a person who assists a mother during child birth and who initially acquired her skills by delivering babies herself or by working with other traditional birth attendants.

Skilled attendant Care rendered to a woman during pregnancy and competent health care provider who has at his/her disposal the necessary equipment and supplies and the support of the functioning health system, including transport and referral facilities for emergency obstetric

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Cid:PMC6998826

B Publisher details:

Publisher: Student's Journal of Health Research (SJHR)
(ISSN 2709-9997) Online
Category: Non-Governmental & Non-profit Organization
Email: studentsjournal2020@gmail.com
WhatsApp: +256775434261
Location: Wisdom Centre, P.O.BOX. 148, Uganda, East Africa.