WE ASSUME THEY ARE GONE: TRADITIONAL BIRTH ATTENDANTS AS PERCEIVED DETERRENTS TO UTILIZATION OF DELIVERY SERVICES IN NIGERIA COMMUITIES

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Introduction

Peculiarities are bound to nations/countries where appropriate and available resources may come timely such as the introduction of traditional birth attendants into the health system to identify and refer women with risk of likely birth complications to health centres. This practice was later abolished by the World Health Organization when the desired benefits from training and using these health allied were no longer beneficial to maternal health.

They had series of health training on basic identification of at risk women and management of simple cases. Like in every aspect, outcomes are measured against input and this is no exception with the traditional birth attendants. Do we assume they have been abolished? We may be wrong. They are recognized in communities for their affordable services, timely and culturally acceptable practices despite complications that are often recorded. A study of women assessing services at two urban Primary Health Care [PHC] centre, [Nassarawa Gwong and U/Rimi ] was conducted.

Aims and objectives

Prevalence of home delivery was obtained and reasons for declining hospital delivery despite routine antenatal care visits were assessed as an indirect assessment of the activities of traditional birth attendants.

Methods

Cross sectional study of 215 married women gravid or parous irrespective of the delivery outcome who assessed the PHC from May 7th -18th 2018 were studied. An interview administered questionnaire was used.

Findings

One hundred and sixty seven (77.7%) had formal education to secondary level. Eighty three (38.6%) registered and had uneventful antenatal care but did not assess the health centre for delivery services. Of these that had they delivery attended to by a traditional birth attendant, 31(37.3%), 28 (33.7%) and 24 (28.9%) did not assess institutional delivery due to cultural practices for first delivery, enforced by spouse and in-laws and in order to save cost of hospital charges respectively.

Conclusion

The gains of routine antenatal care climaxed with institutional delivery should be encouraged through vigorous health education series to women. This may likely curtail the increasing act of home deliveries which are often without complications.