

The Use of Traditional Birth Attendants and Faith Based Birth Attendants in Cross River State and the Impact on the Global Maternal Mortality Rate

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On a global scale, maternal mortality rates fell by nearly 44% over the past 25 years, to an estimated 216 maternal deaths per 100,000 live births in 2015. The approximate global lifetime risk of a maternal death fell from 1 in 73 in 1990 to 1 in 180 in 2015 [1].

A closer look at these figures reveals that the rates of progress towards the attainment of better indicators have not been the same across all regions of the world. Whilst the developed nations have made significant progress in the reduction of the maternal mortality rate, the developing regions accounted for approximately 99% of the global maternal deaths in 2015 [2]. Sub-Saharan Africa alone accounted for roughly 66% of all maternal deaths in 2015 with Nigeria representing 19% of this regional figure. In Nigeria, this figure represents the death of approximately 58,000 women. Given that Nigeria only accounts for 2% of the world's population, these figures are extremely alarming [3].

To understand why the maternal mortality rate is so high in Nigeria, we must analyze key indicators associated with maternal health. According to the Nigeria Demographic and Health Survey in 2013, the national average for key maternal health indicators were as follows: health facility deliveries (35.8%), deliveries at home (63.1%), skilled birth attendance (38.1%) and an estimated maternal mortality rate (MMR) of 576 deaths per 100,000 live births [4].

More specifically in Cross River State, health indicators in 2015 did not vary much from the national averages. Key health indicators were as follows: health facility deliveries (40.4%), deliveries at home (59.1%) skilled birth attendance (41.3%) and an estimated maternal mortality rate of 545 maternal deaths per 100,000 live births [5]. This is particularly shocking since 72.6% of women received antenatal care services. These figures prove that women are consistently delivering outside a health facility and with non-skilled attendants. In Cross River State, a significant and widely used alternative to a health facility is a church with assistance and care provided by a traditional birth attendant or faith based birth attendant.

Over the years the inefficiency of the primary health care system has led to the emergence of alternative caregivers who are attempting

to fill the gaps. This phenomenon is most evident in the area of maternal health. Poor quality of health facilities, lack of access to health facilities, lack of trained health professionals and costs associated with pregnancy have all influenced women to seek services elsewhere.

According to the WHO, a traditional birth attendant (TBA) is “a person who assists the mother during childbirth and who initially acquired her skills by delivering babies herself or by working with other TBAs” [6]. A faith based birth attendant (FBBA) provides the same services as a TBA and may have acquired skills in the same manner; however, the main difference is that FBBAs are acknowledged to possess spiritual powers that enhance their capacity to assist mothers during child birth. Furthermore, it is common for FBBAs to deliver in churches because it is believed the environment will enhance their spiritual powers leading to a healthy pregnancy.

Due to the prevalence of religion in Cross River State, it is expected that the rate of births conducted in churches is high. According to a 2010 survey, Muslims make up 48.8% of Nigeria's population while Christians add up to 49.3% [7]. The remaining 1.9% either practice local religions or no religion at all. Cross River State is situated in the South-South geopolitical zone of the country where Christianity prevails. The majority of Cross Riverians are Christian and actively practice their faith. This strong foundation of religion in the State acts as an influencing factor for women to seek the services of FBBAs or desire to give birth in a church opposed to seeking the services of a qualified health professional in a health facility.

Both TBAs and FBBAs are highly respected in Nigerian communities even though they have not received or undergone any formal training. The lack of training presents a serious risk to pregnant women and their newborn child. TBAs and FBBAs are unable to recognize and respond appropriately to complications during and after pregnancy or respond to high-risk pregnancies, since they perform services and care without any supervision. The following are high-risk interventions that a TBA or FBBA routinely provides, but are unqualified to manage.

1	Managing a woman who is with her first pregnancy (primigravida)
2	Managing a woman who has had up to or more than four deliveries (multigravidas)
3	Managing a woman with multiple pregnancies (i.e. Twins, triplets)
4	Managing a woman who has a previous history of bleeding during pregnancy (whether ante-partum, intra-partum, or post-partum)
5	Managing a woman with high blood pressure or fits during a previous or current pregnancy
6	Managing a HIV positive client during pregnancy or in labour
7	Managing a woman who has a previous caesarian section or any abdominal scar
8	Managing a woman who is pregnant after a history of repeated abortion or still births
9	Managing a woman with abnormal presentation (i.e. Breech or transverse lie)
10	Managing a woman in labour with bare hands
11	Administering herbs to a pregnant woman during antenatal care or labour
12	Administering IV drugs, fluids, or blood transfusion at the practice site
13	Depriving a woman of her right to take decision on where to deliver
14	Coercing a woman to deliver in a TBA/FBBA site by threatening her with false prophecies of negative outcomes of pregnancy or other means
15	Sharing client's information with others in the community
16	Falsification of data

*** Table 1:** Limitations for TBAs and FBBAs as outlined in the Guidelines for the Coordination, Monitoring, and Supportive Supervision of Traditional Birth and Faith Based Birth Attendants in Cross River State.

According to the WHO, “(a)chieving the SDG target of a global MMR below 70 will require reducing global MMR by an average of 7.5% each year between 2016 and 2030. This will require more than three times the 2.3% annual rate of reduction observed globally between 1990 and 2015” [8]. In order to achieve this goal, greater efforts will need to be made towards combating maternal deaths in Sub-Saharan Africa. However, a large contributing factor to the high rates of maternal deaths in Nigeria and many other African countries are the utilization of TBAs and FBBAs. These services, performed in unsafe and unclean environments, threaten the lives and well being of women. These common practices have and will continue to significantly contribute to the high maternal mortality and neonatal mortality rates in Nigeria. In order to reduce the risks of mortalities and morbidities, it is imperative that measures are put in place to streamline the operations and standardize the practice and the conduct of TBAs and FBBAs.

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