

## **Traditional Birth Attendants' Contribution to Maternal Health and Malaria Prevention in Ilorin Metropolis, Nigeria**

### **Abstract**

*The study investigates the role of Traditional Birth Attendants (TBAs) in preventing malaria among pregnant women in Ilorin Metropolis, Nigeria, where TBAs are deeply rooted in local customs and handle a significant number of deliveries. Despite this, Nigeria faces high rates of maternal and infant mortality, highlighting gaps in the healthcare system, particularly in rural areas. Using a cross-sectional survey, 234 pregnant women who had utilized TBA services were studied, employing both structured questionnaires and oral interviews. Results show that most pregnant women (62%) reported TBAs referring women with complications to hospitals, indicating collaboration with modern healthcare. However, concerns exist about healthcare workers' attitudes and the strained relationship between TBAs and healthcare facilities. Further exploration is needed to address these issues and redefine the roles of TBAs, emphasizing the importance of adequate supervision for their integration into the formal health system.*

**Keywords:** Malaria, Maternal Health, Maternal Mortality, Traditional Birth Attendants.

### **INTRODUCTION**

According to estimates, there were 263 million cases of malaria worldwide in 2023, with an incidence of 60.4 cases per 1000 at-risk people. According to the World Malaria Report (2024), the incidence has increased from 58.6 cases per 1000 people at risk in 2022 to 11 million cases over the previous year. Particularly in regions with high rates of transmission, including sub-Saharan Africa, Papua New Guinea, and the South Pacific islands, malaria presents a serious risk to tourists (Kogan & Kogan, 2020). Although malaria is a preventable and curable disease, an estimated 219 million episodes of sickness and 660,000 fatalities occur from it annually. Without treatment, malaria can be fatal, and symptoms usually show up seven days or more later (Al-Worafi, 2024). There is evidence linking malaria to several pregnancy issues, such as low birth weight newborns, early labor onset, moderate to severe anemia, and an increased chance of stillbirths. In holo-endemic regions, malaria is recognized as the primary cause of the high incidence of anemia in pregnant women, which in turn significantly contributes to the high rates of maternal and perinatal mortality in these regions

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(Bauserman et al., 2019; Moore et al., 2017; Saito et al., 2020; Saito et al., 2020). The World Health Organization has recognized that preventing malaria is a crucial public health intervention for enhancing maternal and perinatal health in underdeveloped nations, given the impact of malaria during pregnancy (Al-Worafi, 2024; Garrett, 2017).

Malaria during pregnancy can result in complications like maternal anemia, low birth weight, and an increased risk of stillbirth (McClure et al., 2022; Saito et al., 2020); improving maternal health through antenatal care and safe delivery practices is crucial for reducing maternal mortality (Bauserman et al., 2019). This makes malaria and maternal health particularly important for safe motherhood in developing countries. Malaria infection during pregnancy poses grave dangers to the mother, her fetus, and the newborn, making it a significant public health concern. Of all the malaria parasites that are now known to exist, *Plasmodium falciparum* is the most prevalent one that causes illness and clinical symptoms in expectant mothers (Bauserman et al., 2019; Sato, 2021). Compared to non-pregnant women, pregnant women experience more severe clinical consequences due to a considerable decrease in both humoral and cell-mediated immunity to malaria (Shulman & Dorman, 2017).

In Sub-Saharan Africa, malaria morbidity and mortality from *Plasmodium falciparum* infection are highest in pregnant women, newborns, and children under five. This remains a major concern for these vulnerable groups. In Nigeria, pregnancy is greatly impacted by malaria, which can result in serious side effects like hypoglycemia, early labor, and low birth weights (Bakken & Iversen, 2021; Emmanuel et al., 2024). High fertility rates and increased risks of maternal and infant mortality, which are often linked to inadequate healthcare and nutrition, are largely driven by cultural norms in African societies and developing nations that emphasize motherhood and frequently limit women's autonomy over their reproductive health (Marabele et al., 2020; Olonade et al., 2019). With one in eight women dying during childbirth, the everyday problem of maternal and newborn mortality is in sharp contrast to the significantly reduced risk in affluent countries such as the United States, where the rate is one in 4,800 (Adams et al., 2023; Pourette et al., 2018). This high death rate highlights a serious weakness in the primary healthcare system, especially in rural areas with limited access to healthcare (Endalamaw et al., 2023; Haque et al., 2020; Kumar et al., 2020).

In underdeveloped nations like Nigeria, the presence of traditional birth attendants (TBAs) has proved crucial to the efficient treatment of maternal health issues, including malaria. Their knowledge and practices concerning malaria prevention and management throughout pregnancy are essential for enhancing mother and child health outcomes. TBAs have been proven to play a critical role in maternal healthcare, especially in areas with limited access to official healthcare (Ntoimo et al., 2022; Ohaja & Murphy-Lawless, 2017). The introduction of the Safe Motherhood Initiative in 1987, the ensuing change in policy, and sectoral contextual assessments intensified the arguments for and against TBAs in maternal health care globally (Fantaye, 2020).

Given the significance of TBAs in healthcare services, especially in poor and remote regions, scholars have not given up on recognizing their contributions (Allou, 2018; Miller & Smith, 2017; Orya et al., 2017). Therefore, by aligning with the 2030 Agenda for Sustainable

Development Goals, namely the third objective (SDG 3), the current endeavor is enhancing this. This study is appropriate since SDG 3 calls for universal health coverage and fair access to healthcare services for all men and women. It also suggests ending epidemics and the avoidable deaths of newborns, infants, and children under five. The function of Traditional Birth Attendants (TBAs) in enhancing maternal health in the face of the malaria epidemic is being investigated in light of this with specific attention to the Ilorin metropolis, Nigeria.

### **Research Objectives**

- a) To investigate the roles played by traditional birth attendants in preventing and treating malaria among pregnant in the Ilorin metropolis.
- b) To assess the working relationship between traditional birth attendants and the formal health system by exploring the referral linkage between traditional birth attendants and the formal health system.

## **LITERATURE REVIEW**

### **Traditional Birth Attendants and Challenges of Malaria during Pregnancy**

Traditional birth attendants handle the bulk of births in Nigeria and other developing nations; 60–80% of deliveries occur outside contemporary medical institutions, frequently with the assistance of TBAs (Haruna et al., 2019; Olaore et al., 2020). According to Ntoimo et al. (2022), Garces et al. (2019), and Miller & Smith (2017), TBAs are now providing advice during adolescence, pregnancy, labor, and postpartum care in addition to birthing. In the UK, TBAs have been there since the 1800s, and UNICEF has supported their work since 1952 by giving them delivery kits. The WHO's 1978 Alma Ata Declaration, which promoted their training as a component of primary healthcare services, further acknowledged their importance (Efevbera & Bhabha, 2020; Sarelin, 2018). TBAs are involved in almost 85% of deliveries in underdeveloped nations, demonstrating their vital importance in mother and child health, even if their role has evolved from that of primary healthcare professionals to that of a bridge to expert birth attendance.

Global healthcare strategies by the late 20th century focused on prenatal care, maternal education, and the need for skilled birth attendance. They also acknowledged the ongoing need for emergency obstetric care because of the lack of adequate healthcare infrastructure in developing countries (Pehl & Howell, 2021). In Nigeria, where there is a shortage of medical workers, TBAs are viewed as an untapped resource that, with the proper training, may significantly improve healthcare delivery, particularly in rural regions (Sulis et al., 2023). TBAs provide a role that goes beyond simply helping women give birth; they represent a comprehensive strategy based on traditional medical methods that have long been a mainstay of healthcare in many cultures (Gurara et al., 2020; Miller & Smith, 2017). Up to 80% of people in Africa rely on these services, which are essential to developing nations' healthcare systems due to their accessibility and affordability (Azevedo & Azevedo, 2017; Oleribe et al., 2019).

Women naturally become resistant to malaria as their pregnancies go on, and subsequent pregnancies strengthen this resistance as a result of the development of antibodies against placental malaria. These antibodies preferentially target malaria parasite-infected

erythrocytes that stick to the placenta. Although these antibodies are initially absent in first-time pregnant women, many start to exhibit immune responses during the second trimester, identifying parasitized cells that attach to the placenta's chondroitin sulfate A (Cutts et al., 2020; Gueneuc et al., 2017; Unger et al., 2023). Around week ten of pregnancy, when chondroitin sulfate A is present and facilitates the parasite's adherence, the placenta becomes vulnerable to malaria infection. The greatest risk of malaria infection in the placenta occurs between 13 and 20 weeks of pregnancy, indicating that this vulnerability persists (Lawford et al., 2019; Zakama et al., 2020).

The presence of particular immune cells and the malaria pigment hemoglobin can be used to identify placental infections, which are then categorized according to these results. From no infection to acute, chronic, or previous stages of infection, the intensity of the illness varies (Bihoun et al., 2022; Cutts et al., 2020; Zakama et al., 2020). First-time (primigravida) and seasoned (multigravida) pregnant women build antibodies against malaria differently. Although all pregnant women can produce these protective antibodies, women who are reexposed to the parasite during a subsequent pregnancy can do so more quickly, which may improve the prognosis of the pregnancy. Neither males nor children often exhibit this immunity, which is unique to pregnancy (Aguado-Martínez et al., 2017; Persson et al., 2019; Walker & Rogerson, 2023).

## **THEORETICAL FRAMEWORK**

### **Gender and Development (GAD) Theory**

The Gender and Development (GAD) approach, emerging in the 1980s, advocated for women's empowerment by transforming unequal gender relations (Amin & Girard, 2024). GAD stresses the importance of analyzing gender roles and divisions of labor to address inequalities (Balgansuren & Arunotai, 2025; Jaehn et al., 2020; Vásquez-Vera, 2022). Central to GAD is the understanding that societal structures disadvantage women, recognizing women's diverse societal roles and the importance of addressing practical and strategic gender needs. Practical needs refer to immediate necessities, whereas strategic needs aim to tackle the root causes of inequality (Jaquette, 2017). By utilizing gender analysis frameworks, GAD aims for gender-sensitive policy planning and a deeper level of women's empowerment, addressing their immediate conditions and systemic barriers to equality (Chopra & Ugalde, 2018; Obbo, 2017). This comprehensive approach acknowledges the intricate relationship between societal structures, economic systems, and cultural norms, enabling the development of interventions that not only fulfill women's immediate needs but also challenge and change the systemic causes of gender inequality (Gerba et al., 2024; Guthridge et al., 2022).

## **RESEARCH METHODOLOGY**

This study employed a cross-sectional survey design. The study was conducted in selected Traditional Birth Attendants outfits in the Ilorin metropolis, Nigeria. Eighteen (18) outfits that engage in Traditional Birth activities were identified within the metropolis. These outfits were composed of 8 that were faith-based and 10 that were secular. Two hundred ten respondents were sampled from these outfits, while 24 were sampled through the convenience sampling technique. This is composed of the pregnant women who have utilized

the services of these outfits in the past and those who are presently making the service therein for maternal care. This method ensured that participants with relevant experiences and insights regarding TBA services and malaria prevention were included in the study. Data was collected through structured questionnaires and oral interviews to complement each other. The questionnaire was designed to gather quantitative data from 234 respondents, while oral interviews with 10 participants provided qualitative insights into participants' experiences and perspectives. The support of these respondents was obtained through the outfit operators. Purposive sampling was utilized to select the participants in qualitative sampling who were engaged in in-depth interviews (IDI) and key informant interviews (KII) sessions. Five (5) operators of TBA outfits were involved in IDI. At the same time, five officials of the Ministry of Health participated in KII—the pregnant women and mothers who have utilized TBA services for maternal care in the Ilorin Metropolis. Quantitative data collected through the questionnaires were analyzed using descriptive statistics, including frequencies and percentages, to summarize and interpret participants' responses. Informed consent was obtained from all participants, and measures were taken to ensure the confidentiality and anonymity of their responses. Participants were also informed of their right to withdraw from the study at any time without penalty.

## RESULTS & DISCUSSIONS

The socio-demographic data in this study shows the respondents' age category. According to the data, 23% are less than 25 years old. Those between 25-30 years of age are 58%, followed by those above 30 years (19%). Religious affiliation of the respondents reveals that 48% of them are Muslims. The Christians and those who refused to indicate their religious affiliation are 37% and 15%, respectively. The educational qualifications of the respondents revealed that 52% are secondary school certificate holders, 28% have National Diploma/Nigeria Certificate in Education certificates, and the rest (20%) have Higher National Diploma and University Degrees. Substantial proportions of these respondents are from secular, traditional birth attendant outfits, followed by those from faith-based outfits. These respondents included the petty traders (47%), students (29%) and artisans (24%).

**Table 1: Monthly Income in the Last 6 Months**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
below N5000	39	16.7
N5,000-N10,000	63	27.0
N11,000- N20,000	60	25.6
N21,000- N30,000	38	16.2
N31,000- N40,000	34	14.5
Total	234	100.0

*Source: Field Survey, 2023.*

Table 1 reveals the monthly income of the respondents. The majority of the respondents earned between N5000-N10,000 (27%), followed by respondents who earned between N11,000 – N20,000 (25.6%), 16.2% earned between N21,000-N30,000 monthly, 14.5% earned between N31,000-N40,000 while 14.5% earned below N5,000 monthly. On the regularity in the Usage of the services of Traditional Birth Attendants, the data revealed that the participants frequently utilize traditional birth attendants (TBAs) (49%), others noted that the services are often used

(28%), 9% use their services sporadically, and 14% do not use TBAs at all. This indicates a significant reliance on TBAs among pregnant women. Simpson (2004) supports this observation, noting that despite awareness of maternal and child mortality, the use of TBA facilities remains prevalent. The explanation is straightforward: the lack of public healthcare facilities offering essential services like immunization, health education, nutritional promotion, and management of common illnesses such as malaria, diarrhea, and respiratory infections forces rural residents to rely on the available healthcare options, such as TBAs.

**Table 2:**

*Do you believe that traditional birth attendants' services are expensive?*

<b>RESPONSES</b>	<b>FREQUENCY</b>	<b>PERCENTAGES (%)</b>
Yes	97	41
No	126	54
Sometimes	11	5
<b>TOTAL</b>	<b>234</b>	<b>100</b>

*Source: Field Work, 2023*

Table 2 reveals that 41% of participants find the services of traditional birth attendants (TBAs) expensive, while 54% disagree, and 5% consider these services to be occasionally expensive. Despite the perception of high costs among some pregnant women, likely influenced by their socio-economic background, TBAs remain a popular choice over modern health facilities. This preference suggests that, for many, the cost does not outweigh the benefits. Raheem (2011) elaborates on this by noting that TBAs' fees, while posing a challenge to reducing maternal and child mortality rates, do not deter their use. Instead, the trust and confidence placed in TBAs, coupled with their community presence and lower fees compared to health centers, sustain their relevance in child delivery services.

**Table 3:**

*Attitudinal Disposition of Traditional Birth Attendants and their Services*

Strongly Agree (SA), Agree (A), Undecided (UD), Strongly Disagree (SD) and Disagree (D)]

<b>Responses</b>	<b>Mean</b>
TBAs are more accessible and affordable than a health facility	3.12
TBA's services often involved reference to conventional health facilities in time of pregnant women with complications	2.88
TBAs services are important for positive pregnancy outcomes hence my strong belief in encouraging its usage	3.64
The staff members in TBAs are usually accessible and easily understand the needs of pregnant women than those in conventional health facilities	4.02
My experience of malaria treatment outcomes during and after pregnancy by the TBAs is very positive hence my reliance on them and continuous recommendation of their services to other pregnant women	3.76
The approach of TBAs operators towards guiding pregnant women on malaria prevention and treatment is very encouraging and effective	4.42

*Source: Field Survey, 2023.*

Table 3 illustrates the attitudinal disposition of traditional birth attendants and their services. According to the data, the TBAs are more accessible and affordable than a health facility. Such proximity likely contributes to their popularity among expectant mothers. Studies on health-seeking behavior, such as those by Develay et al. (1996) and Becker et al. (1993), underscore the significance of service availability and accessibility. Access to healthcare services has been consistently identified as a crucial factor influencing the utilization of health services, particularly in developing countries. It equally affirmed that TBA's services did not often involve reference to conventional health facilities in the time of pregnant women with complications.

The data presented in the table further revealed that TBA services are important for positive pregnancy outcomes, hence my strong belief in encouraging its usage. The staff members in TBAs were affirmed to be usually accessible and easily understand the needs of pregnant women compared to those in conventional health facilities. The respondents' experience of malaria treatment outcomes during and after pregnancy by the TBAs was not as very positive, hence my reliance on them and continuous recommendation of their services to other pregnant women. The TBA operators' approaches to guiding pregnant women on malaria prevention and treatment were affirmed as encouraging and practical. The qualitative data collected further complemented the foregoing. According to a participant in the in-depth interview:

"Since I took over this job from my mother, I have never had to refer any complications to orthodox hospitals. Some years ago, when I just started, there was a complication with a pregnant woman in which the pregnancy was tied in her womb. I only consulted a senior TBA in the community to intervene, and it was sorted out; the woman delivered safely, and the child was okay. Even in cases where the orthodox hospitals are brought to us here, and with the power bestowed on us, we will deliver it" (IDI/Female Participant/TBA Operator 1/July/2023).

Another TBA interviewed believed that God has given her control over any complication since she began practising as a TBA. She indicated that there is a solution to every problem under the sun.

"God has given us power over every situation. If a woman has excess bleeding, there is a leave that takes care of that, or if the baby does not want to come out normally, there is also a leave that I will squeeze and sprinkle the juice on the woman's back, and immediately, the baby will respond positively. All these are unacceptable in the hospital, making them embark on surgery when they experience such a situation" (IDI/Female Participant/TBA Operator 2/July/2023).

However, there remains insufficient evidence to assert that trained Traditional Birth Attendants (TBAs) alone can effectively reduce maternal mortality rates unless they are integrated with healthcare services and empowered to facilitate referrals to well-equipped hospitals offering vital obstetric care (Owoseni & Owumi, 2012).

In another instance, it was further revealed that the perceived efficacy of the services being rendered by the TBA operators has instilled trust in the minds of their clients. According to a participant,

"We ensure that all our efforts and expertise are deployed into our services for positive outcomes. Our zero tolerance for laziness and commitment, therefore, serve as a means of enhancing the trust of our clients and as sustenance of operation of TBA" (IDI/Female Participant/TBA Operator 3/July/2023).

Another participant shed light on the revelation from their clients where the exposition was made about the negative impression created in the minds of the clients by the staff members in the orthodox healthcare center. According to the participants,

"Most of our clients informed us about their lukewarm attitude to the patronage of healthcare facilities, which, according to them, was facilitated by poor service outcomes and insulting languages that often emanate from the orthodox healthcare facilities. This negative practice did not apply to TBAs, and the success story about the outfits informed their preference and continuous patronage of TBAs" (IDI/Female Participant/TBA Operator 2/July/2023).

The position of the Key Informants in this discourse further showcased the subject matter of this study. According to a participant, realizing the importance of cultural norms and their impacts on people's everyday activities in developing societies informed the introduction of traditional birth attendants as a healthcare option for pregnant women. This position has been certified as justified by ceaseless positive information from these outfits. According to one of the participants,

"The practices are being sustained because the operators are people of the same cultural background. Most often, they are of the same faith, while in some instances, the clients are not alien to the practices obtainable from these outfits. Aside from this, the operators have ample knowledge of ongoing events within the communities and how these affect their clients' health and pregnancy situation. Therefore, it enhances the preference for TBAs and their sustenance" (Female KII/Participant/Primary Health Department/Ministry of Health, Kwara State).

Complementing the above, it was stated further that

"The clients' economic status is often low. However, the affordable services of the TBAs influenced the nature of the people patronizing the outfits and their sustenance. Other factors included limited educational status. People with high levels of education are not always enthusiasts of TBAs except where the prevailing circumstance made the choice inevitable. The regular coordination of TBA outfit activities by the Ministry of Health officials serves as quality control. Such

coordination that equally involves training and retraining of the officials of the TBA outfits makes the cases of referral to orthodox health facilities almost irregular” (Female KII/Participant/Public Health Department/Ministry of Health, Kwara State).

The analysis showed a substantial dependence on traditional birth attendants (TBAs) among pregnant women in the study area. Nearly half (49%) of the respondents reported frequent use of TBAs, while an additional 28 percent indicated that they often relied on their services. Although a smaller proportion (9%) used TBAs only sporadically, it is noteworthy that only 14 percent of the participants reported not utilizing their services at all. These figures underscore the pivotal role that TBAs continue to play in maternal healthcare, particularly in rural or underserved regions. This finding agrees with Ntoimo et al. (2022), who observed that the use of TBA services remains widespread even in contexts with growing awareness of maternal and child health risks. The persistence of this trend can be largely attributed to systemic deficiencies in public healthcare infrastructure. In many rural settings, the absence of accessible and adequately equipped health facilities significantly limits women's options for antenatal and delivery care (Gamberini et al., 2022). Critical services such as immunization, health education, nutritional counseling, and treatment of prevalent illnesses like malaria, diarrhea, and respiratory infections are often unavailable or out of reach for many (DeFraités et al., 2020; Olu et al., 2021).

Consequently, TBAs emerge as the most accessible and trusted source of maternal support, not necessarily by choice but by necessity. Their availability, cultural familiarity, and proximity to communities make them a default option for many pregnant women, especially in areas where formal healthcare services are either geographically distant, economically inaccessible, or perceived as culturally insensitive. Thus, the findings highlighted by Kea et al. (2018) and Liverani et al. (2024) show the continued relevance of TBAs and the urgent need to strengthen public health infrastructure and integrate community-based care providers into the broader healthcare system. Also, based on the findings, 41 percent of participants perceive TBA services as expensive, while a slightly larger proportion (54%) disagree with this view. Additionally, 5 percent of respondents consider the cost to be occasionally expensive. These results suggest a divided perception of the affordability of TBAs, yet they also highlight that the perceived expense does not significantly deter their use.

This dichotomy between cost perception and continued patronage reflects a complex interplay of socioeconomic factors and cultural attitudes (Ajetunmobi & Laobangdisa, 2024). The belief among some respondents that TBA services are costly may stem from their limited financial means, making even modest fees seem burdensome. However, despite this perception, TBAs continue to be widely used, suggesting that other factors outweigh concerns about cost. This finding aligns with the assertion by Chukwuma et al. (2019) and Vellakkal et al. (2017), who note that while the fees charged by TBAs can present barriers to maternal and child health improvements, they do not act as strong deterrents to utilization. Rather, TBAs retain popularity due to deep-rooted community trust, cultural familiarity, and consistent availability within local settings. Moreover, the preference for TBAs over formal health institutions, even in cases where costs are not seen as high, indicates that pregnant women may be prioritizing aspects such as personalized care, cultural sensitivity, and

convenience over strict economic considerations (Nasir et al., 2020; Shimpuku et al., 2021). Unlike public health centers, which may be perceived as bureaucratic, understaffed, or distant, TBAs often provide more flexible, emotionally supportive services tailored to the local context. In some cases, their willingness to accept payment in kind or to offer services on credit further increases their accessibility.

The findings also suggest that perceptions of affordability are relative and heavily influenced by comparisons with modern health facilities (Ortiz et al., 2022). While some women may find TBA services expensive in absolute terms, they are often still considered cheaper and more accessible than hospital-based care, which may involve additional costs such as transportation, registration fees, medications, or unofficial payments. This comparative affordability and the perception of better interpersonal relationships with TBAs reinforce their continued relevance in maternal health service delivery. Despite perceptions of expense, the sustained utilization of TBAs underscores the importance of addressing financial barriers and cultural and systemic factors in efforts to improve maternal healthcare outcomes. Policymakers and healthcare providers should consider strategies for integrating TBAs into the formal health system, offering training and support to enhance their services while bridging the gap between traditional and modern healthcare approaches (Bhutada et al., 2024).

TBAs are often trusted individuals, known personally to the women they serve, and are perceived as more approachable and responsive than healthcare professionals in formal institutions. This level of accessibility plays a critical role in shaping women's health-seeking behavior, particularly in rural areas where modern healthcare services may be far away, require transportation, or involve long waiting times and bureaucratic procedures. The importance of accessibility in health service utilization is well-documented in the literature. Ravi et al. (2024) and Shi et al. (2025) emphasize that availability and proximity of services are decisive factors influencing individuals' choices in seeking care. In developing countries, where infrastructure and transportation systems are often inadequate, physical distance to health facilities can be a major barrier. Women may have to travel long distances, sometimes on foot or via costly means, to access basic healthcare. TBAs offer a more immediate, less burdensome alternative (Banke-Thomas et al., 2020; Parajuli & Doneys, 2017).

Affordability is another critical factor intertwined with accessibility. TBAs typically charge lower fees than formal health institutions and may offer flexible payment options, such as installment plans or barter arrangements. This economic leniency makes them a practical choice for many families, particularly those living below the poverty line. For these women, the decision to use TBAs is not merely based on preference but on pragmatic considerations related to ease of access and cost. Moreover, the findings by Ntoimo et al. (2022) suggest that healthcare decisions are influenced not only by the quality or modernity of services but also by their convenience and availability. Even when modern facilities exist, if they are not readily accessible—due to location, transportation issues, cost, or perceived poor treatment—pregnant women are likely to choose TBAs that offer more convenient and culturally familiar care.

These insights underscore the need for a more nuanced approach to improving maternal

health outcomes in low-resource settings. Rather than attempting to replace TBAs, health systems could benefit from integrating them into the broader healthcare framework. By providing TBAs with proper training, supervision, and collaboration with formal health workers, their accessibility and community trust can be harnessed to strengthen maternal and child healthcare delivery. The strong community presence of TBAs, combined with their perceived affordability and social connectedness, makes them indispensable to many pregnant women. Recognizing and addressing these factors is crucial for designing effective interventions that bridge the gap between traditional and modern healthcare systems (Sparkes et al., 2019).

The analysis revealed that the overall majority (72%) who believe TBAs do refer complicated cases to formal health facilities reflect positively on the potential role TBAs can play in a more integrated healthcare system. It indicates that many TBAs are aware of their limitations and are willing to seek help from trained medical professionals when necessary. This level of cooperation can be seen as a strength, particularly in communities where TBAs are often the first point of contact for pregnant women due to accessibility, trust, and cultural familiarity. Effective referral practices are essential in reducing maternal and neonatal mortality, especially in cases of obstructed labor, severe bleeding, eclampsia, or fetal distress, conditions that TBAs may not be equipped to manage. The reported willingness of TBAs to refer such cases highlights their potential to serve as a valuable link between community-based maternal care and formal health services. This aligns with public health strategies that advocate for the training and supervision of TBAs to improve maternal outcomes, particularly in rural or underserved regions (Kea et al., 2018).

However, 28 percent of respondents doubted the consistency of TBA referrals (disagreeing or strongly disagreeing), which is a cause for concern. It may reflect either a lack of standardized referral protocols, inadequate knowledge or training among some TBAs, or reluctance due to fear of losing clients or income. In some instances, TBAs may delay referrals in the hope that complications can be managed with traditional methods, which can increase the risk of adverse outcomes for both mother and child. This mixed perception suggests that while there is a growing awareness and practice of referrals among TBAs, gaps must be addressed through policy and capacity-building efforts. Formalizing the role of TBAs in the healthcare system through training programs, referral networks, and incentive structures could significantly enhance their effectiveness and reduce preventable complications. Collaboration between TBAs and skilled healthcare providers, supported by community health education, can help foster a seamless transition of care when complications arise (Olivas et al., 2023).

Furthermore, the perception of TBAs' referral practices also reflects communities' trust in their judgment and commitment to maternal health. Where TBAs are known to refer timely and appropriately, confidence in their services increases. Conversely, where such behavior is inconsistent, it can undermine both maternal health outcomes and efforts to improve community-level healthcare (Mosley et al., 2020). The findings from Table 4 reveal a cautiously optimistic picture: a significant proportion of TBAs are perceived to refer complicated cases to orthodox hospitals, indicating a potential for collaboration and integration with formal healthcare services. However, doubt among some respondents

highlights the urgent need for standardized training, improved monitoring, and strengthened referral systems to ensure that all TBAs act promptly and appropriately when complications occur. Leveraging this community-based asset through better support and oversight could substantially improve maternal and neonatal health outcomes, particularly in low-resource settings (Erzse et al., 2024; McNab et al., 2022).

## **CONCLUSION**

The attitudes of healthcare workers and the strained relationship between Traditional Birth Attendants (TBAs) and health facilities raise significant concerns. There is a need for further investigation to identify ways to overcome these barriers and redefine the roles of TBAs, aiming to integrate them as vital links between communities and formal health systems. Additionally, ensuring appropriate supervision of TBAs is essential. Moreover, the urgent need for additional health facilities, particularly in remote areas, cannot be overstated. Alongside infrastructure, there is a pressing demand for well-trained healthcare personnel, especially considering the impact of HIV on the healthcare workforce. Recruiting and training capable healthcare staff is crucial to meet the increasing demand for pregnancy-related services and deliveries, requiring a shift away from reliance on TBAs. However, establishing these resources presents a significant challenge that must be addressed. In the interim, addressing the human resources and facilities crisis necessitates collaborative efforts within communities, including providing transportation assistance, implementing birth planning initiatives, involving TBAs in healthcare planning, engaging men, and promoting awareness of national policies. It is also vital to support practicing TBAs to ensure they deliver safe and attentive care to women in their communities. Looking ahead, the role of TBAs should evolve towards that of community educators, focusing on reproductive health issues. Encouraging future generations of TBAs, particularly their daughters and granddaughters, to pursue higher education in nursing can merge local expertise with modern healthcare practices. As a leader in achieving the Millennium Development Goals (MDGs), the government should prioritize TBA training and integration as a strategic intervention to reduce maternal mortality rates within target deadlines.

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