Roles and Challenges of Traditional Birth Attendants in Maternal Healthcare Delivery in Awka South Local Government Area, Anambra State

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Abstract
The study explored the role and the problems of Traditional Birth Attendant (TBA) in maternal health care in Awka South Local Government of Anambra State, Nigeria. The study utilized mixed methods research that combined quantitative and qualitative methods based on the Health Belief Model to explore factors that impact on health seeking behaviour including perceptions, cultural norms, and perceived control. A sample of 204 respondents were selected using a multistage sampling procedure and key informants were interviewed in-depth. A structured questionnaire and interview guide were used to gather data. The data obtained were analysed descriptively using frequencies and percentages for quantitative data, and thematically for qualitative data. It was found that TBAs have important functions in antenatal care, delivery assistance, postnatal support, health education, emotional counselling and referral of complicated cases. But there are several issues that stop them from doing so: their lack of formal training, they are not well equipped with medical items, they are not well integrated in the health system, they are financially constrained, and they are not well connected to emergency referral services, and cultural expectations and reliance on traditional practices are also constraining the uptake of modern health procedures. Yet, despite these obstacles, many TBAs were willing to be trained and work with experienced health care providers. The study therefore recommended the integration of TBAs in the formal health system through structured training programme, provision of basic medical supplies, improvement of referrals, regular supervision, supportive policy and strengthening of community partnership and public health education due to their expected positive impacts on maternal health outcomes, reduction of preventable childbirth complications and enhancement of maternal health services delivery in Awka South LGA and similar.

Keywords: *Traditional Birth Attendants, Healthcare delivery, Maternal Health*

Introduction

Traditional Birth Attendant (TBA) refers to individuals who aid women in childbirth, skills acquired through experience, apprenticeship and from relatives (Amutah-Onukagha et al., 2017). They have played an important role in maternal and child health services, especially in rural and neglected areas with limited access to formal health care services in the past (Kassie et al., 2022; Garces et al., 2019). In the world, 48 million women (about 35% of births each year) do not receive skilled health care assistance at birth, and Africa has the largest percentage of women who use TBAs (Sibley et al., 2012). With cultural preference and challenges of access to formal health services, from 50% to 77% of women in rural Nigeria deliver their babies at home using TBAs (Amutah-Onukagha et al., 2017). The activities of TBAs are well set in cultural and community norms. In previous times, TBAs emerged as vital birth attendants, and they were involved in the birth process, sometimes in the home and passed their expertise down through the generations (Musie et al., 2022, Adatara et al., 2018). In Anambra State, TBAs provide home delivery, prenatal/postnatal care, minor complications, counseling and herbal remedies (Oraelosi&Ezeah, 2025). Although they are not trained healthcare practitioners, they are trusted due to their accessibility, affordability and culture fit with the local practices. However, there are still important issues of hygiene, safety and management of complex deliveries that need to be considered, which can be achieved through collaboration with the formal health system by training, supervision and engagement of TBAs with skilled healthcare providers (Okeke et al., 2024).

Various factors such as cultural values, availability, education, economic status and previous experience with health providers (Agboyo et al., 2024; Tabong et al., 2021) can influence decision to use TBAs. Some of the advantages of TBAs are that they generally know the local customs, are trusted by the community, and live in close proximity to the target households, especially in areas with limited access to health care facilities (Adongo et al., 2020). Not knowing what to look out for during pregnancy and having bad interactions with institutional health care providers can also lead to dependence on TBAs (Dantas et al., 2020; Kassie et al., 2022). Another factor which sustains the utilization of TBA is the need women have to consult stories of others within their families and communities for their birth decisions (Dwivedi et al., 2024; Sibley et al., 2012).

While TBAs have been extensively used there are many challenges that have to be met. A large number of these are not registered, trained, supported in terms of logistics and/or financially able (Amutah-Onukagha et al., 2017). Poverty of care in the form of unsterile tools, uncontrolled procedure, lack of awareness of obstetric complications etc. are responsible for maternal and neonatal morbidity and mortality. Post-partum sepsis contributes to the morbidity of 20-30% of TBAs and neonatal infections to about 30% of deaths following TBAs in rural Africa (Ashinze et al., 2025). In Nigeria, the maternal mortality rate of women referred by TBAs is extremely high and so in some studies, prolonged obstructed labour and uterine rupture have been responsible for more than 65% of maternal deaths (Umeora & Egwuatu, 2010). Some government interventions that support the improvement of TBA practices include the Safe Motherhood programme in Ondo state that has trained and registered over 5600 TBAs, allowing for referrals to skilled health care providers, and reducing the proportion of maternal deaths caused by TBAs to below 2.7% after three years (Oyeneyin et al., 2021). Likewise, the National Agency for the Control of AIDS (NACA) has partnered with TBAs and has greatly facilitated the HIV counselling and testing of pregnant women (Olakunle et al., 2017). Few documented evidence of formal support and interventions for TBAs in Anambra State exist, however. It is observed that there exist huge gap in the knowledge of TBAs role, practices and challenges in their local settings particularly in Awka South LGA. There are overall studies on TBA utilization, and maternal outcomes, but no

specifically local empirical studies that can inform effective integration into health systems and informed policy making. The current study aims to bridge this gap by exploring the roles and challenges of TBAs in providing maternal health care services in Awka South LGA, Anambra State and provide recommendations to enhance maternal health.

Research Questions

The following research questions have been designed to guide this study:

1. To what extent are traditional birth attendants knowledgeable about maternal health services in Awka South?
2. What are the roles of traditional birth attendants in Awka South LGA?
3. What are the challenges faced by traditional birth attendants in providing maternal health services in Awka South LGA?
4. What are the strategies put in place to improve the skills of traditional birth attendants in the healthcare system in Awka South LGA?

Theoretical Framework

The theoretical basis for this study is the Health Belief Model (HBM) that provides an overview of the influence of perceptions, beliefs and attitudes on health related behaviours, in this study maternal healthcare. It suggests that the likelihood of a person taking a health protective action (e.g. attending antenatal clinic, being referred to hospital etc.) and taking a safe delivery action depends on their perception of health threats, the seriousness of health outcomes, perceived benefits of action and barriers to action. The traditional birth attendants (TBAs) are used by many women who are culturally familiar with them, believe in their services, convenience and cost as well as the traditional myths about pregnancy and childbirth related problems in Awka South LGA. The HBM helps to reveal perception of TBAs and TB clients around risk from maternal complications, importance of formal health care services and factors that make it hard to use formal services (economic, cultural, etc.). In addition, the willingness of TBAs to work with health systems and practice safe behaviors or those who refer clients to systems also relies on beliefs about health outcomes and potential complications. The HBM captures these psychological and socio-cultural aspects and offers a holistic framework to look at the roles, motivations and challenges of TBAs to impact on maternal health outcomes in the community.

Study Hypothesis

The following hypothesis have been formulated to guide this study.

1. Rural dwellers are more likely to patronize the services of traditional birth attendants than urban dwellers in Awka South LGA.

Methodology

This study adopted a mixed method research design to investigate the roles and challenges of Traditional Birth Attendants in maternal health cares in Awka South LGA of Anambra State. The area comprises nine towns with urban and rural settings, projected population of 299,274 in 2025 with adult population of 163,404. The sample size of 204 participants was determined by Taro Yamane's formula and six in-depth interviews were conducted with community leaders, members and Traditional Birth Attendants. The qualitative data was guided by purposive sampling and the quantitative data was collected using multi stage sampling, which involved clustering, random and systematic sampling techniques, and availability sampling techniques. Structured questionnaires

and interview guides were used to collect data. The analysis of data from the questionnaire was done using descriptive statistics and Chi Square (X^2) test, and the qualitative data was thematically analyzed. This method allowed for a comprehensive perspective of the Traditional Birth Attendants knowledge, roles and challenges in the provision and utilization of maternal health care in the area

Results

In this study, 204 questionnaires were administered by the researchers, out of which 200 (98%) of the questionnaires were correctly filled and returned. The analysis is based on the correctly filled and returned questionnaires

Socio-demographic Data of Respondents

This sub-section deals with the socio-demographic data of respondents.

Table 1: Distribution of respondents by their socio-demographic characteristics

Responses	Frequency	Percent
SEX		
Male	69	34.5
Female	131	65.5
Total	**200**	**100**
AGE		
18-25	128	64.0
26-33	48	24.0
34-41	13	6.5
42-49	8	4.0
50-57	3	1.5
Total	**200**	**100**
MARITAL STATUS		
Single	156	78.0
Married	37	18.5
Divorced	2	1.0
Widowed	5	2.5
Total	**200**	**100**
EDUCATIONAL QUALIFICATION		
No formal education	4	2.0
FSLC	14	7.0
SSCE/GCE	43	21.5
OND/NCE	14	7.0
Bachelor's degree/ HND	111	55.5
Postgraduate degree	14	7.0
Total	**200**	**100**
RELIGION		
African Traditional Religion	7	3.5
Christianity	175	87.5
Islam	10	5.0
Atheism	8	4.0
	200	**100**

Total		
OCCUPATION	10	5.0
Unemployed	74	37.0
Student	78	39.0
Self-employed	19	9.5
Civil/Public servant	9	4.5
Farmer	6	3.0
Trader	4	2.0
Other	**200**	**100**
Total		
PLACE OF RESIDENCE	161	80.5
Urban area	39	19.5
Rural area	**200**	**100**
Total		

Field Survey, 2025

The socio-demographic distribution of the respondents reveals that the sample was overwhelmingly female (65.5%) compared to male (34.5%) respondents, which could influence the responses in this study. As far as age is concerned, the majority of respondents were in the 18-25 age group (64.0%), with relatively few in the older age groups (6.5% 34-41 years, 4.0% 42-49 years and 1.5% 50-57 years), indicating the results largely represented younger age groups. The majority of respondents were single (78.0%), and there were relatively few married (18.5%) and divorced (1.0%) individuals, as well as widowed (2.5%) individuals, further highlighting the youthful and unmarried nature of the sample. In terms of education, more respondents had Bachelor's or HND (55.5%), followed by SSCE/GCE (21.5%) and FSLC (7.0%) others had OND/NCE (7.0%) and postgraduate (7.0%) education and the least had no education at all (2.0%), implying that the population is comparatively well educated and therefore more knowledgeable about social issues. Religiously, Christianity was the dominant faith (87.5%) followed by atheism (4.0%), African Traditional Religion (3.5%) and Islam (5.0%), which is typical of the study area. The majority of respondents are self-employed (39.0%) or students (37.0%), the next highest being civil/public servants (9.5%), farmers (4.5%), the unemployed (5.0%) and others (2.0%), indicating that most of the respondents are either economically active or engaged in skill development. As to where people live, the majority lived in urban areas (80.5%) compared to the rural areas (19.5%), meaning that the information and views produced are predominantly urban based.

Analysis of Research Questions

This sub-section dealt with the analysis of data and interpretation of findings with regards to the research questions and specific objectives of the study.

Research Question 1: To what extent are the traditional birth attendants knowledgeable about maternal health services in Awka South LGA? Questionnaire items 8-11 were designed to answer this research question. The findings are presented below:

Table 2: Respondents' views on their sources of knowledge about maternal health practices

Responses	Frequency	Percent
Family lineage/training from parents	81	40.5
Apprenticeship under an experienced TBA	19	9.5
Formal health training program or workshops	57	28.5
Religious or spiritual instruction	6	3.0
Self-acquired knowledge through experience	37	18.5
Total	200	100.0

Field Survey, 2025

The distribution of respondents by their source of knowledge on maternal health practices indicates that family lineage or training from parents is the most common source, accounting for 40.5% of respondents, highlighting the strong role of intergenerational knowledge transfer in maternal health practices. This is followed by formal health training programs or workshops, reported by 28.5% of respondents, suggesting that a considerable proportion have acquired their knowledge through structured and professional channels. Self-acquired knowledge through personal experience also represents a notable share at 18.5%, reflecting reliance on practical exposure and experiential learning. In contrast, fewer respondents reported apprenticeship under an experienced traditional birth attendant (9.5%), while religious or spiritual instruction was the least cited source at 3%. According to an IDI participant:

> Eeeeh… Some of them are knowledgeable about maternal health. Some of them learn from their families, especially from older women who have experience with childbirth. Some of them learn through apprenticeship, by assisting and observing those who have been doing the work for many years. Some of them also get information from the church, where health talks and advice are shared during programmes. So, their knowledge mainly comes from family, apprenticeship, and community teachings (Male, 52 years, Community member, Awka, 2025).

Table 3: Respondents' views on the most commonly available antenatal services in their community

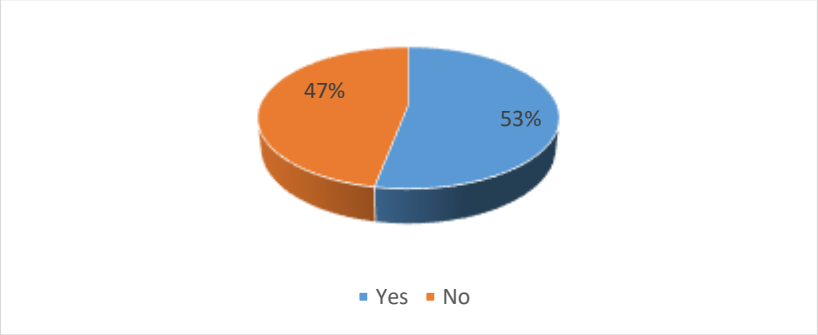
Responses	Frequency	Percent
Advice on nutrition and rest	31	15.5
Herbal medicine for wellness	34	17.0
Spiritual guidance or rituals	18	9.0
Regular medical checkups at hospitals	110	55.0
None of the above	7	3.5
Total	200	100.0

Field Survey, 2025

Table 3 shows that regular medical checkups at hospitals are the most commonly accessible service, reported by 55% of respondents, indicating a strong presence of formal healthcare facilities. Herbal medicine for wellness was cited by 17% of respondents, reflecting the continued use of traditional remedies alongside modern medical care. Advice on nutrition and rest was available to 15.5% of respondents, suggesting some awareness of basic maternal health practices.

Spiritual guidance or rituals were less common, reported by 9% of respondents, while 3.5% indicated that none of these services were available in their community.

> The antenatal services that are mostly available are basic ones. Pregnant women can go for regular check-ups where their blood pressure and weight are checked, and their stomach is examined. They are also given simple health talks on how to eat well, keep clean, and take care of themselves during pregnancy. Sometimes, they receive injections and are advised on when to come back for the next visit. However, most of the services are simple, and serious cases are usually referred elsewhere (Female, 61 years, Community leader, Awka, 2025).



Field Survey, 2025

Fig. 1: Respondents' use of services provided by traditional birth attendants

Fig. 1 indicates that a slight majority of respondents, 53%, reported that they or someone they know make use of TBA services, while 47% indicated otherwise. This suggests that traditional birth practices remain relevant and widely utilized in the community, despite the availability of formal medical services, reflecting a blend of cultural preference and accessibility in maternal healthcare choices.

Table 4: Respondents' views on what usually happens when a woman faces difficulty during delivery in the community

Responses	Frequency	Percent
She is given traditional herbs or remedies	43	21.5
A traditional birth attendant continues the delivery until successful	25	12.5
Prayers or rituals are performed	22	11.0
She is taken to a hospital or health center	107	53.5
Family members handle the delivery themselves	3	1.5
Total	200	100.0

Field Survey, 2025

The data in table 4 indicate that the majority of women (53.5%) are taken to a hospital or health center, highlighting a reliance on formal medical care during emergencies. Traditional approaches also remain significant, with 21.5% receiving traditional herbs or remedies, 12.5% having a traditional birth attendant continue the delivery until successful, and 11% relying on prayers or

rituals. A small proportion (1.5%) reported that family members handle the delivery themselves. Overall, while formal healthcare is the predominant response to complications, traditional practices still play a notable role in maternal care within the community.

Research Question 2: What are the roles of traditional birth attendants in Awka South LGA? Questionnaire items 12-15 were designed to answer this research question. The findings are presented below:

Table 5: Respondents' views on their perception of the roles played by TBAs in the community

Responses	Frequency	Percent
Very important	42	21.0
Important	68	34.0
Neutral	77	38.5
Not important at all	13	6.5
Total	200	100.0

Field Survey, 2025

The data show that their primary function is providing herbal medicine to facilitate delivery, reported by 31.5% of respondents. They also assist health workers during delivery (30%) and conduct deliveries alone in 19.5% of cases, indicating a mix of independent and supportive roles. Additionally, 11.5% provide support to family members during labour, while 7.5% perform spiritual or cultural rituals. An IDI participant noted:

> In my own opinion, I will say that their role is basically to support during labour. Maybe to watch out for the baby, if it is in the right position. They offer delivery assistance. They are also known for providing herbs to pregnant women to ease delivery. That is what I can say about them (Female, 32 years, Community member, Awka, 2025).

Table 6: Respondents' views on the main role of TBAs during pregnancy in the community

Responses	Frequency	Percent
Providing herbal remedies	71	35.5
Offering counseling and encouragement	29	14.5
Guiding cultural or spiritual practices	36	18.0
Monitoring health and checking for complications	52	26.0
Referring pregnant women to hospitals	12	6.0
Total	200	100.0

Field Survey, 2025

The data on the role of traditional birth attendants (TBAs) during pregnancy in the community indicate that their most common function is providing herbal remedies, reported by 35.5% of respondents. Monitoring health and checking for complications was cited by 26%, while guiding cultural or spiritual practices accounted for 18%, and offering counseling and encouragement represented 14.5%. A smaller proportion (6%) referred pregnant women to hospitals. These

findings suggest that TBAs perform a combination of medicinal, supportive, and cultural roles during pregnancy, with a strong emphasis on herbal and traditional practices. According to an IDI participant:

> You mean their roles? Okay. Their role is to give pregnant women advice on things to do and eat and things not to. They also massage pregnant women and administer herbs. They perform various duties. They ensure that both the mother and child are healthy. They also help wash her womb after childbirth. They also give them ointments for the new born baby. They perform a very wide range of duties in maternal health (Female, 64 years, Community member, Awka, 2025).

Table 7: Respondents' views on the primary roles of TBAs during childbirth in the community

Responses	Frequency	Percent
They conduct the delivery alone	39	19.5
They assist health workers during delivery	60	30.0
They give herbal medicine to make delivery easier	63	31.5
They perform spiritual or cultural rituals	15	7.5
They provide support to family members during labour	23	11.5
Total	200	100.0

Field Survey, 2025

The data indicate that their primary function is giving herbal medicine to facilitate delivery, reported by 31.5% of respondents. They also assist health workers during delivery (30%) and conduct deliveries alone in 19.5% of cases, showing that TBAs perform both independent and supportive roles. Additionally, 11.5% provide support to family members during labour, while 7.5% perform spiritual or cultural rituals.

According to an IDI participant:

> The primary role of TBAs during childbirth is to help women deliver their babies safely. They assist the woman during labour, encourage her, and monitor the progress of the delivery. They also help in cutting the umbilical cord and cleaning the baby after birth. TBAs provide emotional support, reassurance, and comfort, especially for women who are afraid or in pain. They also give advice on how to push and when to rest. In cases where labour becomes difficult, some TBAs advise the family to take the woman to a hospital (Female, 32 years, Community member, Awka, 2025).

Table 8: Respondents' views on the services most commonly provided by TBAs after childbirth

Responses	Frequency	Percent
Herbal medicine for mother's recovery	92	46.0
Counseling on breastfeeding and child care	44	22.0
Performing traditional cleansing rituals	31	15.5
Directing mothers to hospitals for immunization	25	12.5
Emotional or social support for the family	8	4.0
Total	200	100.0

Field Survey, 2025

The data on post-childbirth services provided by traditional birth attendants (TBAs) indicate that their most common role is administering herbal medicine to aid the mother's recovery, reported by 46% of respondents. Counseling on breastfeeding and child care was cited by 22%, while performing traditional cleansing rituals accounted for 15.5%. Directing mothers to hospitals for immunization was reported by 12.5%, and providing emotional or social support for the family was the least common service at 4%. These findings suggest that TBAs continue to play a significant role in maternal and child care after delivery, primarily through herbal remedies and supportive guidance.

Research Question 3: What are the challenges faced by traditional birth attendants in providing maternal healthcare services in Awka South LGA? Questionnaire items 16-19 were designed to answer this research question. The findings are presented below:

Table 9: Respondents' views on the biggest challenges faced by TBAs in the community

Responses	Frequency	Percent
Lack of modern medical equipment	99	49.5
Lack of recognition from government or health workers	58	29.0
Low financial rewards from clients	20	10.0
Competition from hospitals and clinics	10	5.0
Transportation problems during emergencies	13	6.5
Total	200	100.0

Field Survey, 2025

The responses regarding the biggest challenges faced by traditional birth attendants (TBAs) in the community indicate that nearly half of the respondents (49.5%) identified the lack of modern medical equipment as their primary challenge. This is followed by lack of recognition from government or health workers, reported by 29% of respondents. Low financial rewards from clients were noted by 10%, while transportation problems during emergencies (6.5%) and competition from hospitals and clinics (5%) were less commonly cited. According to an IDI participant:

> I will go with lack of health facilities like I mentioned before. Health facilities we use for child delivery and all that are usually not available to TBAs. So, monitoring prenatal care is usually harder than post-natal care. Then, in terms of lack of training, they do not have formal education. Moreover, they are not licensed, so, many

people do not go to them. Because people prefer going to licensed professionals. Then in terms of transportation, they do not have provisions for ambulance in emergency situations. So, distance also affects their work (Female, 32 years, Community member, Awka, 2025).

Table 10: Respondents' views on the main limitations faced by TBAs when complications arise during delivery

Responses	Frequency	Percent
Lack of modern medical knowledge	97	48.5
Lack of support from hospitals when referred	47	23.5
Inability to afford medicines and supplies	31	15.5
Interference from family or cultural beliefs	14	7.0
Long distance to health facilities	11	5.5
Total	200	100.0

Field Survey, 2025

The data indicate that the most significant challenge is a lack of modern medical knowledge, reported by 48.5% of respondents. This is followed by lack of support from hospitals when referrals are made, cited by 23.5%, and inability to afford medicines and supplies, reported by 15.5%. Other limitations include interference from family or cultural beliefs (7%) and long distances to health facilities (5.5%).

Table 11: Respondents' views on factors preventing TBAs from accessing updated maternal health information

Responses	Frequency	Percent
Lack of regular training opportunities	62	31.0
Illiteracy or inability to read medical materials	57	28.5
Distance from training centers	14	7.0
Cost of attending training programmes	33	16.5
Lack of awareness about such trainings	34	17.0
Total	200	100.0

Field Survey, 2025

The findings in table 11 reveal that the most prominent constraint is the lack of regular training opportunities, reported by 31% of respondents. Illiteracy or inability to read medical materials closely follows at 28.5%, indicating that limited literacy significantly restricts access to new knowledge. Lack of awareness about available training programmes was by 17%, while the cost of attending such programmes accounted for 16.5%, suggesting that cited financial and informational barriers also play important roles. Distance from training centers was the least reported challenge at 7%.

Table 12: Respondents' views on factors discouraging young people from learning and becoming traditional birth attendants

Responses	Frequency	Percent
Lack of recognition in the health system	46	23.0
Perception that it is old-fashioned	74	37.0
Poor financial benefits	33	16.5
Strong preference for hospital delivery	42	21.0
Lack of apprenticeship opportunities	5	2.5
Total	200	100.0

Field Survey, 2025

The results in table 12 show that the major factor discouraging young people from learning and becoming traditional birth attendants (TBAs) is the perception that the practice is old-fashioned, reported by 37% of respondents. This is followed by lack of recognition within the formal health system at 23% and a strong preference for hospital delivery at 21%, indicating a shift toward modern healthcare practices. Poor financial benefits were cited by 16.5%, while lack of apprenticeship opportunities was least reported at 2.5%.

Research Question 4: What strategies can be put in place to improve the skills of traditional birth attendants in the healthcare system in Awka South LGA? Questionnaire items 20-22 were designed to answer this research question. The findings are presented below:

Table 13: Respondents' views on the types of training that would best improve TBAs' services in the community

Responses	Frequency	Percent
Basic literacy and health education	60	30.0
Modern maternal health workshops	59	29.5
Training on use of medical tools and equipment	45	22.5
Training that combines spiritual/cultural practices with health care	27	13.5
Others	9	4.5
Total	200	100.0

Field Survey, 2025

The data on the type of training that would best improve the services of traditional birth attendants (TBAs) indicate that basic literacy and health education is considered the most important, as reported by 30% of respondents. This is closely followed by modern maternal health workshops at 29.5%, showing strong support for structured and up-to-date medical training. Training on the use of medical tools and equipment was preferred by 22.5% of respondents, highlighting the need to strengthen practical skills. Fewer respondents favored training that combines spiritual or cultural practices with healthcare (13.5%), while 4.5% suggested other forms of training. According to an IDI participant:

> I will say formal training where TBAs undergo some form of formal training. Also, if there can be a kind of joint seminar where both those in the modern settings and TBAs can learn from each other,

> because till today, there are certain herbs that are still useful. So, if there can be collaborations between those in the modern settings and TBAs, it will be helpful (Female, 32 years, Community member, Awka, 2025).

Table 14: Respondents' views on the types of government support that would most improve TBAs' work

Responses	Frequency	Percent
Free training opportunities	43	21.5
Provision of medical kits and supplies	58	29.0
Inclusion in the official health system	49	24.5
Financial incentives or stipends	17	8.5
Regular supervision and collaboration with health staff	33	16.5
Total	200	100.0

Field Survey, 2025

The findings on government support needed to improve the work of traditional birth attendants (TBAs) show that the provision of medical kits and supplies is considered the most impactful form of support, as indicated by 29% of respondents. Inclusion of TBAs in the official health system followed closely at 24.5%, highlighting the importance of recognition and integration. Free training opportunities were identified by 21.5% of respondents, while regular supervision and collaboration with health staff accounted for 16.5%. Financial incentives or stipends were least cited at 8.5%. According to an IDI participant:

> The government could improve TBAs' work by providing regular training and workshops on maternal and newborn health. Supplying basic delivery kits, protective clothing, and first aid materials would help them work more safely. Financial support or small incentives could also motivate them to continue offering services. In addition, government recognition of their role through certification or inclusion in local health programmes would give them more credibility and encourage better collaboration with health centres (Female, 32 years, Community member, Awka, 2025).

Table 15: Respondents' views on community-level actions that would best support TBAs

Responses	Frequency	Percent
Regular health awareness campaigns	60	30.0
Active involvement of community leaders	36	18.0
Formation of community health committees	30	15.0
Partnership with NGOs for maternal health	62	31.0
Peer learning and experience-sharing among TBAs	12	6.0
Total	200	100.0

Field Survey, 2025

The data in table 15 indicate that partnerships with non-governmental organizations for maternal health are seen as the most effective approach, reported by 31% of respondents. Regular health awareness campaigns closely follow at 30%, emphasizing the importance of continuous

community education. Active involvement of community leaders was identified by 18%, while the formation of community health committees accounted for 15%. Peer learning and experience-sharing among TBAs was least reported at 6%.

Test Of Hypothesis

In this section, one hypothesis formulated to guide this study was tested using chi-square inferential statistics and interpreted.

Hypothesis one: H_1: Rural dwellers are more likely to patronize the services of traditional birth attendants than urban dwellers in Awka South LGA.

Table 16: Relationship between place of residence and the likelihood to patronize a traditional birth attendants in Awka South LGA

		Do you or anyone you know make use of the services of traditional birth attendants?		
		Yes	No	Total
Where do you currently reside in Awka South LGA?	Urban area	78	83	161
		85.3	75.7	161.0
	Rural area	28	11	39
		20.7	18.3	39.0
Total		106	94	200
		106.0	94.0	200.0

X^2=6.870, DF=1 P-value=0.009

Field Survey, 2025

The chi-square analysis for hypothesis two shows a chi-square value (X^2) of 6.870 with 1 as the degree of freedom (DF) and a p-value of 0.009. Since the p-value is less than the significance level of 0.05, we reject the null hypothesis and accept the alternative hypothesis. This indicates that there is a significant relationship between place of residence and the likelihood of patronizing the services of traditional birth attendants in Awka South LGA. Specifically, rural dwellers are more likely to use the services of TBAs compared to urban dwellers, suggesting that geographic location influences the choice of maternal healthcare providers in the area.

Discussion of Findings

The study identified that TBAs in Awka South LGA have a considerable knowledge of maternal health services, most of which was acquired via family lineage (40.5%), formal health training programs or workshops (28.5%) and personal experience (18.5%). 9.5% was apprenticeship with experienced TBAs and 3% was religious instruction. The findings of this distribution further emphasize intergenerational knowledge transfer and hands-on experience in developing TBAs' competence, which aligns with the previous findings that experience-based learning plays a significant role in developing TBAs' expertise (Esan et al., 2023; Adatara et al., 2018).

Although TBAs have little education, they show a good understanding of antenatal care, danger signs of pregnancy, and delivery practices, which is an indication of their important role as the custodians of indigenous maternal health knowledge.

The TBAs remain important during pregnancy, delivery and the post-natal period. More than half (55%) feel TBAs are very important or important in maternal healthcare. In pregnancy, TBAs are

giving herbal medicines (35.5%), checking the mother's health (26), directing cultural and spiritual practices (18) and counseling and encouraging the mother (14.5%). During labour, they provide herbal medicine (31.5%), support health workers (30.0%) and perform deliveries without the help of health workers (19.5%). By post-natal phase they provide herbal medicines for recovery of the mother (46%), counseling mothers on breastfeeding and child care (22%) and refer them to hospitals for immunizations (12.5%). The results are consistent with other African settings where TBAs are the first caregivers, emotional supports, and culturally competent service providers (Chi & Urdal, 2018; Amutah-Onukagha et al., 2017). Yet, TBAs are confronted with significant challenges. Almost half (49.5%) said that the main constraint for them was lack of modern medical equipment, and 29% said limited recognition by government or health workers was the main constraint. Formal health facilities (5%), transportation (6.5%) and inadequate financial rewards (10%) were other challenges. Likewise, 48.5% indicated that they were not able to access modern medical knowledge as one of the main constraints in the event of complications, while 23.5% indicated that there was limited support from the hospitals in making referrals. Lack of regular training sessions was cited by 31% as a barrier to access to updated maternal health information, as was illiteracy (28.5%), and 37% said they thought TBAs were outmoded, which deters youth from pursuing careers in health care. These constraints are similar to those observed in other low-resource communities where insufficient equipment, training and formal recognition hinder TBAs' effectiveness (Kassie et al., 2022; Musie et al., 2022). Respondents were very supportive of strategies to enhance the TBA competencies. Priority interventions were highlighted as basic literacy and health education (30%), modern maternal health workshops (29.5%) and training on medical tools and equipment (22.5%). Community-level involvement and engagement, including through NGO partnerships (31%) and health awareness campaigns (30%), was also suggested, as was government support in the provision of medical kits (29%) and the integration of TBAs into the formal health system (24.5%). They are based on evidence that shows that structured training enhances TBAs' detection of obstetric complications, referral practices and maternal outcomes (Sibley et al., 2012; Dwivedi et al., 2024).

The study also revealed that there was no significant relationship between level of education and perception of role of TBAs in Awka South LGA. This is in line with some studies which indicate that cultural beliefs, trust, and access to TBAs are more influential than formal education on perceptions of TBAs. Even in Kenya, Anono et al., (2018) reported that community members, irrespective of their educational status, still attributed the cultural sensitivity, emotional support and availability of TBAs. On the other hand, Shimpuku et al. (2021) reported that even in the context of rural community in Tanzania, where education levels were relatively high, people had positive perceptions of TBAs despite having many social connections and shared cultural norms, as found in the present study that education does not reduce the confidence on TBAs in the rural communities of the study area.

Finally, it has revealed that TBAs are more likely to be patronized by the rural dwellers than urban dwellers in Awka South LGA. This result corroborates many studies which report increased use of TBAs in the rural areas as a result of inadequate access to formal health facilities and trained birth attendants. Several factors were found to influence the choice of TBAs in rural northern Ghana such as distance to hospitals, price of services, and familiarity with traditional practices because these were preferred by women in rural areas (Tabong et al., 2021). Likewise, Taye et al. (2022) found that women in rural areas of Ethiopia were at a much greater risk of using TBAs than rural women, who had greater access to healthcare facilities.

The results obtained from this study are congruent with the Health Belief Model (HBM), which posits that health behaviours occur because of perceived susceptibility, severity, benefits, barriers, cues to action and self-efficacy. The high level of TBAs in Awka South LGA, particularly among the rural population, is linked to the benefits they perceive in having acceptable, culturally friendly and supportive mother care while the absence of modern medical equipment is a major constraint. Even among those who have no formal education, women who have trust in TBAs demonstrate that perceived risk of complications drives women to seek care from trusted providers. Through the dialogues with TBAs, women have greater self-efficacy and are better able to make decisions for safer health during pregnancy, childbirth and postpartum. Interventions like literacy programmes, health education and skills training are cues to action that enhance TBAs' competences and quality of care. The study underscores the need to address reliance on TBAs through the HBM and the possibility of the use of targeted support in the realization of maternal health outcomes in Awka South LGA.

Conclusion

This study aimed at understanding the role and challenges of Traditional Birth Attendants (TBAs) in the provision of maternal health care in Awka South Local Government Area of Anambra State, with a view to appreciate the significance of their contribution to the health system despite the importance they play. The results suggest that TBAs are still an important and widely-used mechanism for maternal care particularly because they are accessible, culturally appropriate, cost-effective and trusted in their local communities. They offer antenatal care, assistance during delivery, postnatal care, emotional support and referrals which in turn help bridge gaps arising from lack of access to formal healthcare facilities. The study also highlighted a number of obstacles such as lack of formal training, lack of knowledge about modern obstetric care, lack of access to sterile equipment, inadequate referral system, lack of institutional recognition, and lack of cooperation with skilled health care providers. These restrictions can result in preventable complications like infections, prolonged labor and maternal and neonatal deaths. The study findings suggest that there is need for systematic training, supervision, supply of basic medical equipment, and incorporating TBAs in the formal health structure in a culturally appropriate manner to promote the safety, equity and health outcomes of women and children.

Recommendations

The following recommendations were made based on findings of this study:

1. Traditional birth attendants (TA) should be formally recognized and supported by government and local health authorities in the integration of the traditional birth attendants into the primary healthcare system in Awka South LGA. They should be integrated so that roles are clearly defined, they collaborate with trained health workers and they make timely referral to health facilities for complicated cases.
2. Establish periodic training courses, workshops and refresher courses for traditional birth attendants by government and NGO actors. Skills and competence of TBAs should be enhanced with these programmes focusing on modern maternal health practices, identification of danger signs during pregnancy and childbirth, post-natal care and infection prevention.
3. Priority should be given to providing basic medical equipment and delivery kits to TBA's working in Awka South LGA. Sterile gloves, delivery packs, blood pressure monitors and basic record-keeping materials should be provided to ensure the safety and quality of care provided to a pregnant woman.

4. Basic literacy and health education programmes should be undertaken for TBAs particularly those with low or no school education. Better literacy will help them to read health information, maintain simple health records and engage with formal health services.

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