FACTORS INFLUENCING UTILISATION OF TRADITIONAL BIRTH ATTENDANTS BY MOTHERS IN MAFUBIRA SUBCOUNTY, JINJA DISTRICT

MUSASIZI ERIA

DCM/0032/143/DU

A RESEARCH REOPORT SUMBIMITED TO THE SCHOOL OF ALLIED HEALTH SCEIENCES IN PARTIAL FILLFULMENT OF THE REQUIREMENTS FOR THE AWARD OF A DIPLOMA IN CLINICAL MEDICINE AND COMMUNITY HEALTH AT KAMPALA INTERNATIONAL UNIVERSITY

JULY, 2017

DECLARATION

I, **MUSASIZI ERIA** hereby declare that this report is my original work and has never been submitted to this or any other university for any academic award.

…..... .....

Signature Date

MASASIZI ERIA

APPROVAL

This is to certify that this report on **FACTORS INFLUENCING UTILISATION OF TRADITIONAL BIRTH ATTENDANTS BY MOTHERS IN MAFUBIRA SUBCOUNTY, JINJA DISTRICT** has been done under my close supervision.

....

SignedDate

Mr. Mburugu Martin

BSc PH

ACKNOWLEDGEMENT

First and foremost I express my sincere thanks to the almighty **GOD** for the gift of life, wisdom and understanding HE has given to me a reason for my existence. Also thank my family for the love, support and encouragement they have rendered to me throughout this time. Also thank the staff of KIU western campus faculty of allied health sciences for the knowledge imparted into me since 2014 till now.

Special thanks goes to Mr. Collins our research coordinator for initiating the idea of my research topic. I also acknowledge my supervisor **Mr.Mburugu Martin** for the expertise and intelligence he displayed while supervising me, I believe this work is a result of his good guidance and cooperation rendered to me. I cannot forget my friends for the academic interactions and company they have accorded to me and all my dear class mates DCM 143 series for the love they have shown to me. They shall be remembered as having been good friends in a life time. I also convey my gratitude to my best friend**Wabusa Lydia** for the encouragement, time and any other support she has given to me. She has really been on my side in all times may God bless you.

Lastly I would like to convey my gratitude to all the participants for having been good to me and the time they gave in during the process of data collection used for the study and because of that, may the almighty God reward you abundantly.

DEDICATION

I fully dedicate this entire dissertation to my beloved mother **Mrs. Birabwa Harriet** who struggled a lot for my future and prosperity with timeless support for the active period of my studies. I thank her for the courage and determination instilled in me throughout my school day until today. All my success is from your efforts may God reward you abundantly.

I also honor and owe my dear father Mr. Lutaaya Silver, brothers Wamala Joseph, Lule Andrew, Ssekatawa Alifred and sisters Nalutaaya Rebecca, Sylvia plus all other relatives like my dear aunties, cousins for the financial support and encouragement they have offered to me.

Table of Contents

LIST OF TABLES

LIST OF ABBREVIATIONS

AIDS Acquired immune deficiency syndrome

ANC Antenatal clinic

CDC Centre for Disease Control

HF Health facility

HIV Human immune deficiency virus

IMR Infant mortality rate

MMR Maternal mortality rate

SBAs Skilled Birth Attendants

UNDP United Nations development program

UNPF United Nations Population Fund

UNICEF United Nations children's funds

VHTs Village health teams

WHO World Health Organization

DEFINITIONS

Maternal health: refers to health of a woman during delivery, childbirth and postpartum period.

Maternal mortality rate: maternal death is defined as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes."

Recent delivered women: in this study mean women who had a deliver within theperiod of 2 years during the period of data collection.

Skilled attendants: refer to people with midwifery skills (midwives, doctors and nurses with additional midwifery education) who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose, manage or refer obstetric complications' (WHO

Utilization: means the extent to which a given group of people uses particular service in a specific period of time.

ABSTRACT

INTRODUCTION: In 2010 WHO defined a TBA as a person who provides basic health care, support and advice during and after pregnancy and childbirth based on experience and knowledge acquired informally through traditions and practices of communities. In Uganda the policy towards TBAs shifted according to WHO and safe mother initiative of SBAs whose definition excluded TBAs leading to suspension of previously existing partnership between government and TBA across the country.

Ugandan government recommended terminating collaboration between NGOs and TBAs as well. It held that the trained TBAs would be included in the newly formed VHTs if their communities selected them.

STUDY OBJECTIVE: The aim of this study was to assess the factors influencing utilization of TBAs among mothers in Mafubira Sub County.

METHODS: To attain this, a total of 52 mothers were considered and a random sampling method was used where all those who came to the area within time of study were also considered and elderly participating in this study was considered to provide relevant information. Data collected was analyzed using quantitative method in line with study objectives to achieve the aim of the study and presented in tables and pie charts.

RESULTS: When the participants were asked about services offered by TBAs , 23(44.2%) responded that TBAs take their time and offer advice both before and after delivery and pertaining perception on TBAs, 14(26.9%) said that TBAs are highly experienced in handling deliveries.

CONCLUTION: The study concludes that services offered by TBAs are giving advice both before and after delivery plus good care. On perception of mothers about TBAs, mothers believe that TBAs are highly experienced in handling delivery and are still important.

RECOMMEDATION: The study recommends that TBAs should be trained and equipped with modern medical knowledge by the government so as to easily handle uncomplicated deliveries

CHAPTER ONE

1.0 Introduction

This chapter gives the overview of the study. It includes the background of the study, problem statement, justification, research questions, general objectives and specific objectives

1.1 Background

In 2010 the WHO defined a TBA as a person who provides basic health care, support and advice during and after pregnancy and childbirth, based primarily on experience and knowledge acquired informally through the traditions and practices of the communities (WHO, 2010). TBAs are also known as traditional midwives, community midwife or lay midwife. TBAs provide the majority of primary maternity care in many developing countries and may function within specific communities in developed countries. TBAs are often older women, respected in their communities. They consider themselves as private health care practitioners who respond to requests for service. They usually work in rural, remote and other medically underserved areas. TBAs may not receive formal education and training in health care provision, and there are no specific professional requisites such as certification or licensure (Sibley*et al,* 2012)

In 2004, the WHO, International Confederation of Midwives (ICM) and the International Federation of Gynecology and Obstetrics (FIGO) jointly define SBA as an accredited health professional such as a midwife, doctor or nurse who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management of complications in women and newborns (Maine D, *et al,* 2011). According to the definition of SBA, traditional birth attendants (TBAs), either trained or not, are excluded from the category of SBAs. SBAs can administer interventions to prevent and manage life-threatening complications or refer the mother to the higher level of care if required. However, the definition of SBA is context based. In Bangladesh doctor, nurse, midwife, CSBA, and Family Welfare Visitor (FWV) are considered as SBA (WHO, 2000). For this study the later definition of SBA is used.

In Uganda, the policy towards TBAs shifted according to the recommendation of the WHO and safe motherhood initiative promotion of SBAs whose definition excluded TBAs leading to the

suspension of previously existing partnership between the government and TBAs across the country (Abouzahrc, 2015). The Uganda government recommended terminating collaboration between NGOs and TBAs as well. It held that the trained TBAs would be included in the newly formed village health teams if their respective communities selected them(Buttiens *et al.*, 2004).

1.2 Problem statement

Delivery in health facilities is still challenging in developing countries in which higher number of women attend antenatal clinic but about half of them deliver at home without assistance of skilled professional.

Low delivery in health facilities as a result of many factors leads to high morbidity and maternal mortality therefore proper interventions must be taken to increase delivery in health facilities. Home delivery if not conducted by professionals increase the risk of transmission of HIV/AIDS to relatives or traditional birth attendants who conduct deliveries without protective equipment. Several studies have been done Worldwide including Uganda regarding factors affecting delivery in health facilities. The factors that have been studied include socio demographic factors, socio economic factors, availability of health services, accessibility, behavior and attitudes of health care providers and socio cultural issues (Moore, 2011).

It is argued that differential access to health care facilities between the rural-urban areas is an important factor for lower maternal healthcare services particularly for institution delivery assistance by health personnel in rural areas. (Lewin, 2009).

No study has been done in Mafubira Sub County to explain why they have low prevalence of delivery in health facilities. This study is therefore meant to find out factors that hinder delivery in health facilities' and knowing these factors will help to improve delivery in health facilities at Jinja district.

1.3 JUSTIFICATION

Having worked in the study area and noticed that the women's uptake of skilled reproductive health services especially delivery was low, the study set out to provide information on current utilization of unskilled birth attendants" services. This was stimulated even more by the 2007 HF

policy that had been adopted which had intended for all to utilize skilled HF services. It was necessary therefore for the study to show the proportion of women in MafubiraSub County who were utilizing UBA services as a concurrent control indicator of policy implementation. Many studies had focused on utilization of UBA services during the antenatal and delivery periods but this study went a step further to shed light on utilization of FP and PNC services as well, which are important aspects of HF. The services that were being offered to women by TBAs in the area were also studied, again having in mind the roles that were designated to TBAs in the policy document. This would inform on the extent the unskilled attendants have deviated from the policy recommendations and also provide information on the safety of UBA services. It was also important to find out if the women and TBAs were aware that TBAs were not to be recognized as skilled HF services‟ providers given that they are directly affected by such a policy action.

There is evidence of factors that influenced women to seek unskilled services. This study determined which among the likely factors significantly influenced the women's utilization of unskilled services in MafubiraSub County, hence providing information that would assist HF stakeholders in prioritizing policy actions

1.4.0 Study objectives

1.4.1 General objectives

To assess the factors influencing utilization of traditional birth attendants by the mothers in Mafubira sub county.

1.4.2 Specific objectives

I. To assess the services offered by traditional birth attendants in Mafubira sub county.

II. To determine the perception of pregnant mothers on traditional birth attendants in Mafubira sub county.

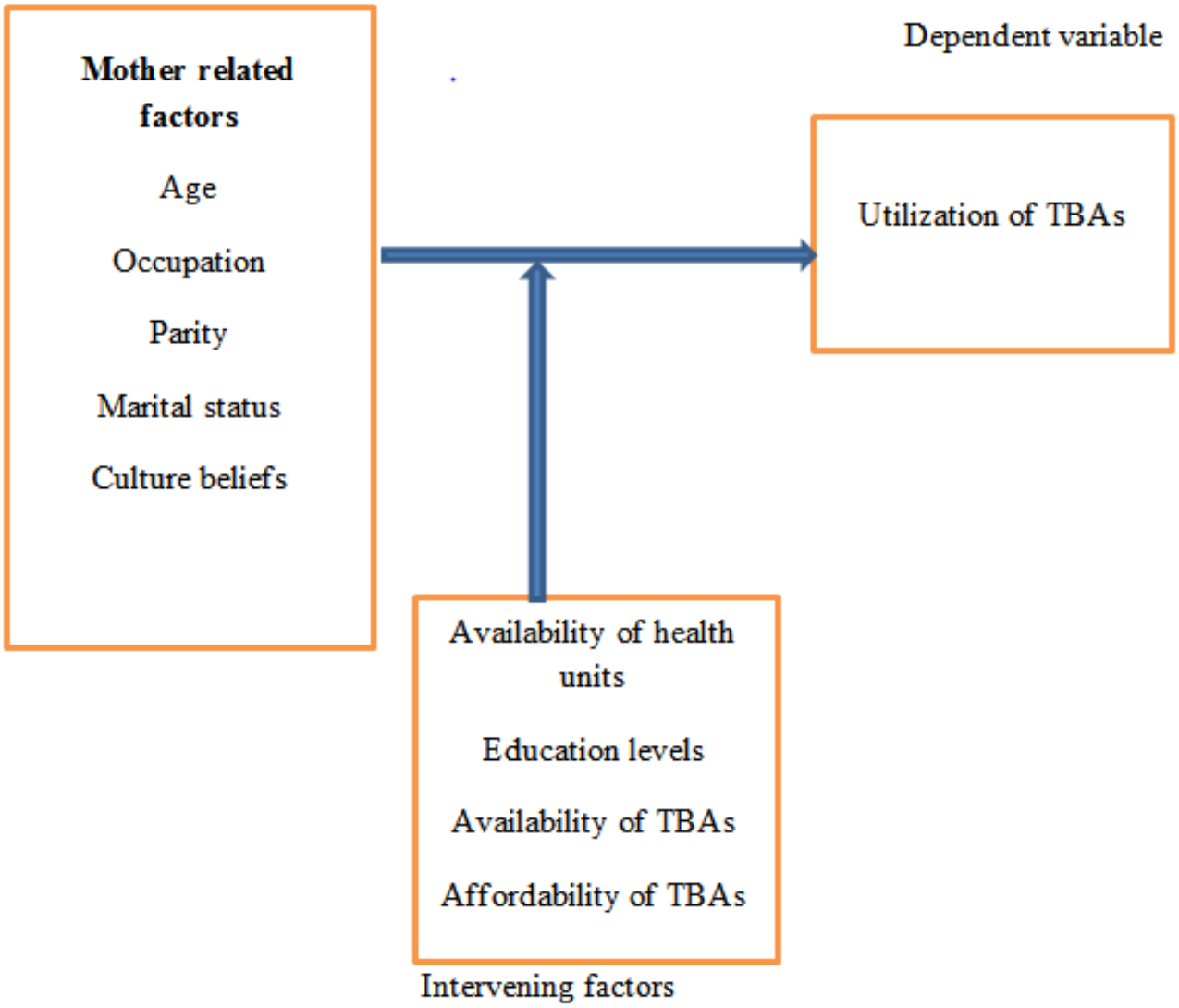
1.5 Research questions

1. What are the services offered by traditional birth attendants in Mafubira Sub County?

2. What are the perceptions of pregnant mothers on traditional birth attendants Mafubira Sub County?

1.6 Conceptual framework

Independent variables



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Each year about four million new-born die in the first week of life worldwide and an estimated 358,000 mothers die due to pregnancy-related causes with maternal mortality rate of 260 per 100,000 live births and a life time risk of 1 in every 140 was recorded in 2008 (UNPF, 2012). However Africa has a higher number of 190,000 maternal deaths with a maternal mortality rate of 620 per 100,000 live births and a life time risk of 1 in every . In the same trend, 287,000 global maternal deaths were recorded in 2010 with Sub Saharan Africa having 56%, South Asia 26% both accounting for 85% global burden of maternal mortality with a global maternal mortality rate of 210 per 100,000 live births and life time risk 0f 1 in every 180. The developed regions recorded a total maternal death of 2,200 with maternal mortality rate of 16 per 100,000 and a life time risk of 1 in every 3800. In 2008 estimates of WHO, UNICEF, UNFPA and World Bank shows that 50,000 Nigerian women died of pregnancy and child birth related cases with a maternal mortality of 840 per 100,000 live births. In 2010 the estimate indicated a decline from 840 to 630 per 100,000 live births (UNPF, 2012).

Available data by the World Health Organization (WHO, 2014) show that an estimated 289,000 global maternal deaths were recorded in 2013. The report also indicates that Nigeria is among top five countries with highest rates of maternal mortality with about 40,000 pregnant women dying in the country in 2013. Despite the efforts of the State Governments to provide quality health programmes with the establishment of Mother and Child Hospitals, safe motherhood, free medical services for pregnant women and other laudable systems, some pregnant women still patronize traditional birth attendants in Nigeria. However, the rate is higher in the Northern part of Nigeria as maternal deaths occur principally in areas where women have many babies in short time spans due to undernourishment, poor hygienic conditions and lack of access to quality medical treatment. Investigations showed that majority of the pregnant women, especially the illiterates still believed in the efficacy of local herbs and other concoctions given to them by traditional birth attendants despite the high risk associated with it (South West Magazine, 2014).

In ancient time, it was in practice in India that untrained 'dais' (maids or traditional birth attendants) who belong to the lower community were mostly responsible for conducting deliveries. They were unclean in their habits even today a large percentage of deliveries are still conducted by them. The care of women as well as practice of maternal and child health services were totally in their hands and majority of the deliveries in rural India were conducted by them. The indigenous 'dais' in India do not only help during childbirth but also act as consultants for any condition of the mother related to birth. This leads to various complications and increased maternal and infant mortality since they are unable to deal with difficult deliveries and pregnancies, (Basavanthappa, 2008).

2.1 The services offered by traditional birth attendants

Traditional birth attendants provide the majority of primary maternity care in many developing countries, and may function within specific communities in developed countries. They provide basic health care, support, advice during and after pregnancy and childbirth, based primarily on experience and knowledge acquired informally through the traditions and practices of the communities where they originated (WHO, 2010).TBAs may not receive formal education and training in health care provision, and there are no specific professional requisites such as certification or licensure. They often learn their trade through apprenticeship or self-taught. In many communities one of the criteria for being accepted as a TBA by clients is experience as a mother. Many TBAs are also herbalists, or other traditional healers. Sometimes they serve as a bridge between the community and the formal health system. Traditional birth attendants are often older women, almost past or close to menopause, young adults and men who must have borne one or more children themselves and are respected in their communities. They consider themselves as private health care practitioners who respond to requests for service. The focus of their work is to assist women during delivery and post-partum (WHO, 2010). According to WHO (1992), traditional birth attendant is defined as a person who assists the mother during child birth and initially acquired her skills by delivering babies herself or through apprenticeship to other traditional birth attendants. But in the contest of this paper and what is obtainable in Nigeria, a traditional birth attendant is a person (man or woman) who assists the mother or serves as an apprentice to other TBAs, during delivery, and must have acquired his or her knowledge and experience in delivery and is capable of delivering babies without assistance. They live in

the community in which they practice and they are respected in that community. They operate mainly in a relatively restricted zones always limited to their own community and sometimes those close to them. Their roles include everything connected with the conduct of childbirth and this is where they hold most power and authority. Many of their beliefs and practices pertaining to the reproductive cycle are dependent upon religion or mystic sanctions. They are reinforced by rituals that are performed with traditional ceremonies which are intended to maintain the balance between the absence of ill health and state of ill health. Due to the lack of education in some TBAs, the way many attended the delivery is risky for women and their babies, leading to poor health outcomes and even death (Mrisho*et al*, 2007).

There are various types of traditional birth attendants, they are, trained TBAs, untrained TBAs, family TBAs, Full-time TBAs, Part time TBAs, TBA/Herbalists and Spiritualists. The traditional birth attendants make great impact in the rural community, they are very close to the people and the rural women believe and have trust on them so much that they cannot be easily abolished in the community. To this effect, measures should be carried out to improve their skills for example health educating them, training, organizing seminars and the need for referral of complicated cases and at risk mothers (Mrisho, *et al*, 2007).

2.2 The perception of pregnant mothers on traditional birth attendants

A TBA being a person who assists mothers and other TBAs during childbirth and acquired his or her skills by delivering babies themselves and through apprenticeship to other TBAs, born, bred and known in that community has a very high perception by the pregnant women. They are highly experienced and respected by all in that community. They have made great impact, trusted and believed by their people especially the pregnant women. Throughout history, TBAs have been the main human resource for women during childbirth in the rural areas. TBAs' profession has been handed over from one generation to another. They see them as the foundation pillars full of experience, and no program should displace them. Traditional birth attendants have been part of the community for a long time before the Safe Motherhood Initiative was endorsed. They are noted for their uninterrupted availability, accessibility and social distance; it was quite acceptable by the pregnant women that their services would be widely used ((Davis, *et al*, 1996). Their expertise was valued due to their social and emotional closeness to the community, their

long experience in providing services to mothers and infants and their intimacy with the people which created loyalty and understanding, particularly when other health care services were not accessible. This built the authoritative knowledge conferred on them by the community (Davis, *et al*, 1996).

The pregnant women opined that the services of a health professional can only be required by those experiencing obstetric complications or if the condition could not be handled by the TBA. A woman reported that the first assistance from which we seek care is the traditional birth attendant but if the delivery starts to be complicated or if the traditional birth attendant cannot manage the delivery we then call the midwives otherwise calling them is unnecessary. They have this perception that delivery is a natural rite of passage for women and thereby home delivery is preferably unless complications occur. They believe that the traditional birth attendants are more patient, tolerance, soft and can gently touch and examine them till they are delivered of the baby. TBAs are there for them even in the midnight (Badan, 2008).

The trust and tradition that TBAs engendered on them because they share the same culture, beliefs and customs as long serving members of the community. They believe in the efficacy of their local herbs, prayers and other concoctions given to them by the TBAs despite the high risk associated with it which they ignorantly refused to give attention to. Their role varies across cultures and times, but even today, they attend the majority of deliveries in rural areas of developing countries. There is no doubt that they have a significant role when it comes to cultural competence, consolation, empathy, and psychosocial support at birth, all of which are important benefits for the mother and also for the new-born child. The WHO observes that TBAs can potentially improve maternal and new-born health at community level while their role in caring for pregnant women and conducting deliveries is acknowledged, it is noted that they are generally not trained to deal with complications, (Mahler,2007)). Despite all Government efforts to bring Safe Motherhood Program and other free medical services for pregnant women, they still prefer deliveries conducted by the TBAs because of their perceptions towards them. For instance in Mexico, TBAs attend approximately 45% of all deliveries (Sachs, *et al*, 2005).

In Sierra Leone, TBAs conduct approximately 70% of deliveries, provide a significant amount of prenatal care, and are authorities in native methods of family planning. (Hull *et al*, 2008)estimated that between 60% and 80% of all deliveries in developing countries occur

outside modern health care facilities, with a significant proportion of these attended by TBAs. TBAs attend to majority of women in Nigeria as in other developing countries. An eastern Nigerian study showed that although 93% of rural women registered for prenatal care, 49% delivered at home under the care of TBAs. In a study done in Edo State, south Nigeria, to assess the role of TBAs in health care delivery, respondents believed that TBAs could play meaningful roles in family planning, screening for high-risk pregnant mothers, fertility/infertility treatment, and maternal and child care services. Rural dwellers prefer to use the services of TBAs as compared with their urban counterparts. Reasons for their preference included: the option of home delivery, TBAs' availability, accessibility, inexpensive services, and rural dwellers' faith in the efficacy of their services (Ensor, *et al*, 2009). Having a positive attitude toward TBA services and satisfaction with services obtained from TBAs was also significantly associated with those who had ever used their services.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter described the study area focusing on geographical location, population structure and many other aspects including Study design, sample size determination, sampling method, selection criteria, data Collection, data analysis, data presentation, data quality control, study limitation and Ethical consideration.

3.1Study area.

Mafubira is one of the sub counties in Jinja district having 5 parishes. It's located in eastern part of Uganda. It's approximately 81 kilometers (50miles) by road east of Kampala the capital and largest city of Uganda.

The coordinates of Mafubira are 0^0 28'18" north and 33^0 13'34" east (The editors of encyclopedia Britannica, 2014). It's along the northern shores of Lake Victoria

3.2 Study design

A cross-sectional study design was conducted using quantitative method of data analysis.

3.3 Sample Size determination

The sample size was determined using Fishers eta al, 2003 formula .The formula was used to estimate the smallest possible categorical sample size since the population for women in Mafubira sub-county is big.

$$n = \frac{z^2pq}{d^2}$$

Where

n= minimum sample size

d = margin of error

z=standard normal deviation corresponding to 1.96

p= prevalence (1.74).

q=1-p

Therefore taking

p = 3.5/100=0.035 (Uganda Demographic Health Survey, 2013)

z = 1.96

q=1-p = 0.965

d= 5% or 0.05

$$n=\frac{1.96^2 X 0.035 X 0.965}{0.05^2}$$

n= 52 mothers

Therefore the sample size used was 52 mothers

3.4 Study population

The study was done among pregnant mothers in MafubiraSub County.

3.5 The sampling method

A total of 52 mothers were considered and using a random sampling method where all those who came to the area within the time of the study were considered for an interview and or any elder participating in the study will be considered to provide relevant information.

3.6 Inclusion and exclusion criteria

3.6.1 Inclusion criteria

Inclusion criteria for the study were all women of child bearing age.

3.6.2 Exclusion criteria

The exclusive criterion for the study was all young girls below child bearing age and elderly mothers above child bearing ages.

3.7 Data collection method

The data was collected using both open and close ended structured questionnaire about socio-demographic, characteristics (appendix i), the data was collected by the principle investigator himself and two research assistants. The questionnaires were filled by the mothers.

3.8 Data Analysis and presentation

The data collected from the study was computed using Microsoft excel. The analysis was made in line with the study objectives so as to achieve the purpose of the study and was presented inform of tables, pie-charts, bar-graph, and narratives depending on the data analyzed.

3.9 Study limitations

1) Language barrier because not all respondents knew English the official language and not all respondents knew the locally spoken language in the area. This was solved by research assistants translating to the language the respondents understand.
2) Limited time to carry out the study. This was solved by use of research assistants so that little time is used.

3.10 Data quality control

To ensure quality control, the researcher prior to the exercise conducted one day training for three research assistance. The research assistants were supervised closely by the principle invigilator himself. The principle invigilator himself also participated in collecting data to ensure quality control.

3.11 Ethical Consideration

The study was carried out after the approval of the proposal by the university.

An Introductory Letter from the Administrator school of Allied health sciences was obtained.

The researcher obtained permission from the administration of MafubiraCommunityleaders, local elders, through verbal informed consent.

Respondents were requested for their consent prior to the interviews.

Confidentiality was maintained all through the research process and the interviews were conducted in reasonable privacy by use of codes that were only be known by responsible partiesother than use of names, and ensuring not to disclose their information to third parties without their consent.

CHAPTER FOUR:

STUDY FINDINGS

4.0 Introduction

In this chapter data has been arranged in terms of tables and pie charts. The data is in correspondence with specific objectives which included, identifying demographic characteristics of respondents, assessing the services offered by Traditional Birth Attendants, identifying mothers' perception on TBAs and reasons for their preference.

4.1 Demographic and social economic characteristics associated use of Traditional Birth Attendants.

From the study conducted, 13 respondents out of 52 were below twenty years making 25%, 25(48%) were between 20 to 30 years whereas 14 (27%) of the respondents were above 30 years. 7(14.3) were civil servants while 38(71.4) were peasants and 7(14.3) were business ladies. 9(17.3%), 27(51.9%) had attained at least a primary level of education while 16 (30.8) had attained at least a post primary educational level. Considering the parity of the respondents, of the 52 respondents who participated in the study 6(11.5%) of the respondents were giving their birth for the first time, 28 (53.8%) of the respondents were having between 2 to 4 children while 18 (34 .6%) of the respondents had more than 4 birth.Also to note is that from the study findings, 41(78.8%) of the respondents were married, 4 (7.7%) of the respondents had been divorced by the time of delivery while only 7(13.5%) were not married as show in table below

Table 4.1, A table showing demographic characteristics of respondents

Variable	Category	No. of mothers	Percentage
Age	Above 30 years	14	27
	20-30 years	25	48
	Below 20 years	13	25
	Total	52	100
Occupation	Civil servants	7	14.3
	Peasant farmer	38	71.4
	Business lady	7	14.3
	Total	52	100
Education level	No formal education	9	17.3
	Primary level	27	51.9
	Post primary	16	30.8
	Total	52	100
Parity	Prime gravid	6	11.5
	2 to 4 births	28	53.8
	More than 4 births	18	34.6
	Total	52	100
Marital status.	Married	41	78.8
	Divorced mother	4	7.7
	Not married	7	13.5
	Total	52	100

4.2 Services offered by traditional birth attendants

When asked which services mothers always seek from TBAs, 12 (23.1%) mothers acknowledged that most mothers go to TBAs because they offer social support to mothers, 23(44.2%) mothers responded that mothers go to TBAs because they take their time and offer advice both before and after delivery while 17(32.7%) mothers said many mothers choose TBAs because they offer generally good care.

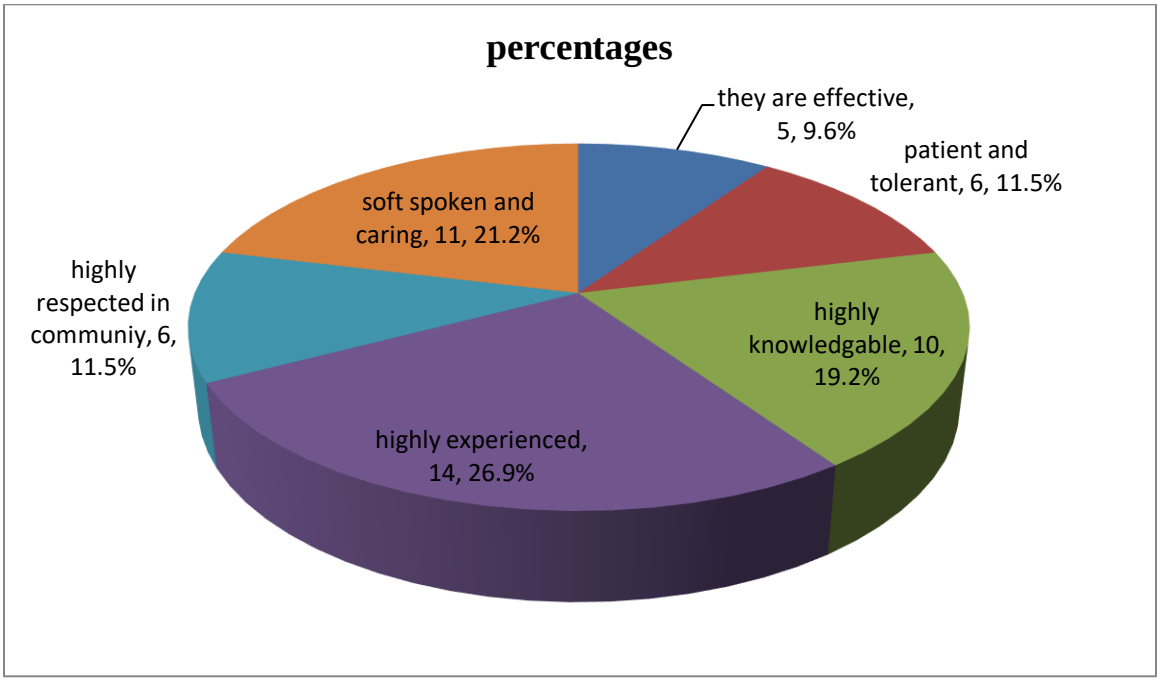
Table 4.2 A table showing services offered by Traditional birth attendants according to respondents

Services offered by TBAs	Figure	Percentage (%)
Social support	12	23.1
Offer advice before and after birth	23	44.2
Good care	17	32.7

4.3 perception of mothers on the TBAs

From the study conducted on the perception of mothers over the services offered by Traditional birth Attendants, 14 (26.9%) of the respondents said that TBAs are highly experienced in handling deliveries, 10 (19.2%) that TBAs are highly knowledgeable on delivers, 6 (11.5%) said TBAs are tolerant and patient while conducting their deliveries, 5(10%) said that TBAs are effective in conducting deliveries and 11(21.2%) said TBAs are soft spoken and caring while the other 6(11.5%) are said that TBAs highly respected in the communities.

Figure 4.2 a, A figure showing the perception of respondents on services of TBAs



4.4 Reasons for preference of TBAs over modern health facilities

From the study conducted on the reasons while mothers would prefer going for TBAs other than other health facilities 8 (15.4%) of the respondents said that TBAs offer cheap services which everyone can afford, 4 (7.7%) said that they are always available when needed , 22(42.3%) said that TBAs are easily accessible from their homes, 2 (3.8%) said they are accepted in the community as better options for conducting deliveries, the other two also said that TBAs are caring during deliveries, 5 (9.6%) said mothers prefer delivering from TBAs because they match their social standards while the rest 9 (17.3%) said some mothers deliver from TBAs because it its usually a family requirement and preference.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.0 Introductions

This research study was aimed at assessing the factors influencing utilization of TBAs by mothers in Mafubira sub county, Jinja. This chapter is divided into three sections thus discussion, conclusion and recommendations.

5.1 Discussion

5.1.1 Demographic and social economic characteristics associated use of Traditional Birth Attendants

From the study conducted, out of the 52 respondents who participated in the study, 9(17.3%), 27(51.9%) had attained at least a primary level of education while 16 (30.8) had attained at least a post primary educational level , here the majority had attained primary education, a low educational level is usually associated with poor modern health seeking practices and therefore this is also a reflection of what other scholars put forth in their studies, because according to a study by Duong and others in 2004, they observed that Low Educational level of women also affects their ability to seek the most appropriate health care services. A lot of Free Medical program have been provided for use still it is difficult to access them due to their level of exposure. Ignorance of the availability of the services provided for their use.

Considering the parity of the respondents, of the 52 respondents who participated in the study 6(11.5%) of the respondents were giving their birth for the first time, 28 (53.8%) of the respondents were having between 2 to 4 children while 18 (34 .6%) of the respondents had more than 4 birth , the number of parity is usually associated with increased knowledge on affairs of delivery as compare to prime gravid mothers, this means a a decreased trend usually occur of seeking services from TBA usually occurs as the number of parity increases with women in related studies Duong et al 2004 cited that Lack of knowledge about symptoms which require medical care and attention can lead to delays in recognition and treatment of severe complications contributing to maternal death.

Also to note is that from the study findings, 41(78.8%) of the respondents were married, 4 (7.7%) of the respondents had been divorced by the time of delivery while only 7(13.5%) were not married and from the study conducted, 13 respondents out of 52 were below twenty years making 25%, 25(48%) were between 20 to 30 years whereas 14 (27%) of the respondents were above 30 years.

5.1.2 Services offered by TBAs to mothers

When asked which services mothers always seek from TBAs, 12 (23.1%) mothers acknowledged that most mothers go to TBAs because they offer social support to mothers, 23(44.2%) mothers responded that mothers go to TBAs because they take their time and offer advice both before and after delivery while 17(32.7%) mothers said many mothers choose TBAs because they offer generally good care these findings correlate with published literature about same study by WHO in 2010, where they noted that, traditional birth attendants provide the majority of primary maternity care in many developing countries, and may function within specific communities in developed countries. They provide basic health care, support, advice during and after pregnancy and childbirth, based primarily on experience and knowledge acquired informally through the traditions and practices of the communities where they originated.

5.1.3 Perception of mothers on the TBAs

From the study conducted on the perception of mothers over the services offered by Traditional birth Attendants, 14 (26.9%) of the respondents said that TBAs are highly experienced in handling deliveries, 10 (19.2%) that TBAs are highly knowledgeable on delivers, 6 (11.5%) said TBAs are tolerant and patient while conducting their deliveries, 5(10%) said that TBAs are effective in conducting deliveries and 11(21.2%) said TBAs are soft spoken and caring while the other 6(11.5%) are said that TBAs highly respected in the communities.

5.2 CONCLUSION

Regarding serves offered by TBAs to mothers**,** the study concludes thatthe most identifiedservices offered byTBAs are offering socialsupport to mothers, taking their time and offer advice both before and after delivery and offering generally good care

Considering the perception of mothers on the TBAs, it can be concluded that the majority still believe that TBAs are still very important in handling delivery affairs of mothers as some cited

that TBAs are experienced in handling deliveries, knowledgeable, and patient, and effective in conducting deliveries and others cited that TBAs are soft spoken and caring and are highly respected in the communities.

On reasons for preference of TBAs over modern health facilities the study concludes that mothers seek for TBAs services offer cheap services which everyone can afford, as others said that they are always available when needed , others said TBAs are easily accessible from their homes, said they are accepted in the community as better options for conducting deliveries, the other two also said that TBAs are caring during deliveries .Also TBAs are preferred because they match their social standards while the rest because it its usually a family requirement and preference.

5.3 Recommendations

- Traditional birth attendants should be trained with modern medical knowledge so as to safely handle deliveries.
- Health workers should avail themselves in healthcentres all the time mothers need them and government should provide many equipped health units with maternity departments.
- Pregnant mothers should be health educated on components of birth preparedness and complication readiness so that they can seek modern facilities for delivery in case of complications
- Mothers who attend antenatal visits should be greatly health educated about a need to deliver from health centers and also to encourage others to deliver from health centers.

REFERENCES

BadanPusatStatistik-Statistics Indonesia (BPS). (2008). National Family Planning Coordinating Board, Ministry of Health, and ORC Macro: Indonesia Demographic and Health Survey 2007. Calverton, Maryland: BPS and ORC Macro.

Basavanthappa, B.T. (2008). Community health nursing. New Delhi. Jaypee Brothers Medical Publishers (P) LTD.

Chakraborty N, Islam MA, Chowdhury RI, Wasimul Bari W, Akhter HH. Determinants of the use of maternal health services in rural Bangladesh.Health Promotion International. 2003; 18 (4):327-337.

Davis-Floyd, R., & Sargent C. (1996).The social production of authoritative knowledge in pregnancy and childbirth. Medical anthropology quarterly, 10(2):111-120. PubMed Abstract / Publisher Full Text.

Duong, D.V., Binns, C.W., & Lee, A.H. (2004). Utilization of delivery services at the primary healthcare level in rural Vietnam. Social Science & Medicine, 58(12):2585-2595.

Ensor, T., Quayyum, Z., Nadjib, M., Sucahya, P., Ensor, T., Quayyum, Z., Nadjib, M., &Sucahya, P. (2009).Level and determinants of incentives for village midwives in Indonesia. Health Policy & Planning, 24(1):26-35.

Hull, T., Widayatun R.A., &Setiawan, B. (1998). Neither dukun nor doctor: Some problems of the village midwife program in eastern Indonesia. Australian Council for Overseas Aid Development Bulletin., 48.

Mahler, H. (1987). The safe motherhood initiative: A call to action. The Lancet, 1(8534):668-670. PubMed Abstract / Publisher Full Text.

Mrisho eta al, 2007,Manuela D *et a,l* 2009, Bezant E 2008,Shankwaya S 2008, Magoma M 2010,Moore 2011

Mrisho, M., Schellenberg, J.A., Mushi, A.K., Obrist, B., Mshinda, H., Tanner, M., &Schellenberg, D. (2007).Factors affecting home delivery in rural Tanzania. Tropical Medicine & International Health, 12(7):862-872.

Rahim, A. (2008). Principles and practice of community health. New Delhi. Jaypee Brothers Medical Publishers (p) LTD.

Sachs, J.D., & McArthur, J.W.(2005). The Millennium Project: a plan for meeting the Millennium Development Goals. The Lancet, 365(9456), 347-353.

Shiffman, J.(2003). Generating political will for safe motherhood in Indonesia. Social Science and Medicine, 56(6), 1197-1207.

South West Magazine.(2014). by our reporter on July, South West Magazine Specials.

Starr's AM. Safe motherhood initiative, 2006

United Nations Population Fund (UNPF). (2012). Maternal mortality estimate 2012.

WHO, 2000.

World Health Organization. (2010). Classifying Health Workers. Geneva.

World Health Organization. (1992). Traditional Birth Attendants: a joint WHO/UNFPA/UNICEF statement. Geneva:

World Health Organization.(2014). Available data by the World Health Organisation.In International Business Times, vol.3, 5-7.

APPENDICES

APPENDIX I: STUDY QUESTIONARE

Section A .Consent

I am **MUSASIZI ERIA** a third year student doing a diploma in clinical medicine and community health at Kampala International University –Western Campus(KIU-WC) doing a study of "***Factors influencing utilization of traditional birth attendants in Mafubira sub county***."

Your participations in this study is completely free and voluntary .You have a right to say no or change your mind and withdraw at any time .Whether you choose to participate or not it will have no effect on the services to be given to you .All information that is to be obtained from you in this study will remain confidential and will only be disclosed with your permission.

THANK YOU.

Name of investigator…….

Date.....

Section B: Socio-demographic characteristics.

I. For the mother

Age

- <20 years ☐
- 20-30years ☐
- >40 years ☐

Education level:

- Primary level ☐
- Secondary level ☐
- Post-secondary level ☐
- Never went to school ☐
- Others (specify).....

4. **Occupation**

- Student ☐
- Businesswoman ☐
- House wife ☐
- Peasant ☐

- ❖ Civil servant ☐

- ❖ Others (specify).....

5. **Marital status**

- ❖ Single ☐
- ❖ Married ☐
- ❖ Widow ☐

6. **Tribe**

- ❖ Musoga ☐
- ❖ Muganda ☐
- ❖ Mugwere ☐
- ❖ Muteso ☐
- ❖ Munyankole ☐
- ❖ Others……..

7. **Religion**

- ❖ Catholic ☐
- ❖ Protestant ☐
- ❖ Muslim ☐
- ❖ Pentecostal ☐
- ❖ Others…….

8. **Number of children**

- ❖ 1 ☐
- ❖ 2-4 ☐
- ❖ 5-7 ☐
- ❖ >7 ☐

How far is it from home to the health center?

- ❖ <5km
- ❖ 5-10km
- ❖ >10km

Section C:the services offered by TBAs

AThey provide basic health care, support, advice during and after pregnancy and childbirth, based primarily on experience and knowledge acquired informally through the traditions and practices of the communities where they originated

1. Are you aware of traditional birth attendants?

   Yes

   No

2. What are the basic health cares offered by them?

   Give advice

   They deliver women

   They offer family planning

   Others specify

3. What kind of advice do they offer during pregnancy and delivery?
4. What kind of support do they offer……..?

Section D: perception of mothers on traditional birth attendants

1. Do you believe and trust in traditional birth attendants?

   No

   Yes

2. If yes, what are your reasons?

   . They are highly experienced and respected by all in the community.

   . They have been known long time before the Safe Motherhood Initiative was endorsed.

   . Easily available and accessible.

   . They share the same culture, beliefs and customs.

3. Do you think traditional birth attendants should be replaced by any other programs?

   Yes

   No

4. How would you feel in case they have been replaced?

APPENDIX 2: MAP OF UGANDA SHOWING LOCATION OF JINJA DISTRICT.

APPENDIX 3; APPROVAL LETTER FOR DATA COLLECTION.\

Docc0001.jpg

KAMPALA INTERNATIONAL UNIVERSITY
TEACHING HOSPITAL

School of Allied Health Sciences (SAHS) Ishaka,
P.O.BOX 71 Bushenyi,
Tel: 0703786082/0773786082
Email:christinekyobuhaire@gmail.com

OFFICE OF THE ADMINISTRATOR –SAHS

The Chairperson Mafubira Sub-county
JINJA DISTRICT.

27th April 2017

Dear Sir/Madam,

SUBJECT: DATA COLLECTION

Academic research project is an Academic requirement of every student pursuing a 3 year Diploma in Clinical Medicine & Community Health (DCM) of Kampala International University- Western Campus (KIU-WC). DCM program is housed in the School of Allied Health Sciences (SAHS).
The students have so far obtained skills in Proposal writing especially chapter one, Three & Questionnaire design. The student's topic has been approved by SAHS Research Unit and is therefore permitted to go for data collection alongside full proposal & dissertation writing. As you may discover the student is in the process of full proposal development. However, the student MUST present to you his questionnaire and his research specific objectives that he wishes to address. We as academic staff of Allied Health Sciences are extremely grateful for your support in training the young generation of Health Professionals. I therefore humbly request you to receive and allow the student **MUSASIZI ERIA** Reg. No. **DCM/0032/143/DU** in your area to carry out his research. His topic is hereby attached. Again we are very grateful for your matchless support and cooperation.

Topic: **FACTORS INFLUENCING UTILISATION OF TRADITIONAL BIRTH ATTENDANTS BY MOTHERS IN MAFUBIRA SUBCOUNTY, JINJA DISTRICT.**

Sincerely yours,

Christine Kyobuhaire, Administrator- SAHS
CC: Dean SAHs
CC: Associate Dean SAHs
CC: Coordinator, Research Unit- SAHS
CC: H.O.D Dept. Public Health
CC: H.O.D Laboratory Sciences
CC: Coordinators; TLC & DEC

Recommended

LC. III CHAIRPERSON
MAFUBIRA SUB-COUNTY
- 1 JUN 2017
JINJA DISTRICT

"Exploring the Heights"