

Role of Traditional Birth Attendants on Maternal and Child Health

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Abstract: The majority of maternal and neonatal deaths can be prevented with early recognition and proper implementation of required skills and knowledge. Tracking of higher risk pregnancies needs greater strengthening for mother and child health.

Home deliveries continue to pose a challenge, and the situation is worsened by few TBA deliveries taking place and possibly significant under-reporting from difficult terrains and tribal districts. It has been shown that an increase in births attended by TBA has a key role in safe deliveries, whether conducted in the health institutions or home. So for considering this, there is a need for adequate training of TBA's. This paper elaborates on the services provided to the pregnant women and children by the Community Health staff like Traditional Birth Attendants. This reflects upon the promotion of the health of the mother and their child. It also discusses all the essential steps taken by the Community Health Staff for the healthy new born.

Keywords: TBA, Maternal Death, Maternal Health, Neonatal Death.

1. INTRODUCTION

Every year approximately four million newborns depart their life in the first week of life, worldwide [1, 2]. It has been estimated that 529,000 mothers die due to pregnancy-related causes [1, 7].

It has been found that in low and middle-income countries many deliveries still occur at home and without the assistance of trained birth attendants [8]. A latest review reported that around 20- 30% of neonatal mortality could be reduced by implementing skilled birth care services [9]. In 2000, maternal health was considered when 147 heads of state and government and 189 nations in total signed the Millennium Declaration, in which the proportion of births assisted by trained birth attendants became an important indicator to measure the progress of improving maternal health [10,11]. Every year, approximately 600,000 women die of pregnancy-related causes [3]. Ninety- eight percent of these deaths occur in developing countries, and for every woman who dies, at least 30 others suffer injuries and, often, permanent disability [3]. A TBA has been defined by United Nations as a person who assists mothers during childbirth and primarily acquired her skills by delivering babies herself or during apprenticeship to other TBAs [4]. It is estimated that between 60 and 80% of all deliveries in the developing countries occur outside modern health care facilities, with an important proportion of this attended to by TBAs [5].

Several morbidities affecting mother and child during and after childbirth are the outcome of poor birth hygiene and harmful traditional practices. One of such in the neonate is neonatal tetanus. Neonatal tetanus is a leading cause of infant mortality in developing countries [6].

With the elevated maternal mortality ratio, increasing prevalence of HIV/AIDS and the high level of utilization of the services of TBAs, there is need to assess the practices of TBAs including their hygienic practices. Thus this study was undertaken to identify the services provided by TBAs and their management practices as they relate to management of complications and the umbilical cord and their methods of infection control in the district Ghaziabad and Gautam Budh Nagar. This study will provide background information from which to design effective programmes for TBAs/SBAs.

This chapter elaborates on the services provided to the pregnant women and children by the Community Health staff. This gives the influence on the socio-economic status of the people by whom the health services were achieved. This reflects upon the promotion of the health of the mother and their child. This chapter discusses about the essential steps taken by the Traditional Birth Attendants for the healthy new born.

Objective of the study:

To evaluate the attractive roles of the TBAs during pregnancy , delivery and post birth of child and to understand the continuum of care.

2. MATERIALS AND METHODS

The study is descriptive in design. For the purpose of this study, quantitative technique is used. A survey approach has been used as means of data collection. A study population was conducted to gather information from community staff like skilled birth attendants, trained birth attendants and Dais about the care received to mother and their child during antepartum, intrapartum and postpartum stages. The respondents were selected from urban and rural areas of the district Ghaziabad namely Pawi, Vijya Nagar, Massori and Khoda respectively. Primary data has been collected with the help of questionnaire based survey. This data is been used to study the role of Trained birth Attendants/Dais. After procuring consent from the respondents, a semi –structured and Pre-tested questionnaire is used to investigate and evaluate the services provided to them. On the other hand, secondary data was collected through secondary sources like internet, newspapers, journals; books etc. A sample of 44 respondents was selected. In each village a mapping and household listing was carried out. The index households were selected through random selection using random number tables. The questionnaire has been formed to collect general information pertaining to women present in the houses, information pertaining to situation of women while they are pregnant and role of traditional and skilled birth attendants in completion of successful delivery. The questionnaires were translated in Hindi and was designed in such a way that it can be easily asked to the pregnant women. The questionnaire was pretested and refined before the data collection.

3. FINDINGS OF THE STUDY

To obtain the findings of this study, Quantitative data was statistically analyzed using SPSS 16 Software Package, and then, cross tabulation analysis was used. With the help of this, the analysis was done among the relationship between two or more items. The findings, of the study are mentioned below.

Table-1ANC Consultation by TBA/Dai

| Work Experience | Place of Residence | ANC Consultation | |
|-----------------|--------------------|--------------------|-----------------------|
| | | One to three times | More than three times |
| 5-25 years | Urban | 83.3 | 16.7 |
| | Rural | 66.3 | 33.7 |
| 26-40 years | Urban | 54.6 | 45.4 |
| | Rural | 60.0 | 40.0 |

The results displayed in Table 1 demonstrate the percentage of population that seeks consultation from Dai/TBA in their antenatal stage. It has been found that urban birth attendants who had 5- 25 years of experience reported that that more than three fourth (83.3%) of the pregnant women consulted Dai/TBA one to three times in their antenatal stage. Only (16.7%) of birth attendants were found consulting Dai/TBA more than three times. Conversely, birth attendants from rural areas who had 5- 25 years of experience, reported nearly two-third (66.3%) of pregnant women seek advice and support from Dai/TBA one to three times during ANC consultation. And one-third of the (33.7%) pregnant women from rural areas consulted Dai/TBA with similar work experience more than three times.

Further analysis reveals that in urban areas Dai/TBA’s who had the experience of 26-40 years reported that nearly half (54.5%) of pregnant women consulted them during their ANC Period one to three times, while a little more than two-fourth (45.4%) of pregnant women consulted them more than three times. However, in rural areas Dai/TBA with similar experience stated that more than a half (60%) of the pregnant women referred them to seek advice in their antenatal stage. And only less than half (40%) of the pregnant women were found consulting Dai/TBA with 26-40 years of experience more than three times.

TBA plays a crucial role in assisting mother and improving maternal health during child birth. TBAs normally provided antenatal care, including advice about diet, workload, and tetanus toxoid (TT) vaccination. TBAs recommended TT injections to protect from tetanus. One TBA named as Ms. Gurmeet belonging to Dadri Village of Ghaziabad District stated that “consultation during ANC keeps away from many complications like haemorrhage, miscarriage, and to explain the women that how to take care of herself in order to keep safe and healthy pregnancy”. Another TBA named as Rani, belonging to Jalpura stated “that in our community we have been educated for conducting delivery and found it reported religious duty, family status and as motivations to practice.” One more TBA named as Shanti belonging to Dadri stated that “to keep our work in continuation with my generation”. It has been analyzed from our study that TBAs did not charge a fee for service, however, were often compensated by the family in the form of kind – such as rice or clothes - after a successful delivery.

Table 2 Diagnostic procedures adopted by TBA

| Work Experience | Place of Residence | Procedures for the new born | | |
|-----------------|--------------------|-----------------------------|--------------------------------|--------------|
| | | Through weighing machine | Gauge from physical appearance | Do Not Check |
| 5-25 years | Urban | 15.4 | 91.7 | 50 |
| | Rural | 38.5 | 100 | 100 |
| 26-40 years | Urban | 84.6 | 8.3 | 50 |
| | Rural | 61.6 | 0.0 | 100 |

Table 2 depicts about investigative procedures used by different TBAs. It has been found out that in urban area, Dai/TBA who has 5-25 years of experience reported that only (15.4%) new born weight was measured through weighing scale followed by (91.7%) whose weight was estimated from physical evidence. It can also be seen that in urban the TBA’s who had the experience of 5-25 years reported that almost half (50%) of the new born’s weight was not checked. On observing the trends or diagnostic procedures used by experienced TBA’s of rural areas, it can be clearly seen that more than one-third (38.5%) of TBA’s with 5-25 years of experience used weighing machine for calculating the true weight of the new born, followed by (100%) of birth attendants with similar experience who roughly estimate the weight of the infant from physical evidence appearance only. It was also found that larger percentage of experienced TBA’s (100%) does not adopt any diagnostic procedure to measure weight of the new born.

Further it has been analyzed by TBA with 26-40 years of experience belonged to urban areas that more than three-fourth (84.6%) of them utilized weighing machines for determining the weight of newly born child followed by only 8.3% of TBA’s with similar experience who both roughly estimated the weight of the infant with physical appearance. However, half (50%) do not check the weight at all. On the other hand it has been observed that in rural areas, it has been further reported by the TBA that more than three-fifth (61.6%) of the new born weight was checked through weighing scale followed by 100% of the new born whose birth weight was also not at all checked.

Table 3 Breastfeeding practices by TBA and residence

| Work Experience | Place of Residence | Feed given to the infant within first hour | | | |
|-----------------|--------------------|--|--|--------------------------------|---------------|
| | | Breast feed directly | Breast feed after squeezing out the colostrum. | Cow’s milk diluted with water. | Honey/hareera |
| 5-25 years | Urban | 57.1 | 73.4 | 100 | 0.0 |
| | Rural | | | 100 | 0.0 |
| 26-40 years | Urban | 42.9 | 26.6 | 0.0 | 100.0 |
| | Rural | | | 0.0 | 100.0 |

Table 3 elucidates beneficial services provided to infants for their nourishment immediately after they are born. As reported by TBA with 5-25 years of experience, in urban areas more than two-fourth (57.1%) of the infants were given breast fed directly followed by more than three-fifth (73.4%) of infants who were breast fed after squeezing out the colostrum and 100% of infants who were given cow’s milk diluted with water. However, in rural it has been found that 100% of infants were given cow’s milk diluted with water.

Analysis further reveals that in urban it was reported by the TBA’s who had the experience of 26-40 years almost half (42.9%) of the infants were given breast fed directly followed by more than one-fourth (26.6%) of the infants who were

given breast fed after squeezing out the colostrum and 100% of the infants were given honey/hareera for nutrition. However, seeing at the results for rural area, it can be concluded that (100%) of infants were given honey/hareera as stated by TBA with 26-40 years of experience.

Table 4 Problems /complications occurred during post delivery period by residence

| Work Experience | Place of Residence | Kind of problems/complications after delivery (%) | | | | |
|-----------------|--------------------|---|---------------|--------------------|---------------------------|---------------------------------|
| | | Fever | Chills/rigors | Excessive bleeding | Excessive abdominal pain. | Incomplete delivery of placenta |
| 5-25 years | Urban | 40 | 25 | 66.6 | 0.0 | 100.0 |
| | Rural | 75 | 25 | 81.9 | 33.3 | |
| 26-40 years | Urban | 60 | 75 | 33.3 | 100.0 | 0.0 |
| | Rural | 25 | 75 | 18.2 | 66.6 | |

According to results displayed in Table 4, it was stated by TBA of urban area with 5-25 years of experience that more than one-third (40%) of respondents delivered by them were suffering from fever after delivery, followed by one-fourth (25%) of respondents who were found suffering from chills. However, problem of excessive bleeding was observed in less than three-fourth (66.6%) of respondents as reported by traditional birth attendant with similar experience and same place of residence. Also, 100% of respondents were found suffering from problem of incomplete delivery of placenta after delivery. Comparatively as reported by birth attendants of rural areas with similar experience, three-fourth (75%), one-fourth (25%), 81.9% and one-third (33.3%) of respondents were found suffering from problems like fever, chills, excessive bleeding and excessive abdominal pain respectively.

Analysis further revealed that in urban areas, it was reported by TBA with 26-40 years of experience that three-fifth (60%) of respondents were suffered from fever followed by three-fourth (75%) of respondents who were found facing problems of chills and rigors. Added to this (33%), (100%) of respondents were found suffering from problem of excessive bleeding and excessive abdominal pain as stated by TBA of urban area with similar experience. Lastly, traditional birth attendant from rural areas reported that one-fourth (25%) of respondents were suffering from fever, while three-fourth (75%) were facing problems of chills. However, (18.2%) of respondents were found facing problems of excessive bleeding and more than three-fifth (66.6%) of surveyed pregnant women were found suffering from the problem of excessive abdominal pain after delivery.

4. CONCLUSION

In the present study, it has been concluded that despite of the advancements in institutional deliveries in Uttar Pradesh, traditional plays a significant role in improving maternal and child. Institutional deliveries are still neglected and women constrained with traditional mind still look out for services provided by traditional Dai/ TBA. In the present study, initially demographics information was gathered to investigate socioeconomic variables influencing of birth attendant. This section briefs about the gap in the expected and actual performance of the attendants, so that formal training procedures can be conducted to overcome this gap. Our study has shown the precautionary measures adopted by traditional birth attendants for ensuring smooth delivery along with child safety. In order to gauge the effectiveness of TBAs, cross tabular analysis was conducted to examine medical seeking behaviour amongst surveyed pregnant women on the basis of work experience. Our study, also posited the problems that new born are likely to face. Lastly, diagnostic procedures to check normality of the new born as perceived by skilled birth attendant on the basis of weight is been theorized.

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