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Knowledge, Perception, and Influencing Factors of Traditional Birth Attendant Service Utilization among Pregnant Women in Khana LGA, Rivers State

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ABSTRACT

Introduction: Traditional Birth Attendants (TBAs) have been recognized by the World Health Organization to play a substantial influence in lowering mother and infant mortality by means of the Safe Motherhood Program of 1987. Antenatal care and deliveries in hospitals with skilled health personnel remain a faraway dream for many women residing in the underdeveloped countries.

Methodology: A descriptive cross-sectional study approach was used in the investigation and was carried out in Khana is a Local Government Area in Rivers State. The study population includes pregnant women attending primary health care centers in Khana Local Government Area of Rivers State. Data collection was conducted using semi-structured questionnaires administered through interviewer-led sessions. Data was analyzed using SPSS Version 25.

Results: Majority of the respondents 159(60.2%) were married, 26(9.8%) were single, 26(9.8%) were cohabiting, 26(9.8%) were divorced, 27(10.2%) were widowed. Majority of the respondents 250(94.4%) were aware of the existence of TBAs. 106(40.2%) expressed strong agreement that Traditional Birth Attendants have sufficient skill to take delivery.

Conclusion: The findings demonstrate that a significant proportion of pregnant women are knowledgeable about the existence and services of Traditional Birth Attendants (TBAs), largely influenced by family and cultural beliefs. While many are aware of the potential complications associated with TBA services, they still perceive TBAs as accessible, affordable, and culturally attuned care providers.

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Introduction

Traditional Birth Attendants (TBAs) have been recognized by the World Health Organization to play a substantial influence in lowering mother and infant mortality by means of the Safe Motherhood Program of 1987. It was discovered that if the Safe Motherhood Program is properly carried out with systematic follow-up following training, then trained TBAs in sub-Saharan Africa can positively affect the reduction of mortality among mothers and infants. The percentage of deliveries aided by TBAs became an essential metric to track the advancement of enhancing the health of mothers after 189 countries and 147 Heads of Government endorsed the Millennium Declaration in an effort to lower maternal mortality [1]. The importance of the TBAs is consistent with reaching the measurable outcomes for SDG 3, such as enhancing maternal health. TBA education has been a key element of plans to enhance the health of mothers and babies in numerous nations. Results, nonetheless, indicate that

there is little effect of TBA instruction in lowering the death rate of mothers. Maternal death rate in Africa is still high, at 1,000 deaths per 100,000 live births, compared to 9/100,000 in affluent nations, notwithstanding the continent's efforts to enhance the well-being of mothers.

TBAs help with 60–80% of deliveries worldwide, and especially more in emerging nations' rural regions. Antenatal care and deliveries in hospitals with skilled health personnel remain a faraway dream for many women residing in the global south. The cost and proximity to the services, along with cultural and spiritual standards, are factors that influence the tendency toward home births under TBA supervision. Due to a lack of qualified medical personnel in many nations, including Zimbabwe, TBAs typically provide maternity health care [2]. TBAs are an essential component of African medicine because they are able to communicate in the native tongue, are trusted by the community, and offer psychological support from birth (Smith et al 2018). Although the exact number of untrained birth attendants in nations that are developing is unknown, modest projections indicate that

by 2015, sub-Saharan Africa will be home to approximately 180 million of these individuals [3].

Statement of Problem

In Nigeria, a woman has a 1 in 13 probability of dying during pregnancy and childbirth, and it is projected that pregnancy-related problems claim the lives of 52,900 Nigerian women annually. Only roughly 39% of deliveries in the nation receive professional birth attendant assistance [4]. The main focus of the government's present attempts to lower the death rate of mothers is to provide trained birth attendants at the sites of delivery, particularly in rural areas where primary healthcare facilities are situated. This work falls under the purview of the "Midwives Service Scheme." The goal of this program is to temporarily fill the gap in the primary healthcare system's skilled attendance shortfall.

Nigeria's high rates of maternal mortality led to the country's designation as one that needs to achieve MDG 5 [5]. According to the 2013 Nigerian National Demographic and Health Survey (NDHS), there were 576 deaths of mothers for every 100,000 live births. Among the unsafe procedures that put women at risk of death are hemorrhages, infections, unapproved abortions, obstetric emergencies, HIV/AIDS, and meningitis [6].

Aim of Study

The aim of this study is to assess the knowledge, perception and factors influencing Traditional Birth Attendant Service Utilization among Pregnant Women in Khana LGA, Rivers State.

Methodology

Study Design

A descriptive cross-sectional study approach was used in the investigation

Study Area

Khana is a Local Government Area in Rivers State, Nigeria's South-East Senatorial District (Wilmer et al., 2003). With a population estimated at 294,217 in the 2006 census, it occupies an area of 560 km². The Khana language is spoken there. 504 is the area's postal code [7]. The town of Bori serves as its headquarters for administration. It is divided into three districts: Nyokhana, Kenkhana, and Babbe. These three districts are a component of Ogoni's six kingdoms. The local government's chairman and his deputies constantly prioritize supporting the state and federal governments' attempts to provide the community's residents with basic facilities.

Population of Study

The study population includes pregnant women attending primary health care centers in Khana Local Government Area of Rivers State.

Inclusion Criteria

The inclusion criteria are women who are pregnant

Exclusion Criteria

The exclusion criteria are women who are pregnant but are unavailable, pregnant women who are indisposed and unable to answer and pregnant women who have refused to consent to the research.

Sample Size

The desired sample size was determined using Cochran's formulae (Lepine et al., 2018)

$$n = \frac{Z^2 \times pq}{d^2}$$

Where:

n = desired sample size

z = standard normal deviate corresponding to the possibility of type 1 error (α) at 95% = 1.96 confidence interval

p = utilization prevalence of proportion of pregnant women traditional birth attendant service.

$$n = \frac{1.96^2 \times 0.806 \times 0.194}{0.05^2}$$

n = 240 + 24 (10% non-response rate) = 264

Sampling Technique

A multi-stage sampling technique was employed to select respondents for the study within Khana Local Government Area, ensuring a systematic and representative approach.

In the first stage, a simple random sampling method using balloting was adopted to identify the specific locations within the local government area where the study would be conducted. Out of the 19 existing wards in Khana LGA, four were randomly selected to serve as the focus areas for the research.

In the second stage, within each of the selected wards, three communities were chosen through simple random sampling. This ensured that the selected communities were fairly and randomly distributed within each ward.

The third stage involved the selection of primary healthcare facilities within the identified communities. Specifically, two primary health centers were selected from each community using the same simple random sampling method.

To determine the number of respondents, the study population of 264 pregnant women was proportionately distributed across the selected locations. As such, 66 pregnant women were sampled from each of the four selected wards. Within each ward, 22 women were sampled from each of the three selected communities. Furthermore, within each community, 11 pregnant women were selected from each of the two chosen primary health centers.

Method of Data Collection

Data collection was carried out through the use of semi-structured questionnaires administered by interviewers. These questionnaires were specifically designed for this study to gather information regarding the knowledge, perception and the utilization of Traditional Birth Attendant Services by pregnant women in Khana Local Government Area of Rivers State.

Validity and Reliability

The instrument (pre-tested questionnaire) for data collection was validated by the project supervisor in face, content and construct. Suggestions and feedback were used to update the research instrument's final version. The reliability of the questionnaire was tested using 10% of the sample population. Cronbach's alpha coefficient statistics was used to evaluate a collection of survey questions for internal consistency and reliability. The Cronbach's alpha benchmark was set at 0.7, which denotes a level of consistency among the items that guarantees the measure's dependability.

Data Analysis

Data was analyzed using SPSS Version 25. Descriptive statistics (means, frequencies and percentages, as appropriate) were computed for all variables. These data were reviewed to check for outliers, missing data, and “cells” with low frequencies that might hinder stable statistical analysis.

Ethical Approval

It was requested and granted ethical clearance by the University of Port-Harcourt Ethical Review Committee. Participants received a thorough explanation of the study's goals, and informed permission was secured. Participants received guarantees regarding the privacy of their answers and the lack of impact from non-participants. Serial numbers were utilized instead of personal information on the surveys.

Results

Table 1: Socio-Demographic Characteristics

Variables	Frequency	Percentage (%)
Age Group		
<16	21	8.0
16–25	53	20.1
26–35	138	52.3
36–45	26	9.8
>45	26	9.8
Marital Status		
married	159	60.2
single	26	9.8
cohabiting	26	9.8
divorced	26	9.8
widowed	27	10.2
Highest level of education acquired		
No formal education	21	8.0
primary	26	9.8
secondary	164	62.1
tertiary	26	9.8
postgraduate	27	10.2
What is your occupation		
military or other uniform services	21	8.0
professional	26	9.8
skilled	53	20.1
Semi-skilled occupation	52	19.7
Unskilled occupation	86	32.6
Unemployed	26	9.8
How many times have you been pregnant before		
1	185	70.1
2-3	52	19.7
4 and above	27	10.2

Table 1 Socio-Demographic Characteristics of the respondents. Majority of the respondents 138(52.3%) were within the age group of 26–35, 21(8.0%) were within the age group of <16, 53(20.1%) were within the age group of 16–25, 26(9.8%) were within the age group of 36–45, 26(9.8%) were within the age group of >45. Majority of the respondents 159(60.2%) were married, 26(9.8%) were single, 26(9.8%) were cohabiting, 26(9.8%) were divorced, 27(10.2%) were widowed. The highest level of education acquired by majority of the respondents 164(62.1%) was secondary, 21(8.0%) had no formal education, 26(9.8%) had primary, 26(9.8%) had tertiary, while 27(10.2%) had postgraduate education. Majority of the participants 86(32.6%) had unskilled occupation, military or other uniform services made up 21(8.0%), 26(9.8) % had professional occupation, 53(20.1%) had skilled occupation, 52(19.7%) had semi-skilled occupation, while 26(9.8%) were unemployed. Regarding how many times they have being pregnant before, majority of the respondents 185(70.1%) reported once, 52(19.7%) reported 2-3 times, while 27(10.2%) reported 4 and above.

Table 2: Knowledge Pregnant Women Have on the Existence of Traditional Birth Attendant Services

Variable	Frequency	Percentage (%)
Are you aware of the existence of TBAs		
Yes	250	94.4
No	11	4.1
Indifferent	4	1.5
Are Traditional Birth Attendants readily available to attend to pregnant women to your knowledge? n = 250		
Yes	219	87.5
No	31	12.5
Not sure		
Are you aware of the services rendered by Traditional Birth Attendants		
Yes	226	90.4
No	24	9.6
Are you aware of any complications associated with utilizing the services of Traditional Birth Attendants		
Yes	127	50.8
No	99	39.6
Indifferent	24	9.6

Table 2 shows knowledge on the existence of traditional birth attendant services. Majority of the respondents 250(94.4%) were aware of the existence of TBAs, 11(4.1%) reported not being aware while 4(1.5%) were indifferent. Regarding the question “are Traditional Birth Attendants readily available to attend to pregnant women to your knowledge”, majority of the respondents 219(87.5%) reported Yes, 31(12.5%) reported No. majority of the respondents 226(90.4%) reported that they are aware of the services rendered by Traditional Birth Attendants, 24(9.6%) reported not being aware. More than half of the respondents 127(50.8%) reported that they are aware of any complications associated with utilizing the services of Traditional Birth Attendants, 99(39.6%) reported not being aware, 24(9.6%) reported being indifferent.

Table 3 Perception towards Traditional Birth Attendants

Question	SA	A	ID	D	SD
To your knowledge, Traditional Birth Attendants have sufficient skill to take delivery	106(40.2)	73(27.7)	59(22.3)	26(9.8)	0(0)
Traditional Birth Attendants use sterile instruments for their services	0(0)	81(30.7)	79(29.9)	52(19.7)	52(19.7)
Traditional Birth Attendants can easily recognize and treat complication of delivery	21(8.0)	105(39.8)	53(20.1)	59(22.3)	26(9.8)
I consider Traditional Birth Attendants skilled	21(8.0)	138(52.3)	53(20.1)	26(9.8)	26(9.8)
I think the services of Traditional Birth Attendants can be improved	159(60.2)	52(19.7)	0(0)	53(20.1)	0(0)
I am satisfied with the services provided by Traditional Birth Attendants	73(27.7)	85(32.2)	52(19.7)	27(10.2)	27(10.2)
I support that Traditional Birth Attendants should be banned from practicing	0(0)	21(8.0)	3(20.1)	190(72.0)	0(0)
I want Traditional Birth Attendants to be incorporated into modern healthcare	47(17.8)	112(42.4)	53(20.1)	26(9.8)	26(9.8)

Table 3 shows the Perception Towards Traditional Birth Attendants. The results revealed that majority of the respondents 106(40.2%) expressed strong agreement that Traditional Birth Attendants have sufficient skill to take delivery, 73(27.7%) agreed, 59(22.3%) were Indifferent, 26(9.8) disagreed. Majority of the respondents 81(30.7%) agreed that TBAs use sterile instruments for their services, 79(29.9%) were indifferent, 52(19.7%) disagreed, 52(19.7%) strongly disagreed. Regarding the question “Can a Traditional Birth Attendants easily recognize and treat complication of delivery?” majority of the respondents 105(39.8%) agreed, 21(8.0%) strongly agreed, 53(20.1%) were indifferent, 59(22.3%) disagreed, and 26(9.8%) strongly disagreed. Majority of the respondents 138(52.3%) agreed that they consider Traditional Birth Attendants skilled, 21(8.0%) strongly agreed, 53(20.1%) were indifferent, 26(9.8%) disagreed, 26(9.8) strongly disagreed. Most of the respondents 159(60.2%) strongly agreed that they think the services of Traditional Birth Attendants can be improved, 52(19.7%) agreed, 53(20.1%) disagreed. Majority of the respondents 85(32.2%) agreed that they are satisfied with the services provided by Traditional Birth Attendants skilled, 73(27.7%) strongly agreed, 52(19.7%) were indifferent, 27(10.2%) disagreed, 27(10.2%) strongly disagreed. More than half of the respondents 190(72.0%) expressed disagreement that Traditional Birth Attendants should be banned from practicing, 21(8.0%) agreed, 53(20.1%) were indifferent. Majority of the respondents 112(42.4%) agreed that Traditional Birth Attendants should be incorporated into modern healthcare, 47(17.8%) strongly agreed, 53(20.1%) were indifferent, 26(9.8%) disagreed, and 26(9.8%) strongly disagreed.

Table 4: Factors Influencing the Choice of Utilizing Traditional Birth Attendants by Pregnant Women

Variable	Frequency	Percentage (%)
Are Traditional Birth Attendants users friendly		
Yes	170	68
No	25	10
indifferent	55	22
Are the services of Traditional Birth Attendants free?		
Yes	20	8
No	180	72
indifferent	50	20
Are the services of Traditional Birth Attendants cheap		
Yes	176	70.4
No	49	19.6
indifferent	25	10
Are the services of Traditional Birth Attendants?		
Yes	176	70.4
No	49	19.6
indifferent	25	10
Are you able to afford the services of Traditional Birth Attendants?		
Yes	201	80.4
No	49	19.6
indifferent	0	0
Are Traditional Birth Attendants easily accessible?		
Yes	170	68
No	25	10
indifferent	55	22
Is there an alternative health care service aside Traditional Birth Attendants?		
Yes	152	60.8
No	49	19.6
indifferent	49	19.6
If yes to question 7, are the alternative health cares too expensive? N =152		
Yes	77	50.4
No	30	20
indifferent	45	29.6
Do you utilize Traditional Birth Attendants because of you of your belief?		
Yes	126	50.4
No	99	39.6
indifferent	25	10
Are you convinced by anyone to utilize Traditional Birth Attendants		
Yes	201	80.4
No	25	10
indifferent	24	9.6
which services will you consider better		
traditional Birth attendants	69	27.6
primary health center service	82	32.8

general hospital	50	20
private clinics	25	10
Teaching hospitals	24	9.6

Table 4 above shows factors influencing the choice of Utilizing Traditional Birth Attendants by Pregnant Women. The factors influencing the choice of utilization of traditional birth attendants by pregnant women as reported by majority of the respondents include; Traditional Birth Attendants users friendly 170(68%), Traditional Birth Attendants services are cheap 180(72%), able to afford the services of Traditional Birth Attendants 201(80.4%), Traditional Birth Attendants are easily accessible 170(68%), utilize Traditional Birth Attendants because of their belief 126(50.4%). Majority of the respondents 180(72.0%) reported that the services of Traditional Birth Attendants are not free. 152(60.8%) of the respondents reported that there is an alternative health care service aside Traditional Birth Attendants, among which 77(50.4%) reported that it was too expensive. 201(80.4%) were convinced by someone to utilize Traditional Birth Attendants. 82(32.8%) reported that they would consider primary health center service better than TBAs, would consider general hospitals 50(20%), private clinics 25(10%), Teaching hospitals 24(9.6%).

Discussion

Knowledge Pregnant Women Have on the Existence of Traditional Birth Attendant Services

The results of the study revealed that over 90% of the respondents were aware of the existence of TBAs. With majority of the respondents in this study hearing about TBAs from their family members, this reflects the considerable family influence in maternal health seeking behavior. More than half of the respondents reported that Traditional Birth Attendants are readily available to attend to pregnant women. More than half of the respondents reported that they are aware of the services rendered by Traditional Birth Attendants as well as any complications associated with utilizing the services of Traditional Birth Attendants, acknowledging that (50.0) infections, (20.5) excessive bleeding, (9.8) reported prolonged bleeding, (19.7) reported damage to reproductive organs are common complications. This reflects the average knowledge that respondents have about TBAs and their roles, which may be a result of their relatively low educational attainment. It also has significant implications for the respondents' behavior when it comes to seeking health care, as they may demand services from TBAs that they are not qualified to provide, which could have a negative impact on the health of these women and their unborn children. Similarly, Shimpuku et al., showed that TBAs play three primary roles: emergency delivery assistance, community health education, and referrals [8]. They support women through close relationships and experience joy. However, they face work issues due to insufficient resources, unfavorable hospital relationships, and lack of formal medical training. Both groups express willingness to collaborate to ensure the health and lives of mothers and babies [8]. In response to questions about whether respondents had heard of Traditional Birth Attendants (TBAs), were aware of them, or used their services, Sibley et al, found that while the majority of the participants (373) acknowledged having prior knowledge about TBAs, only 147 of them acknowledged having used the services they provided; of these, 53 frequently patronize TBAs and 94 do not. In a study conducted in Ethiopia, Taye et al. reported that 131 women (31.5 percent; 95% confidence interval: 27%, 36%) utilized TBA services for their most recent delivery [9,10]. The majority of research participants (41.8%) have a favorable opinion about TBAs. In a different study, 153

respondents (72.2%) had prior knowledge of TBAs; 91 (40.8%) had visited a TBA at least once for a delivery; 73 (80.2%) of these visits resulted in successful deliveries; 18 (19.8%) experienced difficulties during delivery; of these, 7 (7.7%) were referred to medical facilities for follow-up care [11].

Perception towards Traditional Birth Attendants

Similar to the findings of a 2012 study by Ebuehi et al. demonstrating that respondents had a positive opinion of and used TBA services, the results showed that the majority of respondents believed that Traditional Birth Attendants had sufficient expertise to take delivery. This emphasizes the need for TBAs and health systems to maintain a long-term relationship in order to enhance TBAs' knowledge and abilities within acceptable bounds. In appropriate contexts, it is envisaged that this kind of partnership will promote a positive working relationship between orthodox and traditional maternity service providers, leading to better outcomes for the health of mothers and newborns. According to a study conducted in Sokoto, North West Nigeria, skilled TBAs may identify pregnant women with elevated risks and deliveries and send patients to appropriate medical facilities [12]. But according to Sarmiento et al. (2020), those who oppose TBA care believe that the treatment has not significantly improved mother health. Majority of the respondents in this were of the opinion that TBAs are skilled and can easily recognize and treat complications of delivery. More than half of the respondents think the services of Traditional Birth Attendants can be improved, and are satisfied with the TBA services. More than half of the respondents 190 (72.0) expressed disagreement that Traditional Birth Attendants should be banned from practicing, Majority of the respondents 112 (42.4) agreed that Traditional Birth Attendants should be incorporated into modern healthcare. These beliefs could stem from a variety of factors, including respondents' felt empathy from TBAs, felt regional and monetary restrictions, contentment with the aid they obtained, and the impact of culture. Out of ten previous TBA consumers, seven expressed satisfactions with the services provided. It's interesting to note that, according to Ebuehi et al, 77.1% of respondents were against or extremely against the TBA prohibition [13]. Despite having little understanding of the services that TBAs ought to offer, the respondents' views about and use of TBA services did not reflect this. The majority of respondents felt that although while TBAs are less knowledgeable and skilled than traditional health care providers, their current level of training and expertise is sufficient for them to effectively assist expectant patients.

Factors Influencing the Choice of Utilizing Traditional Birth Attendants by Pregnant Women

The factors influencing the choice of utilization of traditional birth attendants by pregnant women in this study as reported by majority of the respondents include; Traditional Birth Attendants users friendly (67.8), Traditional Birth Attendants services are cheap (70.5), able to afford the services of Traditional Birth Attendants (80.3), Traditional Birth Attendants are easily accessible (67.8), utilize Traditional Birth Attendants because of their belief (50.4). The findings of a related study conducted in 2022 by Ntoimo et al. revealed that the participants overwhelmingly agreed on the causes of some rural Edo women's use of TBAs rather than SBAs [14]. Among the reasons given were the belief that contemporary medicine is insufficient for providing good maternal healthcare, the fact that TBAs are more accessible than SBAs, the fact that SBAs' services are more expensive, the fact that TBAs are kinder than SBAs, and the rarity of health providers. The study also showed that among these explanations, the belief

held by those who participated in the interviews stands out as the most significant and consistent one: current medications are insufficient to address every mother's health issue. Because of cultural beliefs regarding the effectiveness of traditional herbs in treating pregnancy difficulties, pregnant women frequently register with orthodox health facilities and Traditional Birth Assistants (TBAs). Some participants assert that women who utilize current medications alone minus integrating them frequently result in maternal deaths [15]. Similarly, also people chose TBA services because they were more easily accessible, had better relationships, were more affordable, more convenient, and allowed to give birth in a typical position [16]. Younger women, single women, and grand multiparous women were more likely to have given birth via TBA or maternity; in many cases, people's knowledge of maternity services ended with TBA. Moreover, a survey found that some women only sought medical attention from TBAs because they needed their husbands' approval to go to the hospital [17]. According to a study conducted in 2012 by Ebuehi et al., the following factors influence TBA utilization: "TBA facilities are less expensive" (50.9%); "TBA amenities tend to be more in line with tradition in my surroundings" (34.0%); "TBA amenities are nearer to my residence than medical center services" (13.2%); "TBAs supply kinder than conventional health workers" (43.4%); and "TBA customer service is the only maternal service that I know" (1.9%) [13]. Current and former consumers made up eight out of ten (79.2%) who said that while TBA services are decent, they might be superior with training (78.3%). The majority (77.1%) opposed making TBA services illegal. 74.8 percent of users said they were happy with TBA's services.

According to Taye et al.'s study, which also supported our findings, consumers prefer TBAs to SBAs for many reasons [10]. Therefore, "TBAs are accessible and readily available in rural regions, roads accessibility challenges, TBAs respect traditions and cultural backgrounds, and there is delay in the arrival of an evacuation" are the main reasons why women prefer TBAs over SBAs. In rural communities, TBAs are the preferred option for women due to their home-centered approach and provision of individualized services that align with community customs, even when medical professionals and HEWs are present [18]. This may be the cause of the majority of rural women's trust in TBAs. TBAs are the preferred birth attendants because of low synchronization and a lack of faith in the HEWs' abilities [19].

Nonetheless, Moloney asserts that the pregnant woman's religiosity plays a significant role in the TBAs' ongoing patronage, a fact that is largely un-documented [20]. Her spouse and her close family members, including her parents and in-laws, share her spirituality. Furthermore, according to Moloney, "pregnancy and childbirth have been considered spiritual events across-culturally and throughout history because of the amazing processes involved [20,21]."

Conclusion

The findings demonstrate that a significant proportion of pregnant women are knowledgeable about the existence and services of Traditional Birth Attendants (TBAs), largely influenced by family and cultural beliefs. While many are aware of the potential complications associated with TBA services, they still perceive TBAs as accessible, affordable, and culturally attuned care providers. The positive perception and continued utilization of TBAs by pregnant women despite their limited formal training highlight a deep-rooted trust reinforced by economic, social, and religious factors. These dynamics suggest that women in many

rural communities continue to rely on TBAs due to systemic barriers in accessing skilled birth attendants (SBAs) and modern healthcare services.

Recommendation

Health workers should adopt respectful maternity care models that incorporate positive traditional beliefs and values, thus reducing resistance from pregnant women and their families. Future studies should explore the role of spirituality and religion in maternal health-seeking behavior, which remains under-documented but influential. Government and health stakeholders should create structured training programs for TBAs focused on basic obstetric care, danger sign recognition, hygiene practices, and timely referrals. This will improve safety while maintaining their community role.

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