

A Critical Autopsy of the Role and Niche of Traditional Birth Attendants (TBA) in African Countries Facing Health Infrastructural Challenges

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KEYWORDS Collaboration. Biomedical Midwives. Cultures. Social Capital. Modernization. Health Infrastructure

ABSTRACT This paper has systematically reviewed literature to elicit debate and discourse on the role, niche and position of the traditional birth attendants in some countries of the developing world. Findings indicate that: TBA are a panacea in counties with a poor health infrastructure; modern and educated women still access their services; TBA services are considered culturally and socially appropriate; their services are not pecuniary motivated; and are an alternative to failed countries with poor health infrastructure. TBA or their services are also considered perfidious in that: they claim their services are spiritually ordained making it difficult to collaborate with biomedical midwives; their services are not scientifically validated; their training/improvement may deny respective countries the opportunity to train modern midwives. The paper advocates and lobbies for the collaboration and working in tandem of the birth attendants and the biomedical midwives; and that their services are monitored and supervised.

INTRODUCTION

The World health Organization in a bid to address the protracted low pace of development in many resource-constrained countries advocate and lobby for a homebrew or home-grown strategies to mitigate the different aspects of under development (WHO 2002). This, in this researcher's perspective means repositioning these countries to undergo a paradigm shift in their approaches, ideologies and strategies of solving their problems. This also means these countries accepting to depart from the norm of adopting the western based methodologies, strategies and approaches as a panacea to addressing their problems and challenges (WHO 2002). Viewed from another perspective, this calls for these countries to reconsider going back to their roots and seek indigenous ways of addressing their problems. This means adopting culturally endowed, socially and people driven approaches (WHO 2002; Mupedziswa 2001, 2005; Osei- Hwedie and Rankopo 2008). This, in this researcher's perspective also means taking stock of the aspects that have been abandoned, demeaned and discarded that could have immense social capital that can stimulate development (Afolayan 2004; Kang'ethe 2009, 2013a; Mbuya 2000; UNAIDS 2000). It's unfortunate that there are many indigenous resources in many developing countries that have been discarded or ig-

nored as people tend to equate development with westernization, eurocentrism and globalization (Kang'ethe 2009, 2013a). In this researcher's perspective, relooking, repositioning and rejuvenating many aspects of culture for instance could possibly help tap and harness the immense social capital embedded in them (Kang'ethe 2013a,b). This could be a source of development that would be affordable, people driven and easily understood by especially citizens of lower socio-economic status. It is this realization that this researcher has considered it pertinent to make an autopsy of the role and niche of traditional birth attendants as human resource that still has a space to effectuate and fill in the much required human resource gap in many countries of the developing world (Anderson and Staugard 1986).

Traditional birth attendants are traditional practitioners who help their communities usually in the rural areas effect maternal child delivery services. Besides child delivery services, they teach and counsel pregnant women on behaviors to embrace and avoid while pregnant for the safety of their unborn children. Largely, traditional birth attendants effectuate a constellation of services that includes but not limited to ritual bathing upon the mother delivering a child, ritual disposal of the placentas, post-partum and cord care, and advice on marriage, contraception and fertility (Truter 2007). However, in many

traditional societies, there are criteria that have to be met if one wishes to become a traditional birth attendant. For example, many societies recommend that one must be a mother of usually two children (Truter 2007). This is for the sheer purpose of understanding the dynamics of being a mother. One also need to have worked for many years as an apprentice before she can graduate to become a traditional midwife (Truter 2007).

Traditional birth attendants are therefore important vehicles of health development in resource constrained countries (WHO 2002). They are an informal group complementing and supplementing the multidisciplinary health team especially in countries with a huge rural population to work towards strengthening the countries' case in fulfilling Millennium Development Goals (MDGs) number four (4) that envisages reducing the child mortality, as well as number five (5) that aims at improving the maternal health (Republic of Botswana United Nations 2004). It is therefore important that their niches are adequately established and located; and their strengths and operational gaps are critically analyzed and possible strategies timeously worked on. This paper is a lobbying and advocacy one for the place and niche of the traditional birth attendants to be relooked, re conceptualized, reconsidered, reviewed, repositioned and rejuvenated so that their potency can be realized.

Problem Statement

The desperation driven by inadequate maternity and associated requisite health infrastructure in some developing countries has motivated and prompted the need to debate and discuss the role and niche of traditional birth attendants in such countries. Such debates informed by literature, practices, perspectives and perceptions from the researcher and other eclectic sources hope to balance between the need to advocate for their repositioning, rejuvenation, or discarding them, or leaning towards collaboration between them and the biomedical midwives.

METHODOLOGY

The paper uses literature review methodology to discuss and debate the niche and position of traditional birth attendants in contemporary

societies of the developing part of the world. The paper has used books, United Nations publications and journal papers on cultures; and the researcher's experience and knowledge in cultures.

Operational Definition

Panacea and Perfidy

While the word panacea means the solution to all the problems or difficulties, it is hereby operationalized in the paper to mean desirable things; while the word perfidy that means disloyalty is hereby operationalized to mean undesirable things.

OBSERVATIONS AND DISCUSSION

Dynamics Associated with Traditional Birth Attendants in Developing Countries

They Are a Panacea in Countries with a Poor Health Infrastructure

The fact that most countries especially in Africa have a large rural population with poor health services and infrastructure compounds the need to consider the place and niche of traditional birth attendants (WHO 2002; Yazbek 2012). This is with the hope of unearthing all the possible challenges that are associated with traditional birth attendants and work towards augmenting them. Although South African's maternity and general health situation is increasingly modernizing and making the role and place of traditional practitioners such as the birth attendants obsolete, traditional birth attendants have had a special niche and recognition since time immemorial. Infact, in some very rural areas even in South Africa, they have been the only available practitioners who facilitate child delivery. Therefore, traditional birth attendants form a second best alternative. In some cases, even modern educated women prioritize the services of the birth attendants to the biomedical midwives. This is because they are considered well experienced, motherly and passionate. In such a scenario, their services become a panacea (Yazbeck 2012). In South Africa, traditional birth attendants operate within the current policy dispensation that fall under the ambit of Traditional Health Practitioners Act number 22 of 2007

(Republic of South Africa 1996). According to the act, a traditional birth attendant is a person who has engaged in traditional health practice and has been registered as a traditional birth attendant under the act. The act recommends the training of the traditional birth attendants. To this end, a training curriculum on traditional birth attendants and HIV/AIDS has been developed by the Department of Health (Yazbeck 2012). To say the least, the act is both developmental and progressive in that it suggests the need for training of the TBA as a way of bolstering child delivery to make countries achieve a significant score in the MDGs number 4 and 5 (Republic of Botswana United Nations 2004).

Modern and Well Educated Women Seek the Services of TBA in Tandem with the Modern Midwives

Perhaps from literature and also from this researcher's contention, the role and niche of TBA needs to be reconsidered and rejuvenated. This is borne by the fact that even some urban and moderately literate clients prefer to give birth under the facilitation of a traditional birth attendant instead of through a trained midwife. This is especially common if the midwife is a young woman without children (Truter 2007). This means that these clients consider the services of the TBA as having some advantages or superior to those of the modern midwives. Some literature in South Africa holds that when women are not handled well in the hospitals by the midwives, they turn to the traditional birth attendants. It is therefore recommendable that collaboration between the biomedical midwives and the birth attendants is sought with the hope of the biomedical midwives building on the good practice of the birth attendants (Yazbeck 2012). It is therefore critical that such TBA are assisted to upgrade and modernize their services. This also indicates that they can officially do an important complimentary and supplementary role in the child delivery process.

Traditional Birth Attendants are Culturally and Socially Appropriate

Traditional birth attendants are usually elderly women who have been midwives for many years. They are therefore respected for their experience especially in rural areas (Truter 2007).

In many countries, especially of the developing part of the world, these services alongside other traditional services have been invaluable, friendly, socially and culturally relevant as well as people driven. Their clients perceive a lot of social capital embedded in their practice. Some feel they have been brought by God/gods/deities to advance the role of procreation. This is why some clients believe that the service of the birth attendant is both culturally and spiritually ordained (Kang'ethe 2009, 2013b; UNAIDS 2000). Although most developing countries according to World Health Organizations mortality audits have been experiencing higher child mortality rates and by extension undermining the maternal health care (WHO 2002), the role of the traditional birth attendants in complementing the maternity services cannot be overemphasized. Perhaps the fact that many countries have not had a good collaboration and integration of these services could largely be stifling the role of the traditional birth attendants. This means that their potency, resources and skills may not be adequately harnessed, tapped and exploited. It is therefore pertinent in this researcher's contention that strong collaborative and integrative methodologies are sought. This is because most traditional birth attendants have continued to operate in informal settings. These settings, this researcher believes, could be positively influenced by modernity. And this finds empirical support because in settings where training has been conducted to these personnel, their productivity has been validated to improve (WHO 2000; Truter 2007; Yazbeck 2012).

Traditional Birth Attendants Are Not Pecuniary Motivated

This researcher commends the services of the traditional birth attendants because they are not driven by pecuniary driven in their professionalism. This, in this researcher's contention is an invaluable and an indigenous oriented quality that should be retained and sustained (Kang'ethe 2011). This finds a lot of relevance in many poor constrained countries with people who may not easily afford maternity services (WHO 2000, 2002). This is considered a panacea in light of the current challenges that South Africa is experiencing with the traditional surgeons being accused of causing professional flaws to an extent of being fatal to the initiates

(Ngqaza 1997; Peltzer et al. 2008, 2010). This has been largely blamed to greedy individuals who start initiation schools without professional preparedness, being only motivated by pecuniary gains other than being culturally driven to advance cultural social capital embedded in the rite of circumcision (SA News 2013; Kang'ethe 2013a, b). The fact that the traditional birth attendants are driven by motivation to strengthen cultural social capital embedded in their services make them socially and culturally relevant (Kang'ethe 2013a, b). With the current services of biomedical practitioners being too exorbitant to be afforded by the common people in South Africa, perhaps the services of the traditional birth attendants should be reconsidered, repositioned and rejuvenated to fill in such pecuniary gaps. Perhaps a little more interest of their services by the government and other child delivery bodies could help strengthen their services for public interest. Their training would no doubt help improve their services (Truter 2007; Yazbeck 2012).

Traditional Birth Attendants Are an Alternative to a Failed Health Infrastructure

In many countries with a large rural population such as Ethiopia, traditional birth attendants are usually the only players to facilitate child delivery. This does not mean that modern services are not required, but poverty and the countries' economic position have not afforded them to put in place an appropriate modern health infrastructure (WHO 2002). Therefore, the services of the birth attendants form an alternative to a failed health service delivery system. Besides the expected child delivery services, these traditional birth attendants also offer other health related invaluable tasks and services such as counseling, child care, immunization, peri-natal and post-natal care as well as detection of complications etc. Therefore, it is incumbent upon the government, the NGOs and other child and maternal friendly bodies to advocate and lobby for the niche and position of these practitioners to be reconsidered, repositioned, and rejuvenated so that their services can be optimally realized by the public (Kang'ethe 2013b). Perhaps all the citizens alongside the government agents need to change their mindset over the way traditional practitioners have been perceived. This researcher condemns many African people for

having abandoned the services of their traditional practitioners when the modern biomedical services found their way through colonization, apartheid, modernization, civilization and globalization (Kang'ethe 2009). Perhaps many governments have not been able to slow the impacts of colonization and in South Africa apartheid system. To say the least, Africans have been aping and inspiring to follow and become like their colonial masters at the expense of their cultural roots. This is why this researcher would like to advocate and lobby for a paradigm shift that will ensure that the Africans richly consider and reconsider repositioning the immense social capital that most of the cultures and the practices hold (Kang'ethe 2013b).

Perfidy of Traditional Birth Attendants

Perhaps viewing the traditional birth attendants from the other side of the coin is important to succinctly evaluate the gaps that the practice of some TBA could be facing. This would also expedite the process of their collaboration and integration.

Some Traditional Birth Attendants (TBA) Claim Their Services Have a Spiritual Dimension

Perhaps why the process of collaboration and integration with the modern biomedical practitioners is facing an arduous and an uphill task could be because of the TBA belief system making them not to understand the scientific disposition of the modern biomedical medical practitioners. Usually, some TBA put a wall against any criticisms leveled against the gaps in their service delivery because they view their skills as spiritually defined and culturally grounded and therefore devoid of any augmentation. In fact, some TBA work alongside other public suspicious practitioners such as the diviners (Sangomas) in case their delivery process develops a problem. This has put some difficulty in realizing and acknowledging any professional flaws in their practice.

Traditional Birth Attendants Not Scientifically Appropriate/Validated

Everyone would agree with this researcher that information technology (IT) has given the

world a sense of benchmark for efficiency and effectiveness. Any professional that does not align themselves with the professional ethos and benchmarks may not stand the tests of the time. Perhaps one reason why collaborating the services of the TBA with modern bio medics in effectuating maternity services could experience some difficulties is the fact that the TBA are resilient to align their services with modern imperatives especially from the World Health Organizations (WHO 2002). Largely, many traditional birth attendants have not defined their professional niche and path adequately. This is because some combine their service with other services such as divining and traditional healing and thereby making the clients confused in the face of how to face a health challenge (Truter 2007).

Traditional Birth Attendants' Massive Training May Deny Countries the Chance to Train Professional Midwives

As much as it is good to consider training the traditional birth attendants as a panacea as it can mitigate the effects of child mortality in countries concerned, it is also a perfidy in that such a programme is likely to stifle the efforts to bolster and improve the health infrastructure pertaining to maternity services (Truter 2007). To say the least, modern maternity services are scientifically tested, reliable and have buffer stock contingency plans in case of a professional flaw. It therefore cannot be compared with the TBA services. Also, it is a stark naked reality, though an unfortunate one that in countries where the TBA are widely prevalent, these are poor countries with poor health infrastructure (Truter 2007). It is also unfortunate that these are the countries that experience higher mortality rates. One therefore wonders whether the services of the TBA are indeed adding value to improving these countries' state of mortality rates. In the current era of HIV/AIDS, the issue of hygiene and knowledge of HIV/AIDS epidemiology need to be succinctly handled. With most birth attendants being of low educational standards, one may not confidently place adequate hope with the way they ensure hygiene and prevention methodologies (WHO 2000; Kang'ethe 2013b). There is also the argument that the resources that would be invested in improving the services of the traditional birth at-

tendants would be wisely spent to improve the modern maternity infrastructure.

THE WAY FORWARD

Working for Collaboration between TBA and Modern Midwives

Realization of the importance of making significant scores in the countries' Millennium Development Goals number 4 and 5 underpin the importance of collaborating and integrating the services of traditional birth attendants with the modern biomedical maternity services. It is to this end that the government of South Africa has suggested a training curriculum to ensure a strong collaboration between TBA and the Department of Health. Empirical findings, however, indicate that training the TBA could lead to improvement in maternal and newborn health.

TBA Needs Their Services to Be Well Monitored and Supervised

Perhaps the services of the traditional birth attendants need to be evaluated and monitored in order to ensure that professional flaws pertaining to their practice can be pinned down and strategies to augment them are put in place. This is because of the occupational hazards that are associated with the traditional practitioners in many countries of the developing world. Perhaps this is important in South Africa where reports of the circumcision initiates' deaths have become a culture, year-in-year-out.

CONCLUSION

Observably, a score of countries in the developing part of the world with poor health infrastructure need the services of the traditional birth attendants. However, this needs to be ascertained through conducting a cost benefit analysis of their services. Such an analysis would help reveal their strengths and best practice that can be borrowed; and also the gaps that can be worked on. This is because many countries are still modernizing and still face the challenge of training adequate modern biomedical midwives to effectuate child delivery services. It is pertinent that the two teams work in tandem to compliment and supplement one another. Training the birth attendants and up-scaling their skills

in order to strengthen their hygiene and prevention methodologies is critical, topical and urgent. This could be the only way to expedite making significant scores in the fulfillment of Millennium Development Goals number 4 and 5.

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Paper received for publication on October 2015
Paper accepted for publication on April 2016