UNIVERSITY OF THE WESTERN CAPE
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Title: WELL-EDUCATED, MIDDLE CLASS WOMEN AND THEIR PREFERENCE FOR TRADITIONAL RATHER THAN SKILLED BIRTH ATTENDANTS IN LAGOS, NIGERIA – A QUALITATIVE STUDY

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Abbreviations

ANC - Antenatal Clinic

FGD - Focus Group Discussion

IDI – In-Depth Interview

NDHS - National Demographic Health Survey

NPC - National Population Commission

SBA - Skilled Birth Attendants

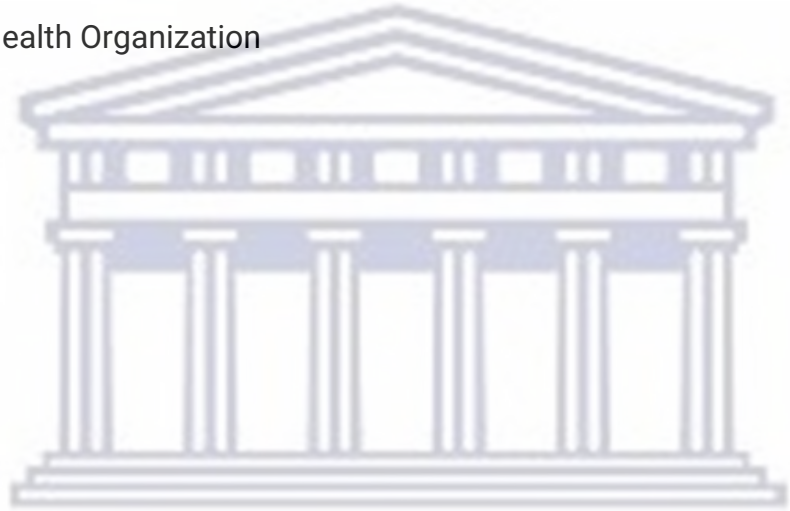
SOPH – School of Public Health

TBA - Traditional Birth Attendants

TCA - Thematic Coding Analysis

UWC - University of the Western Cape

WHO - World Health Organization



ABSTRACT

Background: The outcome of pregnancies in many instances is largely predicated on availability of Skilled Birth Attendants (SBAs). Despite this phenomenon, illiteracy and financial disadvantage have been variously cited as twin factors promoting the interest and patronage of Traditional Birth Attendants (TBAs) by womenfolk .It is therefore expected that women having tertiary level of education and possessing adequate economic resources would naturally prefer to use the SBAs. However, these

observations have not significantly reflected the reality in the choice of maternal healthcare providers in Nigeria and the city of Lagos in particular. Yet, access to maternal services of the SBAs has been widely accepted as one of the leading ways of lowering maternal mortality. Therefore, in order to improve the patronage of SBAs and correspondingly lower maternal death rates, it becomes imperative to understand the rationale behind the preference for the TBAs' use by women who are not ordinarily expected to do so by virtue of their high level of education and good financial capacity.

Aim: The aim of this study was to explore and understand the experiences, perception and belief systems influencing well-educated, middle income women and their reasoning for the use of Traditional Birth Attendants rather than Skilled Birth Attendants for delivery services in Lagos, Nigeria.

Methodology: This is a qualitative study conducted in Alimosho Local Government Area of Lagos in Nigeria. Ten women with tertiary level of education and belonging to middle income economic categories were enrolled as participants. In addition, it involved 3 Focus Group Discussions comprising 7 Traditional Birth Attendants per group.

Results: Behavioural and attitudinal shortcomings by the SBAs; misconceptions regarding surgical delivery by women; bureaucratic delays and bottlenecks experienced at the SBAs' centres; the belief by the women that pregnancy is a sacred and spiritual event which only the TBAs have ability to manage; women's confidence in the TBAs as having better capacity to manage certain coexisting medical conditions in pregnancy; and misinformation on management modalities for certain conditions like infertility and fibroid all combine to influence preference for utilization of TBAs by well-educated, middle income women in the study area.

Conclusion: The study has shown that systemic challenges in the healthcare facilities where SBA attend to women, wrong perception of SBAs by the women as well as certain skills deficiency in managing patients among SBAs have contributed to variable extent in shifting women's preference towards alternative providers of maternal services of which TBA represent the most prominent option. Therefore, in order to encourage

women's access to SBAs and by implication reduce the scourge of maternal deaths, it is important to design programs aimed at massive reorientation of members of the public in correcting perceived misconceptions, reorganize healthcare delivery systems in formal medical facilities where SBAs operate to make the maternal care services rendered less cumbersome and patient-friendly, and finally directing efforts towards capacity development of SBAs in interpersonal communication skills that are valuable in the healthcare context.

CHAPTER ONE; STUDY DESCRIPTION

1.0 Introduction

Despite abundant evidence linking the use of SBAs as a significant contributor to

reduction of maternal death (Fagbamigbe 2016; Lincetto 2010) and the World Health Organization's (2015) call for their utilization in delivery services, the Nigerian Demographic Health Survey indicates that only 43% of deliveries in Nigeria were attended to by Skilled Birth Attendants (NPC & ICF, 2019) with the balance largely by Traditional Birth Attendants (TBAs). The TBAs operate local birth clinics that are privately owned and informally run in residential neighbourhoods and are mostly unregulated by any government agency. Therefore, it may not be a coincidence that Nigeria with a population of merely 2% of global figure accounts for about 20% of world's maternal deaths (WHO, 2019). Thus, it follows that efforts targeted at implementing the WHO's call for utilization of the SBA for delivery as a way of reducing maternal deaths would be impaired under circumstances of continuous and increasing delivery of pregnant women by the TBAs .

There is a correlation between maternal economic and educational status and use of skilled delivery with low income and educationally less disadvantaged women having tendencies for deliveries by TBAs while women that are well educated and of economic middle income group commonly utilize SBAs (Mary, 2015). However, a close perusal of data shows that even though preference for TBAs are mostly by poor and uneducated women, an insignificant difference in the rate at which the twin factors of education and economic status influence patronage of the TBAs exists in Nigeria. This is supported by the fact that a substantial number of well educated and economically advantaged women still utilize TBAs as choice for birth services (Ogunyemi, 2016 ; Suleiman et al, 2017).

Thus, it is pertinent to know the interplay of perception and belief system influencing the decisions of these two specific categories of women regarding their choice of delivery. We furthermore want to understand the unexpected shift of action: well-educated and middle income women who choose to use the TBAs instead of skilled delivery. This gave rise to the study question: What are the logic, perspectives and mindset that inform the preference of well-educated, middle income women in Lagos, Nigeria for the TBAs.

1.1. Well-educated and Middle Income Women

This research is interested in understanding the perception and the belief systems promoting the preference of well-educated and middle class women in Nigeria for the use of TBAs instead of SBAs as the country ranks high in maternal mortality by having 576 maternal deaths per 100,000 live births (Nigerian Population Commission 2013). In the context of this study, belonging to middle income and being well educated are defined as possessing the ability to spend $4-$20 per capital per day (African Development Bank, 2011; Standard Bank, 2014) and having minimum of tertiary level of education respectively. A significant number of women in these categories work in public sector. Others own their private businesses with employees working under their supervision.

1.2. The Traditional Birth Attendants

According to the WHO, a TBA "is a person who assists the mother during childbirth and initially acquired her skills by delivering babies herself or through apprenticeship to other Traditional Birth Attendants" (Carlough& McCall , 2005). The TBAs could be described as integral part of the society in the study area. Nearly all of them were born and raised in the same geographical vicinity of their practise. Accordingly, they are well known in the community. In most instances, the TBAs inherit the job from their parents and automatically grew up learning on the job. This confers on them many years of hands-on, practical experience which comes handy in providing good pregnancy delivery services by the time they become adults. They utilize herbal medicines that are sourced from plants grown in the same community which they supplement with prayers during the process of care giving to the pregnant women.

The TBAs run their operation informally without any significant affiliation with government agencies and thus government exercise a loose supervision and regulation of their activities (Turinawe et al, 2016) .They reside in the same neighbourhood with middle-income earners as well as other general members of the society and only spare 1 or 2 rooms within their houses to attend and manage visiting pregnant women (Sarker et al, 2016). This particular attribute makes them readily available to the women as they do not have any specific opening and closing hours. Thus their availability and ready accessibility serve as an important advantage boosting their patronage. Despite being

poorly educated in most instances (Itina, 1997), they gain trust and confidence of the people (including those in high income segments of the society) having lived all their lives and been raised in the same locality where they operate. This is besides the fact that their forebears were the original owners and occupants of the land in which the community is situated. In other words, they are indigenes and natives of the communities in which they operate; an attribute that enables them to understand and act with respect to the culture, norms, values, interests and general ways of life of the people (Amin & Khan, 1989).

Despite attending to high income women, these TBAs themselves could be described and categorized as belonging to the lower segment of economic pyramid in the society by merely observing their low-cost residences lacking modern facilities. These residences of the TBAs are usually small, sometimes uncompleted buildings and constructed with cheap and low quality materials. In addition, these houses are often old having been transferred and inherited from one generation of ownership to another; sometimes the structures are partially dilapidated and not-well maintained .The means by which they prepare the herbal concoctions which they serve to their patients could be described as crude while many of their equipment are outdated and may have been transferred from one generation to another (Nicholas et al, 1976). In addition, the TBAs have no formal or government recognized training (Ndidiamaka& Rodriguez, 2017) for the services they render to pregnant women as most of them learned and inherited the job from their elderly relatives or developed interest in it by associating with TBA family members (Agbo M., 2013).However, this is not sufficient enough in discouraging women as many are still utilizing their services.

Furthermore, the TBAs' use of boiled herbs prepared using crude means of fire-woods and non usage of modern technological tools is expected to make them ordinarily unappealing to the elites and an average income woman (Oshonwoh E. Et al, 2014).Similarly, their environments usually appear untidy , unclean and disorganized while their operation is largely informal with absence of regulation in their operation by government agencies. Perhaps due to the use of locally available and easily sourced cheap herbs, their service fees are often very low especially when compared with the

SBAs. This phenomenon is particularly responsible for commanding predominant patronage from women of low income group (Manyeh et al, 2017).

Unlike the Skilled Birth Attendants, many of the TBAs operating in the research area are middle aged and elderly age groups with significantly long years of practise experience which serves as advantage in commanding women patronage and respect of the pregnant women (Owigar, 2000) In addition, no proper recording of patients' details are carried out in the TBA centres. In other words, interactions and decisions in the process of patients' management are largely restricted to verbal means. Also, since they do not engage in any formal advertisement, marketing or publicity, each TBA becomes popular in the neighbourhood through words-of-mouth referral and attestation of effectiveness of their services during informal conversations by those who have experienced them. While they have no formal affiliation to any government agency or healthcare centres, they regulate their own activities and operations through leadership of their association.

Finally, poor education among women as well as some health system related issues such as the relatively high cost of services at healthcare centres and inadequate access to SBA centres (as typified by rural residence) are among the leading factors driving patronage towards the utilization of these TBAs in Nigeria (Ugboaja et al, 2018).

1.3 The Skilled Birth Attendants, SBAs

The World Health Organisation (2004) defines a Skilled Birth Attendant as " an accredited health professional such as midwife, doctor or nurse who has been educated or trained to proficiency in skills needed to manage normal (uncomplicated) pregnancies, childbirth and immediate postnatal period, an in identification, management and referral of complications in women and newborns". They are widely found in both public and private healthcare facilities in Nigeria and account for paltry 36% of deliveries in the country (NDHS,2013). As part of the ways of addressing the challenge of maternal deaths, increase access to these SBAs has been canvassed and

recognized as one of the most potent means of reducing maternal mortality (WHO, 1997; Gabrysch & Campbell, 2009). Despite this, a notable inadequacy in the availability and accessibility to the SBAs in Nigeria is still apparent and has variously been pointed out as one of the factors accounting for low SBAs' delivery in the highly populated West-African nation (Galadanci et al, 2010).

The use of SBAs across Nigeria is widely associated with certain socio-demographic profile such as maternal literacy, viable economic condition of a family as SBAs' charges could be prohibitive and being resident in urban centres with attendant physical accessibility to SBAs (Envuladu et al, 2013 & Fagbamigbe , 2017)

1.4 Problem Statement

The percentage of women whose deliveries were conducted by SBAs is still relatively low in most parts of Africa. For example, according to White Ribbon Alliance in their publication, Atlas of Birth (2010), only 6% of deliveries in Ethiopia were attended to by SBAs. Similarly, the National Demographic and Health Survey of 2013 undertaken by Nigeria's National Population Commission (2014) found out that only 38% of deliveries in Nigeria were attended to by SBAs. Other studies that were undertaken in the southern part of Nigeria reported that TBA utilization rate ranges between 50 and 53% (Ebuehi&Akintujoye, 2012). Yet, 75% of maternal deaths in the world are traceable to maternal bleeding, sepsis, hypertensive disorders in pregnancy, complications during delivery and complications of unsafe abortions (WHO, 2018).The TBAs unfortunately lack capacity in diagnosing and managing these conditions which often occur as emergencies (Bello et al, 2008). Besides, the TBAs engage in some practices such as use of unsterilized delivery equipment during childbirth, which compromise the health of women making them prone to complications of childbearing and death (Adeniran, 2012). All these have caused a disproportionately high maternal mortality in Nigeria as well as other parts of developing nations, where the TBAs are being widely used. This made the World Health Organization (WHO) to identify the use of unskilled birth attendants by women in the developing nations as the leading factor for maternal death in those

countries (WHO, 2015).

In spite of the foregoing, an unacceptably high proportion of women having tertiary education (32.7%) and middle-class women (19.9%) in Nigeria still use services of TBAs (Ugboaja et al 2018). Due to the near absence of data on maternal mortality in Nigerian TBA clinics, it is very likely that maternal death rate in Nigeria is much higher than reported since mortalities in the TBAs are not usually captured in the data obtained from SBAs. It can therefore be inferred further that this trend of TBA patronage portends possibility of maternal death rate to continue in remaining on the high side, as much as 800 deaths per 100,000 live births (WHO, 2015) in the country. Therefore, in order to encourage patronage of SBAs which would in turn improve the nation's maternal mortality indices; there is a need to understand the rationale, perception and experiences of these categories of women who are using TBAs with a view to addressing them.

1.5 Purpose

If remarkable progress is to be made in the efforts targeted at ensuring SBAs provide delivery services for pregnant women, studies must be conducted to understand the mindset that apparently is contrary to expectations among the well-educated, middle-class women still attached to TBAs. This research is therefore intended at gaining insight and understanding of factors promoting preference of well educated and middle class women for TBAs as their choice for provision of birth services over the SBAs. The proposed study will also identify measures that could be valuable in addressing this challenge and thereby increasing access of this group of women to Skilled Birth Attendants with attendant implication of improving indices of maternal mortality in Lagos, Nigeria. The study outcome would be particularly useful for stakeholders campaigning for improved access of women to Skilled Birth Attendants like government agencies, Non-Governmental Organizations, Civil Society Organizations and so on.

1.6 Study Aim

To explore and understand the experiences and perception and belief system influencing well-educated, middle income women and their reasoning for the use of Traditional Birth Attendants rather than Skilled Birth Attendants for delivery services in Lagos, Nigeria.

1.7 Study Objectives

- To investigate the experiences and perspectives of middle income women and their ways of reasoning around maternal delivery services in order to gain insight into factors that influence of TBAs.
- To determine the experiences and perspectives of middle income women influencing their choice of TBAs
- To identify and describe well educated and middle income women's perception and knowledge of SBAs and how these influence their attitudes towards them.
- To explore and describe other challenges and experiences that result in reluctance of well educated and middle income women to use SBAs.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter examines what have been written and studied on issues relating to the patronage of TBAs and SBAs. It includes researches on how prevalent the use of TBAs is among pregnant women, the factors responsible for the use of either TBAs or SBAs from both qualitative and quantitative methodological approaches. It explores the subjects from the perspective of both TBAs and SBAs while placing attention on the context in which previous studies were conducted along with economic and educational status of women participants of those researches. It ends by identifying gaps in the existing research findings which this study intended to address.

2.2 TBA's Perspectives

Many studies have identified and explored the relationships between education and income status and the decision to patronize TBAs or SBAs by women seeking maternal care services. There seems to be a consistence of findings that suggest women who are more educated and economically empowered have a tendency to utilize the services of the SBAs. However, undertaking a close analysis of these studies reveal that a substantial proportion of these categories of women still use the TBAs and the rationale

for this deserves investigation. For instance, regarding the usage of TBAs, Chimaraoke et al (2008)) conducted a qualitative study among 23 TBAs in an urban area of Kenya exploring the perspectives of Traditional Birth Attendants on the reasons behind their preference for delivery services. The research identified poor attitudinal and behavioural postures of the SBAs as foremost reasons. These points of view were obtained from the practicing TBAs attending to the women. Thus, this study failed to explore the perspectives and viewpoints of women who were at the receiving end of the services. In addition, it did not narrow its enquiry towards economic and educational status of women being attended to by the TBAs. Therefore, the reasons canvassed were broad, wieldy and largely unrepresentative of the opinions of segment of women who took decision to use the services of TBAs on their own volition.

In contrast to the aforementioned study, Izuagbara et al (2009) in a qualitative study explored the perspectives of the TBAs in an urban area of Kenya with most of the TBAs alluding to the caring nature, being respectful and sensitivity to patients' wishes as top of reasons for women's patronage of their services. However, the research demonstrates bias towards the TBAs as it fails to concomitantly explore the views of the same women on SBAs and balance them against the claims of TBAs with a view to verifying such regarding whether they are strong and genuine enough to stimulate or pull their preference for TBAs.

2.3 Impacts of Rural Study Setting in Exploring Rationales for TBA Use

Sarker and others (2016), Olasunkanmi and Olorunsola (2018), AllouAchageba (2018) among several other studies explored reasons for utilization of TBAs by women. However, a seemingly consistent trend among those studies is the fact that they were all conducted within the context of rural settings. In addition to reduced accessibility to SBAs in those rural areas, it is well known that poorly educated and low socioeconomic status women are more predominant within poor rural areas (Kristen et al, 2006). Thus, there is an inherent shortcoming of respondents being largely poor economically and mostly illiterates with impaired access to SBAs. Accordingly, the perspectives shared by

the participants. do not adequately capture mindset, rationales and viewpoints of women that are well- educated and belonging to upper echelon of economic ladder, defying SBA patronage but utilizing the services of TBAs.

A profiling along demographic status of women utilizing the services of TBAs in a rural Bongo District of Ghana was carried out by Adongo and others (2020). The study revealed a preponderance of women that lack formal education or those having spouses without formal education utilizing the services of TBAs. Other associated findings include being farmers by occupation, advanced maternal age, among others. This research having been conducted as a quantitative descriptive study does not explore the mindset and belief system of the women participants and therefore leaves a notable gap of examining the rationale for patronage of TBAs beyond mere statistical association. Besides, the conduct of the research in a rural setting already created a bias towards getting reasons that may not be particularly applicable to women of high income status and good degree of education as these are relatively uncommon to find in most rural locations.

2.4. Economic and Educational Status of Women as Determinants

In a study conducted by Olasunkanmi and Olorunsola (2018) regarding factors responsible for the preference of women for traditional maternal services in Ondo State of Southwestern Nigeria, reasons such as cultural belief and affordability were cited among others as foremost factors instigating women preference for traditional birth practitioners. However, attachment to cultural beliefs as given in their study may not have adequately provided explanation and rationale for the use of TBAs by well literate and financially viable women as individuals in this group are ordinarily expected to be exposed and knowledgeable enough to compare TBAs with SBAs, identify demerits in the use of the earlier and correspondingly prefer to utilize the latter. Again, this underscores the need to investigate further the phenomenon.

Similarly, Kwamena and others (2017) in a study on the determinants of utilization of SBAs in the northern part of Ghana, revealed a strong correlation between the degree of

education, economic status and choice of SBA or TBA. The research demonstrated that those women in the high income categories tend to utilize more of SBAs than TBAs and they concluded that women within the richer wealth quintile showed increased likelihood of utilization of SBA at 34.79 times than those within the poorest wealth quintile. Similarly, there was a direct relationship between low educational status and patronage of TBAs. Well-educated women (having tertiary education) showed preference for SBAs than TBAs. However, , this research like many others , did not narrow down its probe to sole investigation of women in the upper echelon of the society

Also, the impacts of maternal education and income status as determinants of choice of place of delivery being either SBAs or TBAs in Nigeria was further affirmed by Tukur et al (2015) in a cross-sectional descriptive study. The research used data from Nigeria's Demographic and Health Survey which had participants record for 38,945 women (aged 15-49 years) participants' records. The survey sample was drawn from all Nigeria's 36 states. The study categorized women into 2 categories of those with or without secondary education attainment. Their findings revealed that women having secondary education had 61% likelihood of delivery under SBA just as increased probability of SBA delivery occurs with women of high income economic class. The study justified these findings by citing the interplay of other factors like nearness to health care facilities, availability of health insurance, age, and parity. Like many other researches, it did not explore 'human angle' of belief systems (among the educated and high income women) as a possible determinant through a qualitative research approach. This is important as knowing it reveals the mindset that needed to be worked upon in increasing patronage of SBAs by the remaining well-educated and middle-class women who are still attached to the services of TBAs.

Furthermore, Awotunde and others (2017) conducted a study to find out factors determining the utilization of services of TBAs in Ogbomosho, Western Nigeria. The outcomes were not too different from similar researches as education and income status of women top findings as reasons. However, the research was conducted as a cross-sectional study with associated deployment of closed-ended, structured

questionnaires which prevented flexibility of opinions of respondents and thereby narrowed their viewpoints to some predetermined factors and also did not segregate participants based on educational and income status. In essence, the study did not capture motives and perspectives outside the expectations of the researchers. Therefore, the study like many others did not provide answers to questions of reasons for continuous use of TBAs by those women who are not constrained by twin factors of education and finance.

2.5. Irony of Well-educated and Middle Income Women Preference for TBAs

In another cross-sectional descriptive study at Galkayo District of Somalia by Mohammed Suleiman and others (2018) which explored the determinants of access to SBAs, out of 384 women within the reproductive age group studied, 18 (34.6%) of 52 women having tertiary education utilized TBA while 34 (65.4%) went for SBA. From this finding, even though educational status impacted on patronage of SBAs, it is still worthwhile to note and investigate such a seemingly significant proportion of well-educated women opting for use of TBAs. Furthermore, the research identified other variables playing roles like age, marital status and husband level of education. However, it did not explore the mindset and perspectives of the women who seem to make the ultimate decision. Also, the study recorded high income women as more likely to prefer and choose SBAs. It divided income groups into those earning monthly income of less than $45, $50-$100, $100-$200 and above $200. Among the respondents earning total monthly income of above $200 which were 58, 53.2% and 46.8% were attended to by SBAs and TBAs respectively. Again, it is obvious that despite tendency for high income women to utilize SBAs, a non-negligible and sizeable proportion still utilize TBAs. The study cited other factors but still fell short of examining logic and rational of decision making of these women that shifted their preference to TBAs.

2.6 A Bias for Utilization of Rural Areas

The failure to adequately explore and capture the perception influencing the use of TBAs by many well-educated and economically empowered women from myriads of previous studies could possibly be due to the fact that nearly all researches conducted in exploring factors determining preference for TBAs are conducted in rural settings. This may not be unconnected to the fact that use of TBAs has been historically known to be common in rural areas (Ugboaja, 2018). Therefore, many studies by default may have excluded the perception of many economically empowered and educated women who are mostly found in urban areas. In other words, there is a dearth of studies exploring utilization of TBAs among the women particularly in the urban centres.

For example, Sarker and others (2016) conducted a qualitative study in a rural area of Bangladesh to determine the rationale behind preference for home delivery by TBAs. Reasons of poverty and transportation hindrances were leading reasons stated as factors behind TBAs' preference. However, a close perusal of these twin factors shows poverty which is more predominant and pronounced in rural than urban areas especially in developing nations (Lia, 2018) and infrastructural facilities like roads are more of challenges in rural than urban centres (Akinola, 2007). Therefore, these studies may not have adequately captured other possible rationales that are more prominent in urban than rural areas motivating women in the upper echelon of the society towards the preference for TBAs. Hence, there is the need to beam further searchlight on the urban centres in investigating this phenomenon; a direction which this study is designed to address.

Sarker and others (2018) conducted a study in rural Meghalaya India which examined determinants of places of delivery and factors such as finance, poor transport infrastructure, ignorance on available healthcare schemes, and non-availability of nearby health facilities having SBAs were cited as foremost reasons for use of TBAs. While the study was conducted in India , a country with similar economic and demographic profile with Nigeria, it however may have excluded by virtue of study background, many similar , other extraneous factors of individual perceptions and experiences that are unique or peculiar to economically and educationally advantaged women who are

mostly found in urban centres which Again the choice of rural setting for the research has already skewed or pre-programmed the reasons behind the use of TBAs to factors that are predominant in rural areas. Thus, the study fell short of revealing other extraneous factors of individual perceptions and experiences that are unique or peculiar to economically and educationally advantaged women who are mostly found in urban centres but provides justifications for the use of TBAs. In other words, the experiences, viewpoints and perceptions of a critical segment of among the womenfolk; well-educated and economically empowered women, defying usual expectations of using SBA and opting for TBAs have largely been neglected which has consequently limited understanding of factors encouraging the use of TBAs and accordingly reduce possible impacts of public health measures. Therefore, this research would further broaden the understanding by filling the observed gap.

2.7 Conclusion

From the foregoing, it can be noted that several studies have attempted to explore the perspectives of different major stakeholders in maternal health services regarding the determinants of choice and preference of TBAs for delivery rather than SBAs. With these studies, the views, belief and opinions of women utilizing the services of TBAs have variously been sought and documented.

It is observed that many researches , especially in Nigeria were not specifically tailored at investigating the perception of a sub-group of women who are ordinarily not expected to use the services of TBAs for maternal care; women with adequate and significant financial capacities as well as having good degree of education. Also, the common context of rural locations in many studies may have unwittingly diverted the attention away from perspectives of women in the upper class of society which may have been formed by circumstances obtainable in urban centres but unpronounced in rural areas. In some other instances, the context of researches that were carried out have obscured the need to pay attention to driving belief system and mindset “pushing” this segment of women towards preference for TBAs. It equally appears as if many studies

confirming relationship of maternal economic status with choice of place of delivery, as have been variously done, mask the fact that a high number of well educated and high income women are still very much attached to the TBAs.

Many studies focused on external factors deciding utilization of SBAs and TBAs and have neglected or at best downplayed the impact of belief system, even among those expected to make use of SBAs as important driver and determinant (Kristen et al, 2006 & Adongo et al, 2020). This is because research attentions seem to be narrowly focused on this association without exploring further reasons (in terms of high income and educated women perspectives) behind the utilization by those lesser proportion but significantly high number.

In other words, the existing literatures have to a large extent identified reasons for the continuous use of TBAs by pregnant women. In addition, they have equally shed light on context and circumstances promoting the utilization of TBAs as against the SBAs. However, still yet to be fully explored in available researches are some notable gaps bothering on inadequate examination of individual women perception, worldviews and belief system that initiate the will and decisions on choice of service providers between SBAs and TBAs. This study therefore intends to bridge these gaps with regard to well educated and middle class women.

CHAPTER THREE: METHODOLOGY

3.01. Introduction

Having introduced the study as well as conducting a review of literature on the use of TBAs by pregnant women in the previous chapters, this chapter presents the methodology that was used in conducting the study. It will equally provide justifications behind every step taken as well as describing the sample size and methodology. Finally, data collection method, rigour and ethical consideration are included.

3.02 Study Design

Since this study was aimed at understanding perception, belief system and experiences influencing the decision of well educated ,middle class women utilizing TBAs for delivery instead of SBAs, a qualitative approach was applied as it is most suitable in elucidating interaction of people's belief, past events, circumstances and attitudes influencing their decisions (Pathek et al, 2013). Having a thorough grasp and understanding of the research question involves being able to understand the rationale for the observed preference of well-educated and middle class women for the TBAs from standpoint of the women's feelings, viewpoints, individual experiences and personal sense of judgments which a qualitative design is most appropriate at ensuring (Hammarberg et al, 2016) . In order to achieve the aim of this research therefore, there is a need for full exploration of rationale influencing the decisions of the respondents. This was achieved by the use of probing and open-ended questions inherent in qualitative designs in collecting textual data as this opened up unanticipated information, motivations and concerns in their responses, all of which deepened understanding of the phenomenon (Baum, 1995).

3.03 Study Setting

This study was conducted in the city of Lagos in Nigeria. The country has uncomplimentary reputation of being responsible for almost one-fifth of the entire maternal mortality globally (WHO, 2019). The commercial nerve centre, Lagos with a high population density accounts for significant proportion of this by having a maternal

death rate that is even higher than Nigeria's national average (NDHS, 2008 as cited in LSGMH, 2017) as well as those with non usage of SBAs for maternal services. Thus, the choice of Lagos for this research gives a fairly representative snapshot for the country as a whole. Besides, the city of Lagos in Nigeria has an ethnically diverse population that captures the entire tribes and ethnic groups in Nigeria and accordingly findings of studies done in the city are largely reflective of the generality of Nigeria.

Lagos is one of the 6 states that make up the South-Western Nigeria. It forms part of the nation's border with Republic of Benin (LASG, 2020). Despite its small landmass, it accounts for over 10% of Nigeria's population with its estimated 24.6 million dwellers (UN-Habitat, 2015).For ease of governance, it is further divided into 20 Local Government Areas, famously regarded as the 3rd tier of government in Nigeria, among which is Alimosho Local Government Area. As a way of ensuring effective coverage, the study was restricted to Alimosho Local Goverment Area which is part of metropolitan part having 85% of the entire population of the city (LASG, 2020). Furthermore, this is chosen due to its cosmopolitan nature, widespread and abundant availability of prospective participants as well as demographic status that is reflective of most part of the city of Lagos. Also, Alimosho Local Government Area by virtue of having many thriving small, medium and large scale enterprises has an abundant population of middle- class women whom the research targeted as participants. In addition, the study location has a huge presence of low-income dwellers who provide different unskilled services to the thriving commercial enterprises in the area. It is for these reasons and perhaps the belief in their capacity from middle and high income dwellers that TBAs are situated in the Local Government Area for easy accessibility by residents who belong to different levels in socioeconomic pyramid. Expectedly coexisting in this study area are multiple, formal healthcare facilities having Skilled Birth Attendants which are accessible to all residents and thus there is a perfect mix of orthodox and traditional healthcare practitioners providing care to the inhabitants.

3.04 Study Population

The study population included Traditional Birth Attendants providing the delivery services as well as women that are well-educated (implying possessing not below tertiary level of education) and belonging to middle-income group and utilizing TBA's delivery services.

3.05 Sampling

The women study participants for in-depth interviews were recruited by means of purposive sampling technique from the purposively selected TBA clinics located in the study area. This sampling technique was utilized because of the need for the researcher to apply personal judgment in screening and meticulously excluding willing participants that failed to meet the selection criteria among the myriads of women making use of the services of TBAs (Cresswell & Plano, 2011). Furthermore , application of purposive sampling provides additional key value of enabling the researcher to deliberately select individuals adjudged as capable of giving detail and valuable responses on the subject under research and by implication gathering information-rich data (Palinkas et al,2015). The cooperation of the TBAs who have the contact of these women, being their clients, was leveraged in reaching out to and scheduling interview appointments with the women participants that have been originally recruited by the researcher. Profiling along educational attainment and economic class of all women that attend those TBA clinics for antenatal and delivery services were done prior to purposeful sampling (Palinkas et al, 2015) of eventual IDI participants.

3.06. Traditional Birth Attendants

The selection of TBA participants was carried out by using the regular weekly meetings of TBAs as avenue of securing their cooperation. This was facilitated through the leadership of associations of TBAs who were earlier made to fully understand the essence of the study. The Purposeful sampling technique was equally deployed in selecting TBAs that participated in the FGDs. This was done to enable a proper focus on

TBAs having large clientele base and significant numbers of years of practise which make their views representative of wide-ranging perspectives gathered from many women. Overall, 10 women participants were enrolled for in-depth- interviews while 3 groups of TBAs with each group comprising 7 members provided data for FGDs

The TBA participants are heterogeneous in ages and gender with age range between 35 and 54 years old, 15 of them being females (71.4%) and remaining 6 males (28.6%). This gender disparity is not unconnected to the fact that vast majority of Traditional Birth Attendants available in the study area are women which is perhaps traceable to the fact that women exposing their private female reproductive system during the process of childbirth feel naturally more comfortable doing so to fellow women. None of the TBAs that participated in the study has less than 7 years experience on the job which served in ensuring long period of exposure to wide varieties of patients which in turn allows them to have sound understanding of mindset of the women patronizing their services. Each of the TBAs recruited into the study works independently as birth attendant and all of them were still in active practice of antenatal care and delivery service at the time the research was conducted. In making a recruitment of TBA into the study , efforts were made in ensuring their clinics were widespread apart (average of 7km within the same Local Government Area) in order to allow diversity of opinions as much as possible.

3.07 The Women Participants

Purposive sampling was used in selecting the women participants with consideration for heterogeneity and diversity to enable wide range of perspectives. In recruiting the participants, assistance was given to the researcher by the TBAs. Profiling along educational attainment and economic class of all women that attend those TBA clinics for antenatal and delivery services were done as a way of ensuring the study participants are truly middle class and well educated.

In the context of this study, the selection criteria for being referred to as a well-educated woman and belonging to middle class are completion of tertiary level of education and possessing ability to spend $4-$20 per capita per day respectively

(African Development Bank, 2011; Standard Bank, 2015). These are individuals with financial capacities to afford decent and basic necessities of life like healthcare, housing, and foods. Therefore in including any of the participating women, due regard were paid to the types of housing they reside ,their sources of incomes, personal possessions like cars, use of technology, categories of neighbourhoods they live, among others which are all a reflection of their economic status. They were also supposed to have a daily per capita income ranging between $4 and $20. In addition, only women who have had full experience of antenatal care or delivery with SBA before completely changing to the use of TBAs were recruited into the research. In other words, none of the recruited participants was combining the use of TBAs and SBAs at the time the study was conducted. This is with a view to allowing objective comparison of TBA and SBA, devoid of hear-say or speculations but emanating from personal experience influencing their preference for the latter. A further criterion in selection of women participants excluded those who fell into sudden labour and were taken to TBAs for emergency delivery. Deliberate attempts were made to use only women who voluntarily and wilfully opted to use TBA preferentially as this would reveal the true and genuine mindset influencing their decision. Following consideration of all the above stated criteria, 10 women were eventually recruited into the study for IDIs.

3.08 Data Collection

Data was collected using In-depth Interviews and Focus Group Discussions. Utilizing both methods provided a means of accessing data obtained from the 2 data sources for corroboration and diversity which has enhanced the richness of information gathered in the entire study. As a way of securing the cooperation of prospective participant TBA, the leadership of umbrella association of TBAs in Alimosho Local Government Area of Lagos were approached for authorization and facilitation of the research and the scheduled weekly meetings of their members were used as opportunities in gathering 7 members for each FGD.

In view of Covid-19 pandemic that was ongoing during the period of data collection, globally recognized precautionary measures were deployed and observed before and during data collection processes. These included ensuring the participants wore face

masks, observed social distancing especially during the FGDs and wash their hands prior to the commencement of both IDIs and FGDs.

3.09 In-Depth Interview

In-depth interviews were used in collecting data from women who meet eligibility criteria (as indicated earlier) and this was done by the researcher with the help of a research assistant. This data collection method was utilized because it is most appropriate in gaining insight into a study participant's experience and beliefs as well as shedding lights into contextual determinants of behaviours and choices that such individuals make (Neale & Boyce, 2006).Ten women participants were drawn from different TBA clinics spread far apart across the study area as a way of ensuring varieties and diversity of opinions and views of different participants. Contacts of patients in possession of TBAs were used in reaching and recruiting participants while the TBAs capitalized on their goodwill by introducing the researcher and assisted in facilitating meetings between researcher and participants for the In-Depth Interviews. Aims and objectives of the study were thoroughly explained to each participant by the researcher and confidentiality of disclosed information with right to refuse answering any question or discontinue participation at any stage without any negative implication was guaranteed prior to commencement of the study. In essence, participation was made voluntary. Following the explanations and verbal consent, every one of the participants signed the inform consent forms. In-depth interviews were thereafter conducted in face-to-face manner in an environment free of distractions but at a time and location chosen by each participant having initially schedule appointments with the participants. In all, a total of 10 well-educated, middle income women took part in the in-depth interviews conducted at different times and in different locations.

The in-depth interview was conducted between the months of April and May 2020 and it covered wide range of issues which basically seek to explore the experiences and perception and belief system influencing well-educated, middle income women and their reasoning for the use of Traditional Birth Attendants rather than Skilled Birth

Attendants for delivery services in the city of Lagos, Nigeria. Follow-up questions were asked based on their responses and these were framed in a manner that probe further to generate richer information. The entire interviews were conducted in a mixture of English Language (which is the country's official means of communication) and Yoruba Language (an indigenous language of expression in the study area). These were utilized as the combinations are commonly and freely used by most people to express their heart-felt opinions during regular, everyday conversations. Having already secured the permission of the respondents, audio recording of the interviews were done during the interviews. Verbatim transcriptions of the recordings were subsequently carried out by the researcher with most of the interviews lasting between 30-55minutes. The relatively short duration of the IDIs is traceable to the fact that many of the respondents understand the rationale behind every question and therefore give summarized but succinct explanations that captured many of the intended probing questions.

3.10 Focus Group Discussions

This was conducted in the month of May 2020. Focus Group Discussions were done with practicing Traditional Birth Attendants who conduct antenatal management as well as undertake delivery services for pregnant women. This data collection method was deployed because it provides an additional advantage for expressing multiple perceptions and reconciliation of alternative views on the same contexts by the participants (Guba & Lincoln, 1994) as well as confirming, disagreeing or shedding more lights on issues expressed by the women using the TBA services which would enrich the quality of data collected. In scheduling the FGDs, leadership of the association of TBA was approached through the assistance of the Research Assistant. FGDs were done on the same day the TBAs had their association's meeting as these were the period and locations of their preference and convenience.

Prior to starting each FGD, aims and objectives of the study were clearly explained to them. In addition, the need to do an audio recording of the FGDs was thoroughly

explained to the participants and permission to go ahead sought. This was granted. They were also made to understand that confidentiality of information provided would equally be dependent on other members maintaining it. Verbal and written consents to participate were subsequently taken. Three separate FGDs were held with each comprising 7 members and each group having a mix of both male and female TBAs. This group size was relatively easy to manage by allowing every discussant to be able to voice his/her opinion without anyone feeling sidelined (Sage, 2019).

In each of the FGDs, the participants were peers with no significant disparity in age range and experience on the job. This created a non-intimidating discussion environment that enables members to talk freely, openly and equally respond to each other's opinions without hindrances or reservations. Each FGD was held immediately before the weekly meetings of association of TBAs. In addition, the meeting of association of TBAs provided a comfortable platform for assembling them in a single location at a convenient period for all the participants. It was conducted in a quiet and serene atmosphere which allowed full concentration of the discussants. Also, the FGDs were held face-to-face which enabled the researcher to take note of non-verbal expressions and gestures that reinforce opinions given by members of the groups. Finally, the indigenous Yoruba Language was used as medium of expression as most of the TBAs have little or no formal education which makes the official English language less suitable. Questions asked largely centered on their perception, beliefs, ideas and opinions on why some well-educated and middle-class women prefer them to SBAs. Upon completion of this process, transcription followed by translation of audio recording was done by the researcher.

3.11 Data Analysis

Data analysis was done manually through Thematic Coding Analysis (Barbour, 2001). As a precondition towards the process of analyzing data, proper labelling, arrangement and safe keeping of audio recordings and transcribed data were ensured.

Besides, transcription and translation from the local language as well as mix of English

and Yoruba languages (in which data were collected) to only English was done .These steps in combination with repeated listening to recorded in-depth interviews and FGDs facilitated thorough familiarization with the data. Meanwhile, both transcription and translation were done by the researcher who speaks fluently the Yoruba language in which the FGDs were conducted.

The next stage involved generation of codes. This was done by compressing the transcribed and translated data into labels identifiable by having those data with similar relationship and trends put together as codes (Barbour, 2001). In doing this, the researchers was on the look-out for trends, meanings and directions of flow of thoughts in the transcribed data while taking notes and creating captions that encompass them (Robson, 2011). Following this stage, the coded data was later arranged with similar codes arranged into same groups, forming categories. These were subsequently developed into themes. Themes were later re-examined for possible contradictions or overlapping and adjusted accordingly to allow coherence (Braun & Clarke, 2006; King, 2004).In essence, the themes were allowed to emerge from the data inductively (Baum, 1995). The underlying motives of determining rationale, perception and belief system for preference of TBAs rather than SBAs by the participants provided guidance in the emergence of themes.

3.12 Rigour

3.12.1 Screening and Profiling of Participants

Credibility of data source is a vital means of ensuring rigour. Accordingly, profiling of prospective participants by screening them for presence of typical features of middle income earners (Bearing Point, 2015) was carried out before being recruited. This was done to ensure that recruited participants are genuinely middle-class women and data collected are truly representative of belief of these women category. Besides, further

screenings were done to ensure the participants met all the earlier mentioned eligibility criteria.

3.12.2 Data Triangulation

In addition to thorough screening of the participants, triangulation of data sources (women and TBAs) and data collection methods by means of combining in-depth interviews with FGDs was equally carried out to enhance rigour in the study (Jones, 2006). This enable the researcher to compare for possible corroboration viewpoints, opinions and narratives given by both the participating women and the TBAs with a view to collating data that are truly representative of perception of the study group (Robson, 2011).

3.12.3 The Research Assistant's Background

The Research Assistant that assisted the Researcher in the process of data collection had his background training in social sciences with experience in data collection for qualitative research. This enables him to have a ready understanding of the study and ethical principles that made the data collection seamless and hitch-free.

3.12.4 Same day Transcription of Recorded Interviews

Following the consent of the participants, the IDI and FGDs were audio recorded. These were subsequently transcribed verbatim in the same language the interviews were conducted. These processes were carried out on the same day of each interview which ensure that they context of the discussion are still fresh in the memory of the researcher which is important in avoiding data misinterpretation.

3.12.5 Transferability

This is another way in which the study incorporated rigour. This was done by giving a rich, vivid and extensive description of the settings in which the study was conducted (Roberto et al, 2018) . This is achieved by the researcher's portrayal of the description of the locations of TBAs, the environmental settings, gender, social status, the degree of

their education, types of neighbourhood where they exist, how the TBA learn and practise on the job, the use of traditional tools in pregnancy management and delivery as well as use of native herbs and belief in spiritual forces in their approach to their patients. Thus, a reader of the research would be able to visualize the typical scenario and understand other similar settings in which the findings would be applicable (Korstjens & Moser, 2018).

3.12.6 Reflexivity

3.12.6.1 Reflexive Journals

Through the entire research process, a reflexive journal was kept which was used in documenting key information such as all logistical processes involved in the research, daily information gathered during the process, personal reflections on the study, records of daily engagements in data collection and rationales for every step and decision taken (Lincoln and Guba, 1985). All these assisted the researcher in continuously bearing in mind the need to suspend personal biases and standpoint in the course of the study.

3.12.6.2 The Researcher's Professional Background

The researcher is a practising physician who has personally encouraged the members of the public in different forum on the need to register pregnancies at healthcare facilities and utilize the services of Doctors and Midwives for their maternal needs. However, being aware of the position, framing of questions was done in manners that do not betray personal biases, beliefs or standpoints as a medical doctor. In other words, the researcher ensured as much as possible that his background, training and personal preferences or biases did not colour or reflect in decisions, questions and steps taken with regards to the study. No indications of approval, disapproval or surprise were shown verbally or through body gestures during the process of data collection (Mruck& Breuer, 2003).

3.13 Ethical Consideration

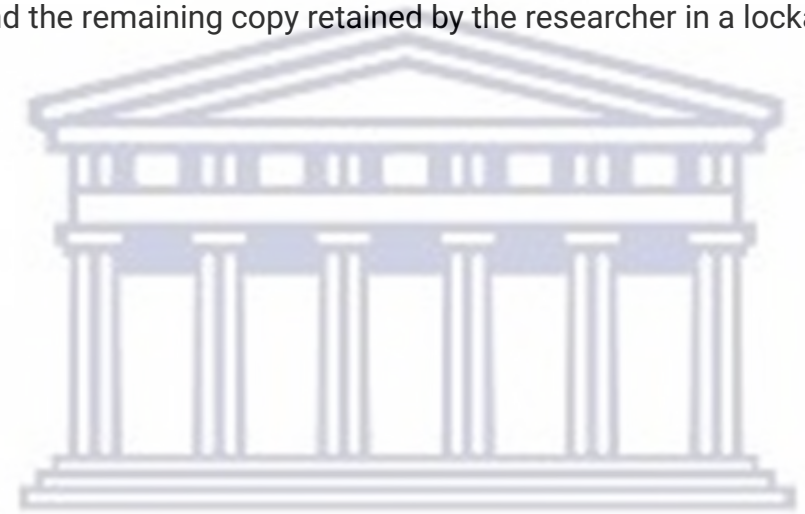
Ethical clearance for this research was obtained from Higher Degrees Committee of the University of the Western Cape by submission of appropriate application letter along with research proposal and other associated documents. Following this, permission to do the research and informed consent was requested from the leadership of clinics of TBAs and study participants respectively .In view of Covid-19 pandemic that was ongoing during the study, globally recognized safety precautionary measures were deployed and observed before and during data collection processes. These included ensuring the participants wore face masks, observed social distancing especially during FGDs and wash their hands prior to the commencement of both IDIs and FGDs. The required soaps, water and face-masks (which did not significantly affect the audibility of the speakers) were all provided by the researcher. As only 9 people met during each FGD (7 participants, researcher and his assistant), the government restriction of gathering to not more than 20 people were not violated.

In preparation for the research, detail explanations on the procedures for data collection were given to the study participants and the aims and objectives of the study were equally explained to them. Also, before the commencement of data collection assurance was given to them regarding confidentiality of information obtained during and after the in-depth interviews while a guarantee was made regarding non-disclosure of their identities to third parties. The reasons for audio recording of the in-depth interviews and FGDs were thoroughly explained to them after which permission to do so were granted. However, with regards to FGDs, participants were made to understand that confidentiality of information provided would equally be dependent on other members maintaining it .As a way of further demonstrating the confidentiality and anonymity, no research participant was identified by names but only tagged as P1, P2, and so on. This was observed during the entire process of data collection (In-depth Interviews and FGDs) as well as transcription and translation of data.

Respondents were made to understand that participation in the research was mainly voluntary and each of them reserved the right to refuse to answer any question and/or to out rightly discontinue participation at any stage without standing any risk of victimization or loss of any kind in the exercise of such right. All communications with

the participants were either in Yoruba and/or English languages, depending on the language that a particular participant understands very well while all the information collected were kept securely in a lockable drawer and password protected computer which only the researcher and the supervisor have access to for up to 5 years.

Finally, the participants were availed the opportunity to ask questions on any issue that was not clear to them and these were answered and sorted out while each participant completed and appended signature on the consent form in approval before the data collection began. The consent forms were signed in duplicate and each participant was given a copy and the remaining copy retained by the researcher in a lockable drawer.



CHAPTER FOUR: RESULTS

4.01 Introduction

Having given an explanation of the methodology used in the study, this chapter gives a gives a detailed description of profile of participants involved in both In-Depth Interviews as well as Focus Group Discussions. In addition, it provides the viewpoints, perception, beliefs and opinions of the women influencing their preference for the TBAs .It also contains the perspectives shared by the TBAs on the same phenomenon. All these would be further supported by elucidating the circumstances, experiences, settings and situational background playing roles in shaping the women's beliefs and mindset which ultimately favour their decision for TBA's services for maternal care.

4.02 Characteristics of Study Participants

4.2.1. Women Utilizing TBA Services

A total of 10 women utilizing TBA services participated in the study. All of them fall into economic category of middle class as defined earlier and had educational attainments up to the tertiary institutions. As at the time of conducting the In-depth Interview, 6 of the women have completed their full antenatal and delivery under the care of TBAs while the remaining 4 have gone far with antenatal care under the TBA and were about to deliver their babies .All the interviewees that have completed antenatal care and delivery did so less than 12 months before the interviews. This decision was deliberately made as part of criteria in screening and recruitment of participants in order to avoid recall bias relating to the narration of circumstances that necessitated shift to TBAs by the respondents. All the respondents have history of previous use of SBAs prior to shift to TBAs. This was to allow objective comparison stemming from personal experience regarding both service providers. Furthermore, half of the participants had a repeat TBA use for maternal services while the other 50% were utilizing the services of the TBAs for the very first time.

In addition, 7 (70%) of the participants are Proprietors , Managing Directors or Senior

Executives of medium size enterprises with each of them employing not less than 5 employees while the remaining 3 (3%) are senior staff in government owned institutions. While it was not possible to get the general salary scale of people in similar working positions with the participants, the researcher was equally unable to access the actual personal incomes of the participants because of cultural reservations against disclosure. Therefore, lifestyles, possessions (such as automobiles) , types and neighbourhood of residence (financial worth), nature of jobs as well as the cost/value of residential apartments as implied by location were used as indices to get a glimpse of economic class the respondents belong to. Other indicators used in assessing a participant of belonging to middle income group included possession of domestic staff on full time employments such as Cleaners, Cooks, Drivers, etc; average monthly spending on subscriptions like internet data, call credits, digital television, electricity, water, etc.

With regards to educational attainment, 2 (2%) of the participants have masters degree, 5 (5%) have Bachelor degree in various disciplines while the remaining 3 (3%) obtained Higher National Diploma (HND), which is classified on the same scale as Bachelor degree in Nigeria.

Table 1 below captures the characteristic features of the interviewees

Table 1: The Characteristic Features of Women Participants;

Participants' No	Government (G) OR Private Establishment (P)	Completed OR Not Completed Antenatal/Delivery	Previous Maternal Service with TBA (P) OR First time Maternal Service	Educational Qualification of Higher National Diploma (H), Bachelor (B) or Masters (M)

			with TBA (F)	
1	G	Completed Delivery	P	B
2	P	Completed Delivery	F	M
3	P	Yet to deliver	F	H
4	P	Completed Delivery	F	B
5	G	Yet to deliver	P	B
6	P	Completed Delivery	P	M
7	P	Yet to deliver	F	H
8	G	Completed Delivery	F	B
9	P	Yet to deliver	P	H
10	P	Completed Delivery	P	B

4.2.2 Traditional Birth Attendants

A total of 21 TBAs participated in FGDs. Among these, 6 (28.6%) were males while 15 (71.4%) were females. Table 2 below depicts the characteristic features of the TBAs that participated in the study.

Table 3: Distribution of TBA Participants by Gender and Educational Status

Gender	Primary School Education only	Educated Up till Secondary School
Male	3	3
Females	10	05

4.3Women's Experiences of Services

Views expressed by the women and TBAs during the courses of IDIs and FGDs respectively could summarily be captured into themes relating to the need to avoid surgical deliveries, treatment of coexisting morbidities, abusive interaction of SBAs, expectations from maternal service providers, influence of family relations, health system challenges, poor communication by the SBAs as well as issues of confidentiality in care.

4.3.1. Avoidance of Surgical Delivery

While it is understandable that a hitch- free delivery of a healthy baby is the ultimate desire of every pregnant woman seeking the services of birth attendants, many of the participants stated expectations that stretches beyond this; the need to achieve their expectation without having to pass through the hassles of surgical delivery. Since TBAs take delivery without resorting to Ceasarian Section (CS), attention are therefore shifted towards them. The need to avoid CS as a possible means of delivery by pregnant women seems to have risen from their perception of the surgical procedure. There is a pervasive belief among the women that most SBAs resort to CS in order to financially exploit them especially when they are assessed and suspected to be financially capable of bearing the cost . Five of the participating women demonstrated this perception and

expressed it as the main consideration in making them decide for the TBA.

"*Its my experience. For example, my sister-in-law was taken to a Doctor while in labour and before doing anything ,they told her she has to undergo CS. She was surprised saying they were not even patient enough to see if she can deliver vaginally . More so, she had a history of normal delivery before then. This instruction was by the doctor in a private healthcare provider. Imagine that, not even a public hospital .We felt it was for the doctor's selfish financial gain. We were baffled by such kind of antics .We had to take her away from the hospital to a traditional woman's place where she put to bed safely without CS. Meanwhile, I was equally pregnant during that time and was in her company. So, when it was time for me to start antenatal, I just went to the same TBA having witnessed her sincerity and competence."(* A Senior Civil Servant with Bachelor of Science).

Another respondent stated;

"*During my 3rd pregnancy, I was informed that I cannot put to bed without CS. I said me? After giving birth twice vaginally. I can't face the discomfort and pain that follows CS. It was the reason my sister who suspected that they just wanted to extort money from us advised me to go to Baba (a TBA) who would ensure I deliver safely without operation".*

This belief of surgical delivery as a smokescreen for financial exploitation may have been partly spread by the TBAs as a way of presenting themselves as better alternatives to SBAs. The women may have bought into those unpleasant commentaries about CS since they already have reservations against it. In buttressing the negative messages of TBAs against it, one of them stated the following during the FGD;

" we do tell those that have listening ears that they will just use you to make money for themselves and their hospitals on little problems that we can solve for you …" (A female TBA).

However, the negative perception about CS discouraging the patronage of SBA is not

only due to belief of exploitation being behind its recommendation at hospitals. In other instances, women are simply afraid of either the surgery or its possible complications afterwards. This is exemplified by the view of another interviewee as stated below;

"*I would say the main reason for changing to TBA from SBA I was using before is the need to avoid the trouble I went through undergoing Cesarian Section during my last delivery with a SBA in General Hospital. The current pregnancy is my 3rd. My previous 2 deliveries were with SBAs; the first being normal vaginal delivery while the 2nd was by CS. The pain and discomfort I experienced after the CS of my last delivery was so much. While discussing this with my old classmates and neighbour, they informed me that they had to run to TBAs who ensure delivery without surgical operation. Apart from this, doing CS during my last confinement made me to stay in the hospital for prolonged time thereby preventing me from being physically present and to take part in the traditional 8-day naming ceremony of my baby "* .(A Sole Proprietress of Private School with Masters in Education).

4.3.2 Treatment of Coexisting Morbidities and Family Pressure

Expectations that motivate the preference for TBAs were different for some other interviewees. The desire for treatment of certain diagnosis which in some of the respondents'opinion SBAs lack capacity to manage do serve as motivating rationales. A recurrent medical condition in this observation is diagnosis of uterine fibroid and the desire to remove it equally influenced the women's belief in the TBAs. Despite the absence of evidence to support the perception that the TBAs remove fibroid during the process of pregnancy delivery, many women were made to believe so. For example, a respondent stated;

"My expectation is surely to deliver safely. But it goes more than that… I could achieve that with the Doctors and Nurses (SBAs) as well. But they don't have drugs that can make someone deliver fibroid along with the baby. Since the traditional people can do that, I expect to use 2 stones to kill 1 bird by using the opportunity of baby delivery to remove the fibroid also".(A Sole Owner of Hair Saloon Firm with Higher National

Diploma).

The above sentiment was equally echoed as a motivating reason for the use of TBAs during the FGDs with most of them saying they have the skills and capacity of managing fibroid without surgery which in their view prevents women from having smooth delivery. A TBA stated;

"*We have herbal concoction that when administered to pregnant women, they will expel the fibroid from their private parts along with baby during delivery. Let me tell you; a doctor that will do that has not been borne. It's our forefathers that handed over these things to us and the power surpass what doctors can do".*

It is not only fibroid that serves as background challenge, other issues like infertility and miscarriage which these women are made to believe (rightly or wrongly) that SBAs lack acceptable solutions make them to readily embrace counsels and suggestions by influential family relatives such as mothers-in-law and sisters who mount a lot of emotional pressures (especially when they just got married) on them on the need to try alternative means like the TBAs.

"I tried everything possible to become pregnant for 7 years after delivery of my 1st baby, no result. Although I was not staying fully with my husband those periods but I think the few instances we met were enough for me to take in. I visited hospitals repeatedly until I got tired of empty assurances and posting here and there. They kept on assuring me after several tests that I would get pregnant and nothing was wrong with me. I ran out of patience. I later relocated here to stay fully with my husband. Meanwhile, my mother-in-law was already mounting pressure on me for pregnancy, quarrelling with me over every little issue. When she initiated the idea of visiting a traditional medical practitioner, I readily embraced it to avoid trouble and here I am". (Deputy Managing Director of a Tourism and Hospitality Company with Bachelor of Arts)

Still on circumstances readily making women succumbing to the idea of using TBAs, another participant narrated her own 2 bad experiences of miscarriages as follows ;

"*The psychological and emotional sufferings after miscarriage of pregnancy is not easy.*

*I experienced it 2 consequtive times and as a result of it, my sister-in-law advised that I should try alternative as we felt the nurses and doctors were not giving me enough attention. Since there is no harm in trying, I welcomed the idea of using the TBA nearby when I got pregnant again….Anyone in my shoe would do the same my brother ". (*A Senior Civil Servant with Master of Arts).

This perspective was further emphasized during the Focus Group Discussions;

"*when it becomes clear that many of them can no longer withstand the enormous pressure from in-laws as a result of delay in conception, they start coming to us for assistance. So, the moment they become pregnant with our herbal medication treatment, they would not need any persuasion to continue with antenatal and delivery with us ".*(A female TBA)

" *Our elders say a friend in need is a friend in deed. Many of my patients that I successfully treated for fibroid are the ones encouraging their friends having the same challenges in pregnancy. Doctors in hospitals will always tell them to do operation (surgery) and they run to us while we manage them.*

4.3.3. A Mix of Experience with Badmouthing of SBAs

Sometimes experience could be about the behaviour of Skilled Birth Attendants which are considered unfriendly, their non-availability as well as imposition of unwanted treatment plans. Four of the respondents have expectations related to the treatment plans, 3 to behaviours of birth attendants and another 3 on service delivery. On behavioural and attitudinal expectations from birth attendants swaying towards the use of TBAs, a participant stated;

"*Here one can expect to deliver baby with peace of mind. You can expect that no one would shout on you anyhow while experiencing labour pains. I call Mama (the TBA) anytime and she does not squeeze face as if I'm giving her stress unlike what happens with Nurses in the hospital".*

(Textile Merchant and Distributor with Bachelor of Arts)

Opinions expressed by many of the TBAs that participated in the FGDs did not substantially differ. This suggests that a lots of negative information that discourage use of SBAs are still pervasive and probably originate from the TBAs who criticize the SBAs while making various allegations being peddled among the women. They then complement their discouragement of SBAs' use with assurance of better services than what SBA offer. For example, a TBA replied with gusto;

" *…When many of them come after wasting their time exchanging abuses with nurses, I do tell them that anyone that cannot endure embarrassment should not go to those hospitals and allow those small girls called nurses to insult her. Those girls have no manners. Our patients know that nothing like that happen with us.*"(A female TBA)

4.3.4 .Expectations from Maternal Service Providers

Besides the attitudes of the SBAs, perceptions relating to poor service delivery by them inspire the women to seek alternative providers of TBAs .Five (50%) of the participants have expectations relating to service delivery before and after labour. They are particularly keen on this and regard it a serious consideration while the TBAs try to put up services of better care and personal attention as a way of justifying their claim of being a better alternative to SBAs..

"I've been assured that Mama ...does not push one here and there at her place. So far it has been so and I still expect that to continue. I expect her to personally handle every of your service requirement so that I don't get exhausted being tossed from one place to another as the Nurses do in government hospitals. She takes full charge of everything and that is what I want".

(Owner of a Supermarket chain with Bachelor of Science)

4.4. 4. Decisions Influenced by Respected Family Relations

Most of the belief held by the women emanated from personal experience, persuasion

and advice from respected figures and relatives. Most of the respondents had foundation of their belief in TBA laid by the individuals that suggested or referred them to the TBAs. In many instances, the referrals were respected figures like mothers-in-law, elder Sisters-in-law or well- respected senior friends in neighbourhood or places of worship. When such respected figures commanding moral influence make the recommendations, the women readily follow suit and agree. This position is corroborated by a particular respondent's submission as follows;

" I used to go through severe bleeding during my monthly menses which were so terrible that I would be feeling dizzy and even fainted sometimes……My mother-in-law most importantly and later a couple of friends advised me to go for traditional medical practitioner. It was while using his services that I got pregnant and being a TBA also, my mother-in-law encouraged and convinced me to continue with him for the antenatal and delivery. You know in our culture, opinions of mothers-in-law carry significant weight among we women. We even take them as instructions on some instances. Her strong recommendation, insistence on them and persuasion with a lots of wonderful testimonies made to belief in them".

(Textile Merchant and Distributor with Bachelor of Arts).

A similar experience was shared by another participant but in this instance, her belief in TBA was formed by an elderly senior friend in her neighbourhood who is a native of the same town with her husband and commanded significant respect from her, having delivered many of her children by using TBAs. The counsels and views of individual of this status go a long way in raising the belief of women who already have misgivings on the services of SBAs. This is illustrated by this respondent ;

"*My last delivery was by CS carried out within 2 hours of my arrival in hospital……I was told anyone with a history of CS would need a repeat CS in other pregnancies…..While discussing this with my Sister-in-law, she enlightened me on how she migrated to TBA for antenatal and delivery and she had smooth process without CS despite having done an initial CS with Doctors before then. She explained and educated me very well about TBA services and I have no cause to disbelief her since she had an experience similar to*

mine". (Managing Director of a Restaurant and Bar with Bachelor of Science).

The above reference also shows how the fear of CS which was earlier pointed out could combine with influence of in-law to sway the belief in and use of TBAs by the women.

Besides, the belief that SBAs lack acceptable solutions to some health challenges that coexist with pregnancy, most of the women belief in the opinions and views expressed by their mothers-in-law. Aside mothers-in-law, other in-laws that influence women perception and use of TBAs are usually older in age and went through the services of TBAs during their own reproductive years when there were not enough hospitals and SBAs. In essence, the culture that places in-laws in position of respect, authority and influence still serves in shaping the worldview and decisions of the pregnant women and by extension agreeing to the preference for TBAs as expressed by their esteemed in -laws.

The elderly women who have passed reproductive age and are now mothers-in-law still have a strong attachment and belief in TBAs. This is usually transferred to their daughters or sisters-in-law. Since by tradition, these women are considered as custodians of knowledge by virtue of age and experience, women readily agree and assimilate their belief. This is buttressed by the finding that 6 out of the 10 of the participants were referred to TBA by their mothers-in-law, 2 mentioned their sisters-in-law while the remaining 2 were by other sources. A participant stated thus;

"My mother-in-law is very experienced when it comes to pregnancy and delivery issues. She gave birth to 7 children, all by TBAs and she speaks very highly of them. She recommended TBA for me right from onset and I believe her because she has results to show for it". (An Owner of a Supermarket chain with Bachelor of Science).

The constant reference to mothers-in-law regarding the decision in the women's choice of birth attendants while failing to cite any impact made by their husbands underscore the powerful influence these mothers-in-law wield over the women in the use of TBAs .This perhaps suggests that pregnant women, even though capable of making independent decisions, still do sometimes subordinate their opinion and decisions to that of the family respected influential figure.

4.4.5 Pregnancy and Spiritual Beliefs

Interplay between pregnancy and spiritual belief impacting preference for TBAs rather than SBAs may not be totally discounted. Many of the women hold strong belief in roles and impacts of supernatural forces as crucial to successful management and delivery of pregnancy. They therefore appreciate involvement of spiritualist who would not only treat them with medications but also command "unseen" and supernatural forces to prevent evil before and during delivery. The SBAs rely exclusively on medical and scientific knowledge obtained during their trainings and practise unlike the TBAs . Hence, this mindset motivate many women to use TBAs whenever they are pregnant .A particular interviewee went spiritual, stating;

"I believesometimes the complications with delivery are not natural but spiritual hindrances that take supernatural powers to solve. The TBAs do that when it is needful. So, I believein them very well because if you run into problems during labour, they address it by both spiritual and natural means unlike SBAs that use only natural means which can sometimes be ineffective.".(A Senior Civil Servant with Bachelor of Science)

This standpoint was further corroborated during FGD as a TBA stated;

"Pregnancies and labours in particular are spiritual events. We do consult God through the powers our forebears handed over to us whenever challenges arise during labour. Our clients know this is a big advantage they derive from us which Doctors don't give". (a Female TBA)

4.04 Health System Challenges

Many challenges of the health system were pointed out. These include poor the attitude of health workforce, shortcomings in service delivery and issues of confidentiality of disclosed information.

4.05. Human Resources

4.5.1 Staff Attitude

The challenges with Human Resources bother essentially on attitude and behaviours of personnel, especially the SBAs. Eight out of the ten women participants shared their dissatisfaction, negative perception and experiences on the services, attitudes and behaviours of the SBAs and prefer TBAs to them specifically for those reasons .The negative experiences include long waiting time, bad interpersonal relationship of the SBAs , poor communication skills, lack of empathy, among others. All these discourage their use of SBAs with TBAs coming readily as alternative.

"*On getting there, I did not take up to 10 minutes. If you see the way Nurses initially shouted on me at hospital: "it's one Alhaja in hijab (Islamic head cover). She did this, she did that. If any bad thing happen to you, we are not responsible". On getting here, it was not like that. With that experience, why would I continue to be using SBAs? It will be very rare for me to decide to use them".*

(Proprietor of Private School with Masters in Education).

Complaints of lack of courtesy, disparaging and insulting statement on little provocation about SBAs were rife among the interviewees. Services were considered to be slow and full of bottlenecks especially with regards to SBAs at public health facilities. Complaints about staff attitude (SBAs) keep recurring with the contribution of every respondent.

"*The SBAs especially in public hospitals don't really give full attention. They are always very slow, lethargic and appear unenthusiastic. They behave as if one is just a nuisance to them….. The low cadre SBAs particularly worse. They are most of the times rude and disrespectful especially when one is experiencing pain during labour. They lack empathy, many of them".* (Proprietor of an ICT Training firm with Bachelor of Science).

Another respondent stated; "*…the low-cadre nurses and doctors are particularly guilty of this. They tend to misbehave, rude and disrespectful. …This is especially so when one is experiencing pain during labour.…They lack empathy, many of them as if they or their wives too don't trouble other birth attendants during delivery of their children"* (A Senior Civil Servant with Master of Arts).

". *During my 1st delivery with SBA, I found the attitude of most of them very repulsive, proud and snobbish. Those are young nurses whom many of us are even old enough to be their mothers"* (A Sole Owner of Hair Saloon Firm with Higher National Diploma).

She went further ;

"*…I also think that most TBAs are born into the job and are trained under their parents while growing up. So, they have long-standing experience that is more than SBAs of their age group. This practical experience compensates for their reduced educational training and is thus able to stand shoulder-to-shoulder with an SBA. They then use their better attitude as advantage over SBAs*". (A Sole Owner of Hair Saloon Firm with Higher National Diploma)

In conclusion, complaints about human resources for health, most especially the midwives have been a significant discouraging factor repeatedly expressed by the pregnant women as shifting their attention towards alternative maternal service providers as TBAs.

4.06 Service Delivery

The Service Delivery aspect of Health System was equally cited as many expressed dissatisfaction with several procedures that must be followed in accessing and receiving SBAs' services, describing them as "hectic and discouraging".

"*In essence, TBAs don't push people 'here and there' under the guise of sending to different specialities. A TBA serves as 'one-stop shop' offering all essential services at a single point by a single individual".*(Restaurant Owner with Bachelor of Science).

Another respondent stated thus ;"*I also felt I've had too much of "pushing around" by the doctors and nurses during the entire period I was trying to conceive and then came to Mama (a TBA) following the advice of my in-law". Their submission becomes understandable when considered against the fact that complaints of these bottlenecks are not experienced with TBAs.*

"*The traditional practitioners don't push people here and there under the guise of sending to different specialities as done by Doctors in hospitals. A TBA serves as one-stop centre offering all the essential services at a single point*".(A Senior Civil Servant with Masters in Education) An assertion and expression of better services emanated during the FGDs as TBAs stated they offer a 1-stop service that lessens the troubles of the women unlike SBAs that would send patients to various service providers located in different places such as laboratory scientists for laboratory tests ; sonographers for ultrasound scans and other healthcare professionals. For example, A Traditional Birth Attendant stated;

"*When I was learning this work, I was taught every aspect of taking care of pregnancy and delivery. So, there is no need at all to send patient to another birth attendant .I am solely in charge of managing all my pregnant patients from antenatal to delivery. I don't hand them over to the apprentice girls (inexperienced trainees). Since they trust my judgement before deciding to come to me, I make sure I don't betray that trust and expectation by tossing them here and there. They can't guarantee that opportunity with Doctors and Nurses which make them to prefer us sometimes*" (a Female TBA).

In essence, women considered themselves being "tossed to and fro" by Doctors and Nurses and this is regarded as frustrating; a situation that is not experienced with TBAs.

In contrast, all the 5 respondents who have completed their antenatal and delivery as at the time of In-Depth Interview expressed full satisfaction and indicated that their expectations were met which further solidifies their faith in TBA and likelihood of not reverting back to SBAs in subsequent pregnancies.

"See, I experienced everything my Sister-in-law told me about Baba ... (the TBA). No wasting of time by queuing up. He attended to everybody with care and respect and even pray for you in labour. Why then would I need to go to Doctors and Nurses again? I feel satisfied and comfortable with his service".

(A Sole Owner of Hair Saloon Firm with Higher National Diploma)

Another participant puts her expression of fulfillment and satisfaction differently:

"*Looking back, I thank God I agreed to use TBA. I have used government Nurses twice before changing to traditional and I am happy for making the choice. I believe if I had used Doctors and Nurses for my 3rd pregnancy, it would have ended in miscarriage like the earlier ones. The traditional got it right for me and I do not see anything that can make me to move away from them with that experience*"

(A Senior Civil Servant with Master of Arts)

4.07 Poor Communication by the SBAs

Seven of the women perceived the SBAs as very dismissive in their attitude and approach, failing to give satisfactory explanations and answers to the questions relating to their management. They consider this shortcoming does not occur with TBAs .

"… I was given an injection and few days after which the symptom of blood loss still continued. I went back again to the Doctor who sent me for another scan. They never explained to me that the pregnancy has got spoiled and not viable again.I kept on asking the doctor 'what is the cause of all these' but got no tangible answer. I was confused. I had a neighbour whom I informed of the details of my challenges. She informed me of the need to use traditional medicine and brought me to the TBA that prepared it." (A Senior Civil Servant with Master of Arts)

Another participant stated;

"*the Doctors and Nurses in hospitals don't communicate their treatment plan to you properly. They decide on what they want to do for you without adequately carrying you along. The TBAs don't do that. Many of my close friends who have the same financial status with me are also pushed away from SBAs because they don't give audience and listening ears enough. Probably because they have many people to attend to, so they tend to rush every consultation with patients and don't give one audience enough. Although this is lesser with private SBAs but it is still not as good as TBAs."* (Textile Merchant and Distributor with Bachelor of Arts).

The frustration experienced in poor communication of SBAs and inability to sustain patients' attention and understanding in their management decisions was expressed in statements like *" the Doctor never explained to me how the pregnancy got miscarried. His own was just " we need to go for evacuation fast, fast" . "I kept on asking what is the cause of all these ? but no tangible answer". 'I was confused. I had a neighbour who I informed of the details of my challenges and she told me to use traditional approach and brought me here".* (A Sole Proprietor of Private School with Masters in Education)

4.08 Issues of Confidentiality

Many study participants were also of the view that confidentiality of personal medical information and history are better guaranteed with TBAs than SBAs. They are of the belief that multiple points of access to medical case notes by different categories of SBAs make their personal information very porous. This is not exactly so with the TBA in which only the attending TBA has access to the information and are better kept as secrete. A participant stated thus;

I've seen instances in which my friend who has fertility challenges with history of several abortions while she was a teenager was subject of rumour and she would be going along the streets and eavesdrop people discussing in low voice and pointing at her direction and she cant point to anyone in particular among the nurses that could be responsible for letting out the information since many of them have access to her case note containing the information".(A Sole Owner of Hair Saloon Firm with Higher National Diploma),

"*If the nurses don't like you or you have a clash with them one way or the other during antenatal or delivery, consider your story as topic of gist in their work stations ,even in the presence of other patients. That's how everybody knows about your history. If you are using the traditional men, he is not likely to share your information and identity with people because he is aware that you can trace the source to him if you hear being the only one that you told*".(An Owner of a Supermarket chain with Bachelor of Science).

Therefore, some pregnant women expressed their belief in ability of TBAs in guaranteeing confidentiality than SBAs and accordingly utilize the services of the earlier.

4.09. Conclusion

In summary, this chapter has shown that the decision and preference for the TBAs are partly influenced by issues of confidentiality, poor communication by the SBAs, the spiritual belief and orientation of the women, influence of respected family members and social circles, poor attitude and service delivery by the SBAs among others.

Having presented the study findings in this chapter, a discussion and analysis of the results relative to the earlier stated objectives becomes imperative and are given in the next chapter.

CHAPTER FIVE: DISCUSSION

5.1 Introduction

This study explored the experiences, perception and belief system and reasoning influencing well-educated, middle-income women for the use of TBAs rather than SBAs for delivery services. In addition to this aim, it has as objectives, description of challenges and experiences discouraging this class of women from utilizing the services of SBAs while also identifying their perception and knowledge of SBAs. This chapter would discuss the findings and place them within related literatures.

5.2 Summary of Key Findings

The findings of this study show a number of widespread opinions and views of the women regarding the services of both TBAs and SBAs which influence their preference for the earlier. These are in addition to the lack of trust towards SBAs when it comes to medical decisions and dissatisfaction with their mode of treatment. It equally shows their mindsets and belief system fuelling their preference. Prominent among these are their desire to avoid operative delivery (Caesarian Section) which is offered by the SBAs; strong interest in confidentiality which they believe is better guaranteed with TBAs; dissatisfaction with what they consider as excessive protocols at SBAs' centres; beliefs in TBAs' capacity to better manage some other medical challenges that do coexist with pregnancy; respect for and desire to follow the beliefs of much older in-laws as well as perception of pregnancy as a spiritual event which the TBAs have additional advantage in handling.

5.3 Perception, Experiences and beliefs Regarding TBAs by the Women

5.3.1 Need to avoid Caesarian Section offered by SBAs

The findings in this study states show how the perception of many doctors, nurses and midwives as been young and inexperienced is making many women to show preference for TBAs. Many of the TBAs got enrolled into apprenticeship of pregnancy care and delivery from their parents right from tender ages. Thus, many women are of the opinion that a young, recent graduate SBA is not as adequately experienced in the act of delivery

and by implication less capable than TBAs. This perception of longer years of practice experience, serving as merits for TBAs and being fair enough to sway women towards them have not been reported in studies. It may therefore need further investigations in determining to what extent the women hold on to this in influencing their preference and choice of TBAs.

Furthermore, another notable finding of this study is the realization that the fear of surgical delivery (ceasarian section, CS) by the women and their desire to avoid it is another widespread reason influencing utilization and preference for the use of TBAs who only take delivery of babies by normal vaginal means. This runs contrary to what is obtainable in many developed nations of the world where the fear of normal vaginal delivery makes women prefer and request for Caesarian Section as mode of delivery (Nieminen et al, 2009 &Storksen et al, 2015). In the study area, there is a pervasive dislike, misconceptions and erroneous beliefs among the study participants about Ceasarian Section as a method of delivery and these underlie their desire to avoid it as much as possible. This lack of interest in operative delivery are often as a result of its perception as damaging personal obstetric or medical history which would predispose them to need for further operative deliveries in subsequent pregnancies. Besides, many other women perceive operative delivery as means for financial exploitation by the SBAs. These viewpoints are similar to the finding of Nnanna Ugwu (2015) in his study of influence of gender and religious ideologies on refusal to do caesarean section in Nigeria. Whichever of the foregoing rational is applicable, they try to avoid the SBAs that carry out the surgical procedure.

Similar findings relating to wrong perception, aversion for and reservations against Ceasarian Section by Nigerian women were reported by Amiegheme and others (2016), Sunday-Adeoye&Kalu (2011) and Okonofua and others (2011). It is therefore not surprising to note in the course of this study the observed patronage of TBAs by the women as a way of avoiding likelihood of undertaking Ceasarian Section by SBAs. Perhaps the women's lack of interest in CS have equally been encouraged by observation that it has not significantly translated to better perinatal outcomes (Daniel & Singh, 2016) and as such may not be worth the risk of undergoing it.

From the foregoing, experience and perception of the women demonstrate the need for Health Education that enlightens the general public and women folk in particular seeking their understanding of the nature of works of SBAs consideration that guide their decisions for surgical delivery , among other similar issues.

5.2.2 Confidentiality More Assured with TBAs than SBAs

The study shows a belief that involvement of multiple professionals among healthcare workers especially doctors, nurses and midwives at different times during antenatal and deliveries negates and jeopardize the women's desire for confidentiality of their personal medical information by the SBAs. There is a perception that SBAs are not able to guarantee their medical information like TBAs and when it leaks out, they are unable to affirm exactly who is responsible for such among wide arrays of healthcare workers that attend to them. This is in alignment with submission of Okesola and others (2017) who equally alluded to perception of healthcare workers being regarded as poor in issues of patient confidentiality with potential to drive patronage away from skilled healthcare workers involved in rendering maternal services.

5.4 Attitudes of TBAs and SBAs

Another key finding of this study is the realization that certain attitudes by these providers most time fail to meet with expectations and satisfaction of the women; this therefore serves as “push factor” from the SBAs. Attitudes consider as snobbish, dismissive and uncaring when patients complain of discomfort or service dissatisfaction are understandably frowned at .Therefore, many of these women would search for alternative providers having satisfactory and friendly disposition with TBAs coming in readily. This is supported by the submission of WHO (2005) which pointed out that attitudes and behaviours of healthcare workers reduce the chances of seeking antenatal services. It therefore becomes imperative to place attention on interventional measures directed at training healthcare workers in the frontline of maternal services on human interactions, service effectiveness, empathy demonstration, working under pressure among other issues that may possibly be responsible for poor attitudes towards women seeking maternal services.

In addition, this study has found out that failure to carry the women along and poor communication of management decisions by SBAs are notable points of dissatisfaction with SBAs promoting the discouragement of women in patronizing their services. This notable shortcoming often leaves them confused, unconvinced of necessity of certain suggested treatment modalities and eventually discouraging further patronages. The poor communication by the SBAs creates confusion for the women, misunderstanding of medical protocols and interventional treatment guides, lack of trust in the attending SBA as well as impairs cooperation which eventually makes the women to part ways with SBAs when seeking maternal healthcare services in subsequent pregnancies. Therefore, failure to provide good quality of care and poor communication by the SBAs were revealed in this study as parts of the ways in which their actions and/or inactions have been propelling women away from them towards TBAs for maternal care services. This finding is equally affirmed in the study by Brueck et al (2017) which stated that poor communication between physicians and patients create mutual distrust. Although, Brueck et al did not narrow their observation to skilled Birth Attendants specifically, their SBAs were captured in their study group. Since there is available wealth of evidence that poor communications between the women and birth attendants bring about patient dissatisfaction and poor health outcome (Sullivan et al, 20000 and Duffy et al, 2004), it follows therefore that poor communication observed between SBAs and the women are leading to unsatisfactory outcomes from the latter that make the women to look elsewhere for maternal health services.

Thus, there is a need to incorporate training on communication skills into the curriculum of Doctors, Nurses and Midwives. Further seminars and workshops that simulate common scenarios in which good communication is crucial should be organized periodically or as part of update courses which are prerequisites for annual licence renewal of these professionals.

5.5 Excessive Processes and Protocols at SBA centres

The study also shows the dissatisfaction of women regarding what they described as too much processes and protocols involved in completing antenatal care and delivery with an average SBA. This is notably a discouraging factor for the women tilting their

consideration for the TBAs who do not subject them to undue “to and fro” movement.

It can therefore be inferred that women find too much rules, processes, protocols and procedures exhausting and discouraging making them seek care elsewhere with TBAs as viable alternatives. Kuye and Akinwale (2020) alluded to the presence of legions of and excessive rules, regulations and procedures guiding services of doctors, nurses and midwives in healthcare centers as equally narrated by the women in this study. Although, Kuye and Akinwale (2020) stated that quality of service obtained from the formal healthcare practitioners is not significantly affected by these protocols, findings of this research shows the women apparently do not pay attention to this fact of quality service but are discouraged by the immediate challenges of excessive protocols associated with SBAs.

This finding therefore underscore the importance of reducing the lengthy processes, protocols and administrative bottlenecks often encountered while accessing maternal care services from the SBAs. This is with a view to reducing or eliminating the cumbersomeness and frustration that many women experience while seeking the attention of SBAs for maternal services.

5.6 Confidence in TBAs in Managing Coexisting Medical Challenges

The study also reveals that many women have faith and confidence in the ability of Traditional Birth Attendants in managing some other underlying medical challenges which do coexist with pregnancy. Many respondents are of the view that SBAs lack the knowledge it takes to successfully manage infertility and are often subjected to having what they term endless cycle of clinic appointments. This perception and health-seeking behaviour is further reinforced by the previous experiences of relatives and friends who had similar challenges. They therefore decide to give TBAs trial and subsequently continue to use their services the moment pregnancy is achieved. This finding is not different from that of Imogie et al (2002) in his assessment of TBAS’ role in medical delivery in Edo State of Nigeria. Their study equally revealed the belief of women in the role of TBAs in infertility management.

5.7 The Belief that Pregnancy is a Spiritual Event

In addition, the study also shows the perception and belief of women in pregnancy as a spiritual event which therefore requires the need to apply and involve supernatural forces in its management if the desired outcome of safe delivery is to be achieved. Since SBAs only apply scientifically proven knowledge in pregnancy and delivery management while TBAs include prayers, incantations and other spiritual activities along with use of herbal concoctions, the latter becomes preferred logically. This finding of belief of pregnant women in spiritual involvement in management was similarly echoed by Lydia Aziato et al (2016). The TBAs as well have strong belief in the efficacy of spiritual efforts and this has therefore serves as additional advantage in drawing pregnant women towards their services. In view of this realisation, it may be necessary for SBAs to be sensitive to religious sensibility of the people of the areas of their practise and fathom such desires into consideration during antenatal care.

5.8 The Roles of In-laws

Finally, the study also shows how the perception and reasoning of pregnant women are shaped towards preferring the use of TBAs by their respected in-laws, most especially mothers-in-law. The culture in the study area which places elderly women in positions of authority and respect by their daughters-in-law is still being adhered to. Therefore, these women exert considerable influence in encouraging the women towards the use of TBAs. This is especially the case when the women are experiencing other healthcare challenges such as infertility or recurrent miscarriages that provide circumstances and opportunities for family relations to begin offering several counsels. White and others (2013) equally highlighted this strong influence of mothers-in-law in maternal healthcare seeking behaviour.

5.9 Limitations of the Study

Awareness of researcher's personal disposition on views being expressed by participants holds potential of altering correctness of information that was provided and thereby impacting the finding of this study. As a way of avoiding prejudice, the researcher did not condemn or pass judgment verbally or by gesture, on whatever belief and perception being expressed influencing the women's choice of provider for delivery

services.

Besides, this study involved a qualitative approach with its inherent limitation of lack of statistical rigour. As such, the extent or prevalence of the opinions, belief and perception expressed by the research participants among the generality of women cannot be accessed.

CHAPTER SIX; CONCLUSION

This chapter focuses on the findings of the study that serve as the propelling circumstances and settings encouraging the preference of women for TBAs rather than SBAs. Based on these identified factors, recommendations are made to reverse the trend.

As it has been pointed out from the preceding chapters, issues such as poor communication; behavioural and attitudinal shortcomings of the SBAs; lack of trust towards SBAs; wrong notions and misconceptions about surgical delivery by women; previous unsatisfactory experience with SBAs as well as poor attitude by SBAs partly or wholly combine in shaping the belief and preference for utilization of TBAs by well-educated, middle income women in the city of Lagos in Nigeria. In addition, the impacts of local circumstances and contexts such SBAs bureaucratic delays and bottlenecks experienced at SBAs' centres ; coexisting health challenges of the women as well as the influences of mothers-in-law in influencing the perception, belief, viewpoints , understanding and mindset towards the preference of TBAs by middle-income and well educated women have equally been shown in the study.

Despite the foregoing, access of women to SBAs remains one of the two vital indices of tracking the progress of efforts directed against maternal deaths globally (WHO, 2004). Accordingly, improving maternal mortality and morbidity would largely depend on increasing the use of SBAs by the womenfolk in general. Therefore, efforts need to be initiated and directed towards addressing the aforementioned stated research findings in order to pull more women towards SBAs and correspondingly stem the tide of maternal mortalities. It is in view of this that the following recommendations are made;

Recommendations

1. This study reveals multiple gaps and information bridges between SBAs and women in need of maternal services. These have accordingly created rooms for misconceptions among many potential SBA users, hindering them from benefiting from the services of SBAs. There is therefore need for massive reorientation, education and enlightenment of the general public and women in particular These should be targeted at addressing commonly misunderstood topics such as infertility, fibroid, delivery by Caesarean Section and other related issues.

2.The study shows that attitudes and behaviours of many SBAs during the process of antenatal care and delivery has contributed in preventing repeat patronage of SBAs after an episode of delivery under their care and by implication, preference for alternative maternal service provider, the TBAs. Against this background, there is need to introduce developmental courses bothering on human interactions, psychological and temperament management as well as anger control. These could be incorporated into update course that are done as parts of prerequisites for annual practicing license renewal of nurses and doctors. In addition, periodical seminars and workshops could also be utilized in passing the necessary messages and teachings to these healthcare workers in frontline of maternal health services. Beyond behavioural and relationship reasons, structural issues of poor governance and accountability mechanisms equally need to be reviewed and improved upon in healthcare settings of SBAs.

3. The poor communication skills that commonly lead to misunderstanding between the SBAs and pregnant women when the latter are being advised of necessity of carrying out certain treatment procedures deserves being addressed. This could also come in the form of regular and periodical training of SBAs in this regard.

4. The finding of excessive administrative bottlenecks and frustrating protocols needs to be reversed. To achieve this, there is need to reorganize the procedures in healthcare

centres with a view to reducing unnecessary hassles associated with seeking care. Unnecessary referrals should be eliminated while multiple service points that are capable of functioning as a single unit could be merged together.

5. In addressing the concern of confidentiality, large healthcare facilities could consider allocating every pregnant woman to a specific SBA that takes full and sole control of an individual's management from registration to delivery. This would improve personalized care that is specifically tailored towards the need of individual pregnant woman. To achieve this, there is need for more investments in the health sector especially with regard to recruitment of more SBAs with a view to increasing SBA-pregnant women ratio.

6. The influence of mothers-in-law in successfully persuading the women towards interest in TBAs has been discussed. Women need to be encouraged to be more assertive in their conviction especially regarding personal health seeking behaviours towards the SBAs. In addition, public enlightenment on the importance of SBAs' use should be directed at all women and not just those within the reproductive age group alone.

7. Since the TBAs possess certain qualities that seem to endear women to their services, the government can design an educational scheme that encourages the TBAs in seeking further education and health training with ultimate possibility of transitioning them into Skilled Birth Attendants.

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APPENDIX 1: INFORMATION SHEET IN ENGLISH (WOMEN PARTICIPANTS)

Project Title :WELL-EDUCATED, MIDDLE CLASS WOMEN AND EVOLVING PREFERENCE FOR TRADITIONAL RATHER THAN SKILLED BIRTH ATTENDANTS IN LAGOS, NIGERIA – A QUALITATIVE STUDY

What is this study about?

This is a research project being conducted by Dr AdetayoSeunAderinwale at the University of the Western Cape. We are inviting you to participate in this research project because you are a well educated, middle class woman utilizing the services of

Traditional Birth Attendant for delivery services. The purpose of this research project is to gain insight and understanding of factors promoting your preference for TBAs over SBAs as choice for provision of birth services, thereby using the knowledge gained to increase access of women to Skilled Birth Attendants with potential implication of reduction in maternal deaths.

What will I be asked to do if I agree to participate?

If you agree to participate in this study, I will ask you to sign a consent form as an indication. I will also be requesting you to share with me your opinion, experiences and belief system that influence your preference for utilizing the services of TBAs instead of SBAs for your delivery .The interview will be conducted in a safe location of your choice that is devoid of distractions. It is not expected to last beyond 1 hour depending on our interaction.

Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your confidentiality, you would not be identified by name but by coded tag while your identity would not be disclosed to any third party. Also, information collected from you would be kept securely in a lockable drawer and password protected computer which only the researcher has access to Finally, when a report or article is written about this research project, your identity will be protected. This study will use focus groups therefore the extent to which your identity will remain confidential is dependent on participants' in the Focus Group maintaining confidentiality.

What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. The researcher will nevertheless minimize such risks and act promptly to assist you if you

experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about perception, belief system, worldview and experiences that make women in your economic category and with similar educational status as you prefer the services of TBAs. We hope that in the future, other people might benefit from this study through improved understanding of those influences on your decision so that Skilled Birth Attendants can be guided by them , thereby improving access of women to skilled delivery .

What are the anticipated benefits to science or society expected from the research?

The society is expected to benefit from the outcome of this study as it would improve the understanding by governments at all levels in formulating policies of maternal deliveries that are guided by your belief system and experiences and by this reducing maternal mortalities in the society.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Dr Adetayo Seun Aderinwale of School of Public at the University of the Western Cape. If you have any questions about the research study itself, please contact Dr Adetayo Seun Aderinwale at: School of Public Health in University of the Western Cape, with email; 3814060@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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This research has been approved by the University of the Western Cape's Biomedical Research Ethics Committee (REFERENCE NUMBER ;).

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APPENDIX 11 :INFORMATION SHEET IN YORUBA LANGUAGE (TBAs)

ÌWÉ ÌFILÒ

Akole :ÀwonÒmòwétíàpò won sìrúgógónínúobìnrinàtiìpinnu won látimáa lo AgbèmífúnomobíbíníìpínlèÈkó, níorílèdèNàíjíríà

Kínnialèmònnípaìwádìyìí ?

ÒmòwéAdétáyòAdérìnwálélátiiléìwé University of the Western Cape níorílèèdè South Africa lóún she ìwádìyìí.Aùnpèyínnítoríwípé e mònwé, esìl'ówó .Afémonìdítíàwonobìnrinbíitiyín se férànlíloàwonagbèbíjuàwononísègùnòyìnbó lo fúnomobíbí.

Kíniemáafékíun se fúnyín ?

Emáagbàlátif'owósíìwéyi.Màátúnbèèrèìbéèrélátimòdítíefigbàlátiférànlílòàwonagbèbíìbílè fun omobíbíjuàwonakósémosétiòyìnbó lo.

Sékòsíenitíyomònwípémobáayín se nínúìwádìyìí?

Aseìdánilójú fun yin wípékòsíenìkankantíyíòmonohuntíebá so fúnwanínúìwádìyìí. Akònídárúkoyínfúnenìkankan .Kòsíenikénitíyiomòyínnípaìwádìyìírárá.

Kíniìjàùnbátíólètíibìwádîyìíwá'yé ?

Ati se ètòlátiriwípékòsíwàhálàtàbîijàùnbákankanwá'yénípaìwádîyìí.Tíobásìs'elè, atis'ètòl'áti se ìtójút'óye.

Kíniàhùnfànítímàaríníbìwádîyìí?

K'òsíàhùnfàníkanfúnyíngégébíienìkan.Sùgbónìwádîyìílèjékíolùwadîyìímònnípaìdítíàwonobìnrinbíitiyín se féranlíloàwonagbèbífúnomobíbíjuàwonakósémoséonísègùnòyìnbólo.Èyíájékíètòt'ópé ye wafúnsíseìtójúaláboyún.

Kíniànfànít'ówàfúnàwùjowaanípaìwádîyìí?

Ìwádîyìímáajékîijobamonohuntíàwonobìnrinféláti le máabíomopèlúìròrùnàtìifòkànbalè.Èyímáajékîijobamonohuntíótóàtiohuntíóyeláti se fúnàwonobìnrinàtiètòìwòsànláwùjowaa.

Sémolèkòlátikópanínúìwádîyìínígbàkígbà ?

Béeni.Elèkònígbàtíebáfé.Kòsíenikénitíyiobáayínjàtàbíbínú lee l'órí.Kíkópayínkò pan dandanrárá.Bíebá se fení.

Tímobánîibéérèúnkó ?

Ìwádîyìíúnwá'yélátiowóòmòwéAdétáyòSeunAdérìnwálétíileìwé University of the Western Cape.Tíebánîibéérè ,ekoìwésíòmòwéAdétáyòSeunAdérìnwálétíileìwé Public Health ní University of the Western Cape pèlúìmònèrotí 3814060@myuwc.ac.za .

Tíebáníìbéérènípaìwádìyìítàbínípaètóyíntàbíefí se àlàyéwàhálàkankanl'óríìwádìyìí, ejòwóekòwétàbíkíepè :

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Ìwádìyìítígbaàsel'átiìléìwéàtìàjot'óyení University of the Western Cape (Òhùnkàìtókasí ;)

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APPENDIX 111 :

CONSENT FORM

Title of Research Project: WELL-EDUCATED, MIDDLE CLASS WOMEN AND EVOLVING PREFERENCE FOR TRADITIONAL RATHER THAN SKILLED BIRTH ATTENDANTS IN LAGOS, NIGERIA – A QUALITATIVE STUDY

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

___ I agree to be [videotaped/audiotaped/photographed] during my participation in this study.

___ I do not agree to be [videotaped/audiotaped/photographed] during my participation in this study.

Participant's name……..

Participant's signature…….

Date……

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APPENDIX 1V :

FOCUS GROUP CONFIDENTIALITY BINDING FORM

Title of Research Project: WELL-EDUCATED, MIDDLE CLASS WOMEN AND EVOLVING PREFERENCE FOR TRADITIONAL RATHER THAN SKILLED BIRTH ATTENDANTS IN LAGOS, NIGERIA – A QUALITATIVE STUDY

The study has been described to me in the language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone by the researchers. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits. I give my consent for the audio recording of this discussion for the purpose of the research.I understand that confidentiality is dependent on participants' in the Focus Group maintaining confidentiality.

I hereby agree to uphold the confidentiality of the discussions in the focus group by not disclosing the identity of other participants or any aspects of their contributions to members outside of the group.

Participant's name……..

Participant's signature……..

Date……

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APPENDIX V :

INTERVIEW GUIDE FOR IDI

Title: Well educated and middle class women and evolving preference for Traditional rather than Skilled Birth Attendants in Lagos, Nigeria- A Qualitative Study

Belief system, mindset, perception and experiences of well educated, middle class women influencing their preference for Traditional Birth Attendants will be investigated. In-depth interviews would be conducted with volunteer participants that meet the eligibility criteria.

Expectations

- What have been your experiences so far with TBAs ?
- Can you please tell me your expectations from a Traditional Birth Attendants?
- Can you shed light on the extent you think those expectations have been met by the TBAsTBAs

Beliefs and Experiences

- What are your believes that made you had preference for TBAs?
- What are circumstances or settings that play roles in your preference for TBAs
- What are the rationales behind your conclusion that TBAs will serve you better than SBAs?
- What are the possible development that you can experience with TBAs that could make you reverese your decision and change to SBAs?

TBAs versus SBAs

- Can you compare and contrast the services offered by TBAs with SBAs?
- What is your perception of SBAs that drives you away from them?
- Have you had any unsatisfactory experience with SBAs that drives you away from them? If yes, can you shed more light on them? If no, why do you then ignore their services but decide for TBAs?
- Do you think your preference for TBAs have also been subtly or significantly influenced or supported by any relatives, friends or acquaintances' viewpoints or beliefs? If yes, why do you agree with those viewpoints expressed by other people to the extent of influencing your decision?

Thanking the participant

APPENDIX V1 :

INTERVIEW GUIDE FOR FGDs

Introduction

1.The researcher and the assistants are to be introduced to participants of Focus Group Discussion

2.Informed consent to be signed by the participants

Interview Process

- Eliciting the believes of FGD participants on what they offer in their services that have served as specific causes of preference for women who are well educated and belonging to middle class economic category.
- Themes are generated from the trend of the discussions and each of those themes that are explored sequentially. When each theme is exhaustively discussed, another one is proceeded unto with introduction and explanation

- Each participant in the FGD is given opportunity to express himself/herself on experiences with women in those categories that in their view is responsible for their preference for TBAs
- Each of the participant is allowed to express opinion in support , against or to shed more light regarding that of his/her colleagues

Issues to be covered

- Experiences of the TBAs with women
- Circumstances and settings in which they noticed the women choose them
- Their understanding of the belief system of the women that stimulates the preference for the TBAs
- Their perception of the services of SBAs especially how they fell short of what TBAs offer
- Their understanding of factors having potential to swage the preference of the women either towards or away from them

Closing

Is there anything more you would like to add? I'll be analyzing the information you and others gave me and submitting a report for my mini-thesis.

Thank you for your time.

The Guidelines for Focus Group Discussions

- What have you observed are the expectations of women when they avoid SBAs but choose you as TBA to provide delivery services for them?
- Do you think those expectations are met? If yes, how do you know?

- In your opinion, what are the mindset and belief that you think influence these women in preferring you?
- What experiences do delivery with you provide that are absent with SBAs?
- How do you think those women perceive your services?
- What events or circumstances do you think could occur that portends possibility of swaying these women away from you?
- Have you had any of those women that you have attended to in the past but refused to patronize your services for subsequent deliveries ?If yes, what do you think was responsible for this observation?
- Do you think patronizing your services have some merits that are not available with SBAs? If yes , can you expatiate on them?