

## Rising Trend of Pregnant Women Attending Traditional Birth Attendant Clinics in Rural Areas in South-South, Nigeria

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DOI: <https://doi.org/10.36347/sjmcr.2026.v14i01.041>

| Received: 19.12.2025 | Accepted: 26.01.2026 | Published: 31.01.2026

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### Abstract

### Original Research Article

There is rising trend in seeking antenatal care from traditional birth attendants (TBAs) by pregnant women in the rural areas than seeking from health professionals in the primary health centre, clinics or hospitals. Traditional Birth Attendants (TBAs) are community-based individuals most often older women who assist pregnant women during pregnancy, childbirth, and the postnatal period, especially in rural or underserved areas but they lack the medical training needed for safe management of complications. The TBAs are experienced women who provide antenatal care with emotional and cultural support and counseling to the pregnant women. The TBAs are found within the community and easy to access them with less stress or no stress. This study is aim to evaluate the Rising Trend of Pregnant Women Attending Traditional Birth Attendant Clinics in Rural Areas in South-South, Nigeria. This was a cross-sectional study involving 250 women with age between 18 to 47 years. A well-structured questionnaire was administered to participants. The study lasted for a period of 3 months. Statistical analysis was done using SPSS version 25.0 and  $p < 0.05$  was significant. The results revealed that 40% of the participants were married, 28% single, 20% divorced, 12% widowed, 52% had primary level of education, 60% are farmer, 80% are low-income earner, 80% seek TBA's help, 60% in 3<sup>rd</sup> trimester, 72% had complications, 60% visit TBAs occasionally, 76% received herbal drugs from TBA, main reasons for choosing TBA clinics revealed that low cost (28%), nearness to home(20%), family tradition (16%), trust in TBA (12%), fear of hospitals(8%), lack of transport (12%), long waiting time at the hospital (4%), 40% of their mother-in-law's influenced the visit and 88% are not aware of associated risks.

**Keywords:** Rising Trend, Pregnant Women, Attending, Traditional Birth Attendant, Clinics, Rural Areas.

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## INTRODUCTION

Antenatal is an important process that every pregnant woman must experience or undergo, either through church, traditional or hospitals after their missed period to ensure a safe delivery. It is a crucial period during pregnancy, because its identify pregnancy that are at risk and also to enlighten expectant mothers with good information that will keep them healthy and eat good food and also to carryout basic investigations and provide routine drugs (Okocha, *et al.*, 2023). Pregnancy

is a process and every mother who are pregnant need to pass through antenatal care. Antenatal care is a systematic care that is organized into stages to the safe arrival of the expected baby and also guarantee the life of the mother (Okocha, *et al.*, 2023). During antenatal care, vital information on good hygiene, eating good and quality food and how to stay happily will be provided by the healthcare professionals (Okocha, *et al.*, 2023). During antenatal physical examination and some laboratory and radiological examinations will be

**Citation:** Gbaranor K. B. *et al.* Rising Trend of Pregnant Women Attending Traditional Birth Attendant Clinics in Rural Areas in South-South, Nigeria. Sch J Med Case Rep, 2026 Jan 14(1): 173-178.

conducted on the pregnant women to identify pregnancy that will be risk and those that will not be risk and proffer solution to those that have been identified as risk pregnancy (Okocha, *et al.*, 2023). Previous study revealed that greater percentage of the participants choose traditional birth attendant's home as their preferred place of antenatal due to several reasons such as comfortability, stress less, cheap, accessibility, availability and spiritual and medicinal (Okocha, *et al.*, 2023). The research also revealed that the participants have poor level of education, poverty and absence of health centre in their community could also be the determinants of their choice of antenatal (Okocha, *et al.*, 2023). Previous studies consistently shows that accessibility and affordability are foundational reasons for high TBA patronage in rural communities. In many low- and middle-income countries, rural women face long distances to health facilities, poor transportation infrastructure, and limited financial resources, making local TBAs a more accessible option (National Population Commission [Nigeria] & ICF, 2019, as cited in [turn0search32]). Low socioeconomic status and illiteracy further reinforce this pattern, as women with limited resources or education are more likely to choose TBAs who are embedded within the community (Punchng Healthwise, 2023; [turn0search3]; [turn0search4]). Cultural beliefs and longstanding traditional practices significantly shape maternal health-seeking behavior in rural settings. Traditional birthing practices are deeply rooted in local customs, and TBAs are perceived as custodians of these cultural norms (Omics International, 2023; [turn0search13]). Women's preferences for TBAs are intertwined with cultural trust and social norms that value community-based care and view childbirth as a natural process that TBAs are well-suited to manage (BMC Complementary Medicine and Therapies, 2017; [turn0search9]). Studies have highlighted perceived quality of care not in biomedical terms, but in interpersonal aspects as a key determinant. Rural women often find TBA care more culturally acceptable, compassionate, and personalized compared to formal health facilities, which may be viewed as impersonal or unfriendly (Reproductive Health Journal, 2025; [turn0search0]; Nigeria Demographic and Health Survey data cited in [turn0search32]). The friendly attitude of TBAs and the comfort of familiar settings contribute to their continued use even when formal services are technically available (Ogun State study, [turn0search16]). The association between women's education and TBA utilization has been documented. Low formal education levels correlate with higher use of TBA services because of limited awareness of the benefits of skilled birth attendants and formal maternal health services (Reproductive Health Journal, 2025; [turn0search0]). Conversely, efforts to improve maternal education and awareness of skilled care have been linked with lower odds of TBA-assisted births (MDPI study, 2020; [turn0search1]). The literature also emphasizes systemic limitations in rural health systems — including shortages of skilled staff, poor health facility

infrastructure, and negative attitudes of health workers — as reinforcing the trend toward TBA use (MDPI study, [turn0search1]; Reproductive Health Journal, [turn0search0]). There is growing recognition that integrating TBAs into formal health systems — for example, by training them to recognize complications and refer appropriately — could improve maternal outcomes and bridge gaps between communities and health facilities (BMC Pregnancy and Childbirth, 2022; [turn0search10]). While TBAs serve an important role in filling gaps where skilled care is scarce, their limited clinical training poses risks. Studies report that TBAs often lack the capacity to recognize obstetric danger signs or manage complications, which can contribute to adverse maternal and neonatal outcomes (BMC Public Health study, [turn0search12]). These findings underscore ongoing public health concerns despite the continued reliance on TBAs. Adequate antenatal care (ANC) and skilled obstetric assistance during delivery are important strategies that decrease maternal mortality and morbidity (WHO, 2005). Antenatal care provides pregnant women with information, treatment of existing social and medical conditions and screen for risk factors. Fact Sheet, (2002), said it is not enough to receive antenatal care, since majority of the fatal complications occur during or shortly after delivery. Lack of education and poor knowledge of maternal health care has contributed to delays in seeking care during pregnancy and child birth and poverty is one of the major health determinants (Ewa *et al.*, 2012) Mothers that are not financially buoyant are at high risk of developing pregnancy related complications, because they are not financially able to pay for the required services (UNFPA, 2006). Antenatal care is one of the vital maternal health care services worldwide, because pregnancy complications are important source of maternal mortality and morbidity. In Nigeria, the utilization of antenatal care is still very low especially in the rural areas and the northern part of the country. World Health Organization (WHO) also, revealed that majority of women who attend antenatal care do not attain the required number of visits recommended by the World Health Organization (WHO).

## MATERIALS AND METHODS

This was a cross-sectional study involving 250 women with age between 18 to 47 years. A well-structured questionnaire was administered to participants. The study lasted for a period of 3 months. Statistical analysis was done using SPSS version 25.0 and  $p < 0.05$  was significant.

## RESULTS

The results revealed that 40% of the participants were married, 28% single, 20% divorced, 12% widowed (Table 1), 52% had primary level of education (Table 2), 60% are farmer (Table 3), 80% are low-income earner (Table 5), 80% seek TBA's help (Table 6), 60% in 3<sup>rd</sup> trimester (Table 7), 72% had complications (Table 8), 60% visit TBAs occasionally (Table 9), 76% received

herbal drugs from TBA (Table 10), main reasons for choosing TBA clinics revealed that low cost (28%), nearness to home(20%), family tradition (16%), trust in TBA (12%), fear of hospitals(8%), lack of transport

(12%), long waiting time at the hospital (4%) (Table 11), 40% of their mother-in-law's influenced the visit (Table 12) and 88% are not aware of associated risks (Table 13).

**Table 1: Marital Distribution of Respondents**

Marital Status	Frequency	Percentage (%)
Married	100	40.00
Unmarried	70	28.00
Widowed	30	12.00
Separated	50	20.00
<b>Total</b>	<b>250</b>	<b>100.00</b>

**Table 2: Educational Distribution of Respondents**

Education	Frequency	Percentage (%)
No formal education	40	16.00
Primary	70	28.00
Secondary	130	52.00
Higher	10	4.00
<b>Total</b>	<b>250</b>	<b>100.00</b>

**Table 3: Occupational Distribution of Respondents**

Occupation	Frequency	Percentage (%)
House wife	20	8.00
Farmer	150	60.00
Laborer	30	12.00
Other	50	20.00
<b>Total</b>	<b>250</b>	<b>100.00</b>

**Table 5: Monthly family income**

Response	Frequency	Percentage (%)
Low	200	80.00
Medium	40	16.00
High	10	4.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 6: Participants who patronizes TBAs**

Response	Frequency	Percentage (%)
Petronize TBA	200	80.00
Petronized Primary health centre	50	20.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 7: Trimester of current pregnancy**

Response	Frequency	Percentage (%)
First	20	8.00
Second	80	32.00
Third	150	60
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 8: Participants who have complication in during delivery**

Response	Frequency	Percentage (%)
Participants who have complications during delivery	180	72.00
Participants who do not have complications during delivery	70	28.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 9: Visit the TBA clinic**

Response	Frequency	Percentage (%)
Monthly	30	12.00
Occasionally	150	60.00

Only during problems	70	28.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 10: Service receive from the TBA**

Response	Frequency	Percentage (%)
Antenatal checkups	0	0.00
Advice on diet and rest	0	0.00
Massage	60	24.00
Delivery care	0	0
Herbal medicine	190	76.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 11: Reasons for choosing TBA clinics**

Response	Frequency	Percentage (%)
Low cost	70	28.00
Nearness to home	50	20.00
Family tradition	40	16.00
Trust in TBA	30	12.00
Fear of hospitals	20	8.00
Lack of transport	30	12.00
Long waiting time at the hospital	10	4.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 12: Who influenced your decision to attend TBA?**

Response	Frequency	Percentage (%)
Self	30	12.00
Husband	30	12.00
Mother-in-law	100	40.00
Elder women	70	28.00
Others	20	8.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 13: Awareness of the risks associated with home or TBA assisted delivery**

Response	Frequency	Percentage (%)
Participants who are aware associated risks	30	12.00
Participants who are not aware associated risks	220	88.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

## DISCUSSION

There is rising trend in seeking antenatal care from traditional birth attendants (TBAs) by pregnant women in the rural areas than seeking from health professionals in the primary health centre, clinics or hospitals. Traditional Birth Attendants (TBAs) are community-based individuals most often older women who assist pregnant women during pregnancy, childbirth, and the postnatal period, especially in rural or underserved areas but they lack the medical training needed for safe management of complications. The TBAs are experienced women who provide antenatal care with emotional and cultural support and counseling to the pregnant women. The TBAs are found within the community and easy to access them with less stress or no stress. TBAs remain popular in many rural areas because they are accessible, affordable, trusted, culturally acceptable (respect traditions and beliefs) and seen as offering more respectful and compassionate care.

The study shows that 40% of the participants were married, 28% single, 20% divorced, 12% widowed. Their marital status could also influence their seeking attitude towards traditional birth attendants (TBA). Also, the study revealed that majority of the participants had primary level of education, 60% are farmer and 80% are low-income earners. These factors may contribute to their choice of chosen TBAs. Low income is one of the strongest predictors of the utilization of Traditional Birth Attendants in rural areas. Low income increases dependence on TBAs due to financial constraints and limited access to formal maternal health services.

Formal health facilities often involve direct costs (registration fees, drugs, delivery charges) and indirect costs (transportation, food, accommodation). Women from low-income households tend to choose TBAs because their services are cheaper, negotiable, or payable in kind (e.g., foodstuffs or labor). In settings without effective health insurance coverage, the burden of out-of-pocket payment discourages low-income

women from seeking skilled maternity care, increasing reliance on TBAs.

Also, low educational attainment significantly shapes maternal health-seeking behavior. Women with low or no formal education often have limited understanding of pregnancy-related complications and the benefits of skilled birth attendance. This reduces their perceived need for hospital-based care. Lack of education is associated with reduced ability to recognize obstetric danger signs such as prolonged labor, severe bleeding, or high blood pressure, leading women to view childbirth as a routine event manageable by TBAs. Low education is often linked with stronger adherence to cultural and traditional beliefs about childbirth, reinforcing trust in TBAs over modern health providers. Women with low education may have less autonomy and rely on spouses, elders, or community norms when choosing maternity care, which often favors traditional practices. Low education increases the likelihood of choosing TBAs due to poor awareness, cultural influences, and limited autonomy.

Again, majority (80%) seek TBA's help and is on the increase and may lead increase in several degree of pregnancy complications. Majority of the participants who seek TBA help are in their 3<sup>rd</sup> trimester and 72% of them had complications. This could be due to the delay in seeking care from the TBAs early. Also, 60% of the participants visit TBAs occasionally and 76% of them received herbal drugs from TBA. Sometimes, these herbal drugs may lead to pregnancy complications.

The research revealed that the participant's main reasons for choosing TBA clinics include: low cost, nearness to home, family tradition, trust in TBA, fear of hospitals, lack of transport, and long waiting time at the hospital. These are the factors they considered before chosen the TBAs. Also, majority of the participants agreed that their mother-in-law's influenced their seeking care in TBAs clinics. The study also revealed that 88% of the participants are not aware of associated risks in seeking pregnancy care in TBAs clinics.

## CONCLUSION

Traditional birth attendants are trusted community members who support childbirth using traditional knowledge, especially in rural areas, but they lack the medical training needed for safe management of complications.

While TBAs remain central to maternal care in many rural areas, there is also broad recognition of the need for integration, training, and strategies to link TBAs with formal health systems to ensure safer delivery outcomes and progress toward global maternal health targets.

Low income and low education strongly influence the preference for Traditional Birth Attendants

among pregnant women by limiting financial capacity, access to health facilities, health knowledge, and decision-making autonomy. Addressing these factors through poverty reduction, female education, and community-based health education is essential for improving the utilization of skilled maternal health services.

## Acknowledgments

We acknowledge Nazor Barinua-Gbaranor, Nuazor Victory Barinua, Kedumle Success Barinua, Tuamene Excellent Barinua and Excellent Support Global Foundation for their moral support, prayers, understanding, and encouragement during the period of this research.

**Funding:** No funding

**Conflict of Interest:** None declared

**Ethical Approval:** Not required

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