

**Traditional and professional birth attendants'  
influence on women's decisions of birth place  
and type of birth assistance**

A qualitative study in Tanga District, Tanzania

**Marit Trandum Gilhuus**

RN BSc • Sørlandet Hospital, Kristiansand • [marit.gilhuus@gmail.com](mailto:marit.gilhuus@gmail.com)

**June Jacobsen Steen**

Assistant professor • Faculty of Health and Sport Sciences, University of Agder •

[june.steen@uia.no](mailto:june.steen@uia.no)

**Traditional and Professional Birth Attendants' Influence on Women's Decisions of Birth Place and Type of Birth Assistance – A Qualitative Study in Tanga District, Tanzania**

Almost half of all Tanzanian women deliver at home, alone, assisted by family members or traditional birth attendants. The aim of this article was to expand existing knowledge on how pregnant and laboring women's preferences and decisions of birth place and type of assistance are influenced. A qualitative study with semi-structured interviews, with two traditional birth attendants and one midwife, and one participatory observation was conducted at a health clinic in Tanga District, Tanzania. It was found that the interaction between pregnant women and birth attendants is significant to the women's preferences and choice of birth place and type of assistance during labour. The traditional birth attendants have a high social position and are available in the villages. The financial burden attached to a professionally attended birth is at the same time reduced with the choice of a home delivery. It appears that scarcity of recourses within the maternal care reinforces ethical dilemmas and negative behavior among health personnel, which influence women's preferences of birth place and assistance in labour and consequently maternal health and safety.

**Key words:** birth assistance, home delivery, maternal mortality rate, maternal care, maternal health

**T**HE DISTURBINGLY HIGH rate of maternal mortality in Tanzania is among the highest in the world and reflects one of the major challenges in the national health care system. Statistics indicate that almost half of all Tanzanian women deliver at home, alone, assisted by family members or traditional birth attendants (UN, 2011). The high ratio of home deliveries in Tanzania, unattended by professionals, implies a need to expand existing knowledge of factors that influence women's preferences and decisions of birth place and assistance in labour. It is therefore important to put focus to the discussion of strategies that seek to increase professionally attended births, in order to increase maternal safety and reduce the number of maternal deaths.

The intention with this article is to discuss how these preferences and decisions are influenced by birth attendants, both traditional and professional. The work is initiated by a broad concern for maternal health in Tanzania, which does not only affect maternal mortality rate, but also the survival of children.

The aim of this article was to expand existing knowledge on how pregnant and laboring women's preferences and decisions of birth place and type of assistance are influenced.

## **Method**

This article is based on a three month long study in Tanga, a coastal district in the northern part of Tanzania. Qualitative method was chosen to identify and reach in-depth knowledge of birth

Kort tittel: BIRTH ATTENDANTS' INFLUENCE IN TANGA DISTRICT, TANZANIA

attendants' own experiences of maternal death and assessment in child birth (Polit & Beck, 2010). Data were collected by means of semi-structured interviews with two different traditional birth attendants and one midwife. Concept literature (Jansen, 2006) alluded that traditional birth attendants, as well as midwives, often are involved in the childbirth process. This, together with the aim of identifying and understanding how pregnant women are influenced in their decisions of birth place, were decisive for the selection of informants. The informants' personal thoughts and stories were observed and asked for in the interviews. The interviews were tape recorded and transcribed verbatim. One qualitative participatory observation (Polit & Beck, 2010) was also conducted, to reach deeper knowledge of the studied phenomenon. Field notes were written during the observation.

Ethical considerations concerning confidentiality and sensitivity were important, because of the anonymous nature of all the collected data (Polit & Beck, 2010). The use of a tape recorder was accepted by all the informants before the interviews started, and all records were deleted afterwards. The study was approved and permission given by the Executive Director at Tanga International Conference Center. Taking field notes during the observation was approved by the Regional Medical Officer of Tanga Region and The District Medical Officer of Tanga City.

## **Findings**

The study suggests that the interaction between pregnant women and birth attendants influence women's preferences and are decisive in their decisions of birth place and type of assistance. The traditional birth attendants described their social role in the villages as central

## Kort tittel: BIRTH ATTENDANTS' INFLUENCE IN TANGA DISTRICT, TANZANIA

because they are often included in the decision making of birth place. A generally low level of knowledge of maternal safety among pregnant women and their families were described in the interviews and observed at the health clinic. This again makes the traditional birth attendants' advice, of either home delivery or to seek professional assistance, very influential. Their normative role is not limited to the interaction with the pregnant women only. In the process, traditional birth attendants also influence husbands and the extended family of the laboring women.

The findings further suggest that this central role is attached to their level of availability and experience in childbirth. This knowledge of the birth process is often inherited and acknowledged by many as legitimate in the villages. The traditional birth attendants' availability is moreover related to the expenses attached to a professionally attended birth. The expense of transport to a hospital or health clinic and the required equipment (e.g. suture and sterile gloves) are comparably lower for a home birth than for a professionally attended birth. This makes professional obstetric care unavailable to many. Further, contribution for birth assessment at home was described as relative. The financial situation of the women's family is decisive to the amount paid to the traditional birth attendant for assisting during labour. At times, deliveries were even conducted with no financial compensation.

It was further found that the professional birth attendants' role in the process of deciding birth place and type of assistance are influential alongside the traditional birth attendants. The interviewed birth attendants expressed that negative attitudes and behavior among professionals, towards clients as well as traditional births attendants escorting women to the hospital, represents a "negative spiral" where the expectation of bad treatment or

stigmatization prevent women from child birth at a hospital or a health clinic. Situations where traditional birth attendants, who take laboring women to the hospital, are being chased away, expectation of informal payment for hospital services, as well as negative attitudes towards the patients, were described in the interviews. As a contributory factor to this is a worrying shortage of qualified personnel, space and equipment in Tanzanian hospitals. The pressed situation, as a negative element in the interaction between laboring women and professional birth assistants, were emphasized in the interviews and by the health personnel at the health clinic.

## **Discussion**

As stated above and suggested by the findings in this study, the matter of maternal safety in Tanzania is complex. Birth attendants' interaction with clients and their role during pregnancy and delivery might provide some explanation to women's preferences and decisions of place of birth and type of assistance. The theory of culture care diversity and universality (Leininger, 2002<sup>b</sup>) provides a holistic approach to the health care needs of women, by discovering factors that are influential to the perception of health, illness and need of care. The factors emphasized in this article are social structures, availability and level of specialized knowledge, economic factors and ethical actions. They influence clients, local communities and birth assistants at every level in the process of maternal care (Leininger, 2002a).

## Kort tittel: BIRTH ATTENDANTS' INFLUENCE IN TANGA DISTRICT, TANZANIA

Social structures and the level of knowledge are influential on people's world view, according to Leininger (2002b). Traditional birth attendants' social role was influential in the decision making processes of child birth, both by conducting deliveries and by advising women to seek professional care and physically escorting laboring women to the hospital. This finding is supported by a study from a Ghanaian village (Jansen, 2006) where the traditional birth attendants were found to have a high social status due to their knowledge and experience in childbirth. They were often called for to give advice or assist in childbirths and trusted with their decisions. Further investigations of the role of traditional birth attendants' would be useful to increase the number of professionally attended births.

This study also indicates that the traditional birth assistants' availability in the villages is significant. They live close to the women and are therefore easy to reach when assistance in labour are needed. Even though most women in Tanzania live relatively close to a primary health care facility (Bilame & Masuri, 2010), the importance of availability is supported by the high number of women listing distance to a health facility as a big problem (NBS, 2004/2005). A high number of women list going to the hospital alone as a big problem (ibid.). This emphasizes the need to study women's experiences and preferences of support by traditional birth attendants further, as well as their role and potential in physically escorting laboring women to the hospital and cooperates with professional health personnel.

Guided by the theory of culture care, this article discusses women's financial dilemmas when making decisions influencing the process of giving birth (Leininger, 2002b). Poverty and costs attached to a delivery are indicated in this study as influential factors when deciding birth place and assistance. The level of expenses as decisive in the decision making process

are supported by statistics provided by the National Bureau of Statistics (2004/2005) which show that poverty is reported by women as one of the biggest barriers to obtaining health care. By giving birth at home, the cost of transport is avoided and the payment to a traditional birth attendant is minor compared to the cost of hospital services. The previous mentioned study from Ghana found that there is seldom money to provide for food, attend antenatal care and to pay the expenses of a professionally supervised delivery (Jansen, 2006). Maternal safety is a complex matter and it is clearly related to economic status.

Ethical behavior among professional health workers is a cultural component useful to consider in the process of understanding pregnant women's health care needs, according to the theory of culture care and universality (Leininger, 2002c). This is further supported by Tanzanian statistics on women's reported problems in accessing health care. One fourth of the women in the latter statistics reported that unfriendly providers were the biggest problem to obtain health care services (NBS, 2004/2005). This is a complex matter further commented on by the interviewed midwife who emphasize that most health workers treat the patients well, despite the situation dominated by a high work load and lack of recourses. However, it appears that the national health care situation, dominated by a serious lack of recourses, (WHO, 2006) affect the professional health workers quality of care. This pressing situation is also described in a study on Tanzanian nurses' workload and ethical dilemmas (Häggröm, Mbusa, & Wedensten, 2008). It was found in the latter study that shortage of staff, space and equipment affects how patients are approached and the quality of the care given. Among the ethical dilemmas facing the nurses, were expectations of prioritizing financially richer patients and acceptance of informal payments for better care. The previous outlined findings of this study suggest that women worry that they will be stigmatized if they are not able to pay informal payments asked for by health providers. Consequently, it is likely to think that



even if this might not happen to all women assisted by professionals, “rumors” about this issue can affect women’s expectations of not being treated well by the health personnel.

## **Conclusions**

The risk of complications during labour is disturbingly high for Tanzanian women. There is consequently a pressing need for expanded knowledge of women’s perceptions of maternal health care and how the number of professionally attended births can be increased. Prevalent poverty and scarceness of public recourses continue to make birth a financial dilemma. The influential role and practice of traditional birth attendants exists alongside the professional obstetric care as an option for women who prefer to give birth at home or are prevented from delivery at a health facility. This article illustrate that health care in Tanzania is faced with several challenges which affect maternal safety, health workers’ ability to provide good quality of care and women’s choice of birthplace and type of assistance. No factor stands out to be the only influential one. On the contrary, the maternal health care situation in Tanzania is complex and requires a holistic approach to understand the pregnant women’s decision making, perception of health and need of care.

Two subsequent suggestions are put forward by this study. First; this complexity is useful to consider when further discussing strategies to increase maternal safety and the number of professionally attended births. Second; women’s preferences of escort by traditional birth attendants to hospital needs to be further studied, as well as the interaction between traditional

Kort titel: BIRTH ATTENDANTS' INFLUENCE IN TANGA DISTRICT, TANZANIA  
and professional birth assistants in the maternal health care system and their potential in  
physically escorting women to health institutions.

## *References*

Polit D. F., & Beck, C. T. (2010). *Essentials of nursing research. Appraising evidence for nursing practice*. Philadelphia : Wolters Kluwer/Lippincott Williams & Wilkins.

Bilame, O., & Masui, L. S. (2010). *Human resources for health context analysis: Tanzania. Draft Final Report*. Conraid.

Hägström, E., Mbusa, E. & Wedensten, B. (2008). Nurses' workplace distress and ethical dilemmas in Tanzanian health care. *Nursing Ethics*, 15 (4): 478-491. doi: 10.1177/0969733008090519

Jansen, I. (2006). Decision making in childbirth: the influence of traditional structures in a Ghanaian village. *International Nursing Review*, 53(1), 41-46. doi: 10.1111/j.1466-7657.2006.00448.x

Leininger, M. (2002a). Transcultural nursing and globalization of health care: Importance, focus, and historical aspects. In M. Leininger, & M. McFarland (Eds.), *Transcultural nursing. Concepts, theories, research and practice*, (pp. 3-43). 3rd ed. New York: The McGraw-Hill Companies, Inc.

Kort titel: BIRTH ATTENDANTS' INFLUENCE IN TANGA DISTRICT, TANZANIA

Leininger, M. (2002b). Transcultural nursing and globalization of health care: The theory of culture care and the ethnonursing research method. In M. Leininger, & M. McFarland (Eds.), *Transcultural Nursing. Concepts, theories, research and practice*, (pp. 71-98). 3rd ed. New York: The McGraw-Hill Companies, Inc.

Leininger, M. (2002c). Transcultural nursing and globalization of health care: Ethical, moral, and legal aspects of transcultural nursing. In M. Leininger, & M. McFarland (Eds.), *Transcultural Nursing. Concepts, theories, research and practice*. (pp. 271-284). 3rd ed. New York: The McGraw-Hill Companies, Inc.

NBS. (2004/2005). *Statistics of development*. United Republic of Tanzania in Key statistics. [online]. National Bureau of Statistics. Retrieved April 9<sup>th</sup>, 2010, from [www.nbs.go.tz](http://www.nbs.go.tz):  
[http://www.nbs.go.tz/index.php?option=com\\_content&view=article&id=97&Itemid=115](http://www.nbs.go.tz/index.php?option=com_content&view=article&id=97&Itemid=115)

UN. (2011). *Millennium development goals indicators*. The official United Nations site for the MDG Indicators [online]. Retrieved June 30<sup>th</sup>, 2011, from  
<http://mdgs.un.org/unsd/mdg/SeriesDetail.aspx?srid=553>

WHO. (2006). *The Mortality Country Fact Sheet 2006* [online]. Retrieved April 9, 2010, from [www.afro.who.int/index.php?option=com\\_docman&task=doc](http://www.afro.who.int/index.php?option=com_docman&task=doc)