



The Primary Roles of Traditional Birth Attendants in Childbirth Support: Contemporary Perspective from Nigeria



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Abstract	Article History
<p>Traditional Birth Attendants (TBAs) continue to play a vital role in maternal healthcare in Nigeria, especially in rural and underserved areas where access to formal health services remains limited. Their culturally rooted practices, affordability, and accessibility have sustained their relevance despite increased efforts toward skilled birth attendance. This study explores the primary roles of TBAs in childbirth, focusing on their practices, perceptions, and integration within the contemporary healthcare system in Ikwerre Local Government Area, Rivers State, Nigeria. A cross-sectional mixed-methods approach was employed, combining quantitative and qualitative data. A purposive sample of 80 TBAs and 40 skilled birth attendants (SBAs) including nurses and midwives participated. Data collection tools included structured questionnaires, focus group discussions (FGDs), and key informant interviews (KIIs). Quantitative data were analyzed using SPSS v25, while qualitative data underwent thematic analysis. Findings showed that 85% of TBAs were women aged 45 years and above, with over 10 years of childbirth experience. Most (70%) acquired their skills informally through older relatives. TBAs reported key roles including labor support (90%), delivery assistance (78%), herbal remedy use (64%), spiritual care (58%), and postpartum support (72%). Qualitative data revealed TBAs viewed their roles as holistic and culturally aligned. Although 75% had never received formal training, many expressed willingness to collaborate with health institutions. SBAs acknowledged TBAs' community trust but raised concerns over hygiene, referral delays, and infection control. Despite the health system's modernization, TBAs remain culturally and functionally indispensable. However, their lack of formal training presents challenges to maternal safety. Integrating TBAs through structured training, respectful engagement, and functional referral systems is critical to improving maternal outcomes and aligning with global health goals. Strengthening this synergy holds promise for a more inclusive and responsive maternal healthcare system in Nigeria.</p> <p>Keywords: Traditional Birth Attendants, Maternal Health, Childbirth Support, Nigeria, Midwifery, Public Health</p>	<p>Received: 19 Jul 2025 Accepted: 29 Jul 2025 Published: 18 Aug 2025</p>  <p>Scan QR Code to view¹</p> <p>License: CC BY 4.0²⁴</p>  <p>Open Access article.</p>
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Introduction

Maternal mortality remains a significant public health challenge in sub-Saharan Africa, with Nigeria bearing one of the highest burdens globally. According to the World Health Organization (WHO, 2023), Nigeria accounts for nearly 20% of global maternal deaths, a statistic that underscores the persistent inadequacies in maternal healthcare delivery. Although there have been substantial investments in maternal health by both governmental and non-governmental stakeholders, the challenges of infrastructure, accessibility, and affordability continue to limit the reach of formal medical care, particularly in rural and underserved communities (Adewuyi et al., 2022).

In these settings, Traditional Birth Attendants (TBAs) have historically played a central role in maternal care, providing services that are deeply rooted in cultural traditions and community trust. TBAs are often the first, and sometimes the only, point of contact for many pregnant women, offering services that include prenatal advice, delivery assistance, postpartum care, and emotional and spiritual support (Bello et al., 2020). Their presence is especially vital in remote regions where health centers may be nonexistent or located far from the community, and where cultural or religious beliefs may discourage the use of conventional medical services.

While TBAs are sometimes criticized for lacking formal medical training, their practices are often grounded in

generations of indigenous knowledge and communal experiences. They hold significant influence and are regarded with respect within their communities. Many women choose TBAs not only for their accessibility and affordability but also for the personalized and culturally sensitive care. They also provide qualities that are sometimes lacking in formal health institutions (Okafor & Raji, 2023). Moreover, TBAs are seen as empathetic caregivers who are available around the clock and who respect local birthing traditions, such as the inclusion of herbal remedies and traditional rituals.

In recent years, global and national health discourse has increasingly recognized the value of integrating TBAs into the formal healthcare system. The Nigerian Federal Ministry of Health (FMH, 2022) has endorsed strategies aimed at training and collaborating with TBAs as a way of improving maternal and neonatal outcomes. This integrated model does not seek to replace TBAs but to equip them with essential skills in safe delivery practices, hygiene, referral systems, and maternal education. Evidence from various community health programs in Nigeria indicates that when trained, TBAs can significantly reduce the risks associated with childbirth, particularly in early detection of complications and timely referrals (Umar et al., 2023).

Furthermore, studies have shown that TBAs can play a pivotal role in bridging the gap between local communities and formal health providers. Their inclusion in healthcare delivery helps foster trust and improves the uptake of maternal health services. For instance, engaging TBAs in immunization campaigns and antenatal education has been associated with increased maternal attendance at health clinics and reduced resistance to biomedical interventions (Adeyemi et al., 2023).

Despite these developments, challenges remain. There are ongoing debates about the extent to which TBAs should be involved in direct medical care, especially concerning high-risk pregnancies. Concerns about infection control, use of unsterile equipment, and delayed referrals persist, particularly among untrained TBAs operating in isolation from the health system (Ekezie & Nwachukwu, 2022). Addressing these concerns necessitates sustained training programs, supportive supervision, and clear guidelines that define the scope of TBA practice within Nigeria's healthcare policy.

This study therefore seeks to explore the primary roles of traditional birth attendants in primary health centers in Ikwerre Local Government Area, Rivers State within Nigeria's maternal health landscape, particularly in childbirth support. It aims to document their practices, assess the contemporary relevance of their roles, and evaluate the prospects for their integration into formal maternal health systems. By examining the intersection of cultural traditions and modern healthcare imperatives, this research contributes to the growing literature advocating for inclusive, community-centered maternal health strategies in Nigeria and similar low-resource settings.

Materials and Methods

This study employed a cross-sectional mixed-methods design, integrating both quantitative and qualitative approaches to explore the roles of Traditional Birth Attendants (TBAs) in childbirth support within hospital settings in Rivers State, Nigeria. The combination of methods allowed for a more holistic understanding of the complex interaction between TBAs and institutional maternal care practices (Creswell & Plano Clark, 2018).

This study was conducted in Rivers State, Nigeria. Rivers State, located in the South-South geopolitical zone, has a population of approximately 9.5 million people. The state comprises 23 Local Government Areas (LGAs) and has a mix of urban and rural settings where TBAs play a significant role in maternal and neonatal care. The study focused on primary health centers in Ikwerre Local Government Areas with high maternal and neonatal mortality rates to assess the impact of Traditional Birth Attendants (TBAs). Ikwerre Local Government Area (LGA) is one of the 23 LGAs in Rivers State, located in the **South-South** geopolitical zone of Nigeria. It is situated in the northeastern part of the state and shares boundaries with Obio/Akpor, Emohua, Etche, and other LGAs. The administrative headquarters is Isioikpo.

The target population for this study included registered and unregistered Traditional Birth Attendants (TBAs), midwives, and healthcare professionals working in primary health care facilities in Rivers State.

A total of 120 participants were enrolled: 80 Traditional Birth Attendants (TBAs) and 40 Skilled Birth Attendants (SBAs), which included nurses, midwives, and hospital-based maternal health officers. Participants were selected using purposive sampling, ensuring that each had at least two years of childbirth experience and was actively involved in delivery-related activities within or in collaboration with these hospital facilities.

Three main tools were used for data collection:

1. Structured questionnaires were administered to all participants to gather quantitative data on sociodemographic characteristics, frequency of deliveries attended, use of referral systems, and understanding of maternal health protocols.
2. Focus Group Discussions (FGDs) were held with TBAs in each hospital's catchment area to investigate traditional practices, perceived roles, spiritual interventions, and collaborative experiences with formal health providers. Each FGD consisted of 8–10 participants and lasted 60 to 90 minutes.
3. Key Informant Interviews (KIIs) were conducted with senior SBAs and hospital maternal unit coordinators to assess institutional policies and their perspectives on the inclusion and training of TBAs in modern maternal care frameworks.

Quantitative data were analyzed using SPSS version 25. Descriptive statistics (frequencies, percentages, and means) were used to present demographic characteristics and

maternal care patterns. For qualitative data, responses from FGDs and KIIs were transcribed and analyzed thematically using Braun and Clarke’s (2021) six-step approach to identify recurring patterns and contextual insights.

Ethical approval for this research was obtained from the University of Port Harcourt Research Ethics Committee. All participants provided written informed consent, and strict confidentiality measures were observed throughout the study in accordance with national and international research ethics standards.

Results

The study examined both quantitative and qualitative data to provide a comprehensive understanding of the roles and practices of Traditional Birth Attendants (TBAs) in childbirth support within selected hospitals and surrounding communities in Rivers State, Nigeria.

Demographic Characteristics of TBAs

Out of the 80 Traditional Birth Attendants (TBAs) who participated in the study, **85% were women aged 45 years and above**, with the mean age being 52.7 ± 6.4 years. This aligns with earlier findings that TBA practice in Nigeria is often inherited and dominated by older women with deep community ties (Umar et al., 2023). The majority (92%) were married, and over 60% had no formal education. Notably, **70% of TBAs reported acquiring their skills through informal means**, primarily from older female relatives or community elders, reinforcing the intergenerational transfer of indigenous obstetric knowledge (Okafor & Raji, 2023).

In terms of experience, **78% had over 10 years of childbirth practice**, and some had overseen more than 50 deliveries in their careers. Despite their extensive experiential knowledge, only **25% had ever attended any formal training, workshop, or health-related seminar** on maternal care. TBAs acknowledged the lack of opportunities and invitations from health authorities to participate in capacity-building programs.

Reported Roles and Practices

The study found that TBAs continue to play diverse and significant roles in childbirth. Key responsibilities reported include:

- **Labor support (90%)** – including massaging, emotional encouragement, and position guidance.
- **Delivery assistance (78%)** – directly assisting in vaginal delivery, especially in rural and peri-urban areas with limited hospital access.
- **Postpartum care (72%)** – such as umbilical cord care, nutritional advice, and herbal baths for both mother and baby.
- **Administration of herbal remedies (64%)** – for labor induction, pain relief, or expulsion of retained placenta.
- **Spiritual rituals (58%)** – including prayers, use of anointed oils, and ritual cleansing to protect mother and child from perceived supernatural harm.

These findings corroborate earlier literature that positions TBAs as holistic caregivers attending not only to physical but also emotional, cultural, and spiritual needs (Bello et al., 2020).

Table 1: Demographic Characteristics of Traditional Birth Attendants (n = 80)

Variable	Frequency (n)	Percentage (%)
Age Group (years)		
45 and above	68	85.0
Below 45	12	15.0
Mean Age ± SD	-	52.7 ± 6.4
Sex		
Female	80	100.0
Marital Status		
Married	74	92.5
Single/Divorced/Widowed	6	7.5
Educational Status		
No formal education	48	60.0
Primary education	20	25.0
Secondary and above	12	15.0
Mode of Training		
Informal (from relatives/elders)	56	70.0
Formal (workshops/seminars)	20	25.0
Both	4	5.0
Years of Practice		
>10 years	62	77.5
≤10 years	18	22.5
Total Number of Deliveries		
>50 deliveries	38	47.5
≤50 deliveries	42	52.5

Table 2: Reported Roles and Practices of Traditional Birth Attendants

Role/Practice	Frequency (n)	Percentage (%)
Labor support (massage, positioning, etc.)	72	90.0
Delivery assistance	62	77.5
Postpartum care (umbilical cord, herbal bath)	58	72.5
Administration of herbal remedies	51	63.8
Spiritual rituals (prayers, oils, cleansing)	46	57.5
Regular referrals to hospitals	28	35.0

Qualitative Findings: Perceptions and Challenges

Data from **Focus Group Discussions (FGDs)** revealed that TBAs perceive their role as **multifaceted and deeply culturally embedded**. Many viewed their work as a calling passed down through ancestry. TBAs emphasized the importance of trust and familiarity between themselves and community women. They attributed their continued relevance to **cultural acceptance, ease of access, affordable fees, and the emotional comfort** they provide.

Several TBAs expressed **willingness to collaborate** with hospitals and **undergo training** to improve their practices. However, barriers such as exclusion from formal programs, lack of government recognition, and socio-economic constraints were frequently mentioned. One TBA in BMSH noted, *“We are willing to learn, but nobody invites us to those trainings. We hear about them after they happen.”*

Concerns raised by **Skilled Birth Attendants (SBAs)** during **Key Informant Interviews (KIIs)** included:

- **Poor hygiene practices** (e.g., reuse of gloves, use of unsterile tools)
- **Inadequate recognition of danger signs**
- **Delayed referrals in complicated cases**, often leading to emergency hospitalizations

These concerns reflect those reported in similar studies from other parts of Nigeria, where TBAs’ lack of biomedical training limits their effectiveness in high-risk deliveries (Ekezie & Nwachukwu, 2022). Nonetheless, some SBAs acknowledged that trained TBAs have the potential to complement health facility-based services, especially in increasing antenatal care awareness and early referrals.

Table 3: Key Themes from Focus Group Discussions (FGDs) with TBAs

Emerging Themes	Representative Findings
Perception of roles	TBAs see themselves as emotional, cultural, and spiritual caregivers, not just delivery helpers.
Cultural embeddedness	Practice is passed through generations; seen as a community “calling” rather than a profession.
Barriers to training	TBAs reported being unaware of or excluded from workshops and hospital programs.
Willingness to collaborate	Many TBAs expressed strong interest in hospital-based training and referrals.
Institutional rejection	Reports of being turned away from hospitals during referrals discouraged future cooperation.

Referral Behavior and Institutional Engagement

Only **35% of TBAs reported regularly referring complicated cases** to nearby hospitals. However, those who had **previously received training or orientation sessions from health workers** were more likely to refer early. TBAs also mentioned instances where **hospital staff rejected their presence**, citing policy restrictions, which discourages future collaboration.

On the other hand, hospitals that engaged TBAs in community outreach, such as **University of Port Harcourt Teaching Hospital’s (UPTH) maternal health forum**, showed improved referral rates and increased antenatal service uptake.

Table 4: Key Informant Interview (KII) Responses from Skilled Birth Attendants (SBAs)

Concern Area	Key Observations
Hygiene and infection control	Use of unsterile tools and repeated gloves raised risk concerns.
Recognition of complications	TBAs often missed warning signs in high-risk pregnancies, leading to late hospital referrals.
Referral practices	Only a minority referred timely, although trained TBAs were more proactive in referring difficult cases.
Collaborative models	Institutions like UPTH noted improved referrals and antenatal attendance where TBAs were involved in outreach efforts.

Discussion

The findings of this study highlight the critical, persistent, and culturally embedded role that Traditional Birth Attendants (TBAs) play in maternal health service delivery in Nigeria, particularly within Rivers State. Despite the modernization of health systems, TBAs remain a significant maternal care resource, especially in rural and underserved communities. Their longstanding presence, cultural relevance, and accessibility make them indispensable to local populations, even as formal healthcare institutions struggle to meet universal maternal health demands (Okafor & Raji, 2023; Umar et al., 2023).

A striking observation from this study is that 85% of TBAs were aged 45 and above, with the majority acquiring their skills through informal training. This supports existing literature indicating that the practice of traditional midwifery in Nigeria is predominantly intergenerational and grounded in oral traditions (Bello et al., 2020). While this age group suggests a wealth of experience, it also reveals an aging workforce, which raises concerns about the sustainability and standardization of TBA services unless younger, trained individuals are integrated.

The reported functions of TBAs, ranging from labor support to postpartum care, confirm their multidimensional involvement in maternal well-being, not just as delivery assistants but also as emotional, spiritual, and cultural caregivers. These roles mirror those identified in previous studies that emphasize the holistic nature of TBA care and its alignment with community expectations (Ekezie & Nwachukwu, 2022; Odetola, 2021). The widespread use of herbal remedies (64%) and spiritual rituals (58%) highlights the deep-rooted cultural belief systems that continue to influence childbirth practices in Nigeria. While such interventions offer cultural comfort, they also raise biomedical safety concerns, particularly in the absence of regulatory oversight or standardized protocols.

Interestingly, many TBAs expressed willingness to receive formal training, suggesting an openness to capacity-building and system integration. However, only 25% had ever attended health-related seminars or workshops, highlighting a major gap in policy implementation and outreach. This echoes the findings of George et al. (2023), who noted that

despite national policy recommendations encouraging TBA training and engagement, practical implementation remains inconsistent across states. The underutilization of training opportunities presents a missed chance to reduce maternal morbidity and mortality through enhanced collaboration. From the perspective of Skilled Birth Attendants (SBAs), concerns centered on hygiene, infection control, and timely referral of complicated cases issues that have long been documented in maternal health studies across sub-Saharan Africa (Khalid et al., 2023; Ezugwu et al., 2022). These concerns are valid, especially considering that only 35% of TBAs in this study regularly referred high-risk cases. Nevertheless, hospitals that involved TBAs in community-based programs, such as the University of Port Harcourt Teaching Hospital (UPTH), reported improved referral behaviors, indicating that collaborative models yield measurable benefits.

One of the key themes from the qualitative data was the desire for inclusion. TBAs cited rejection and stigmatization from some hospital staff, which discouraged future collaboration. This finding highlights the need for a paradigm shift within formal healthcare systems from viewing TBAs as competitors or risks to recognizing them as potential partners in bridging maternal health gaps. A community-based participatory model, as suggested by Oronje et al. (2021), may be particularly effective in this context.

Furthermore, while TBAs are not a replacement for skilled medical personnel, they represent a realistic and culturally relevant complement to formal maternal healthcare in Nigeria. Strengthening this synergy through training, respectful engagement, and referral system integration is essential to achieving Sustainable Development Goal 3, which aims to reduce global maternal mortality to less than 70 per 100,000 live births by 2030 (World Health Organization, 2023).

Conclusion

This study has demonstrated the enduring significance of Traditional Birth Attendants (TBAs) in maternal care delivery in Nigeria, specifically within the hospital and surrounding communities of Rivers State. Despite advancements in modern obstetric care and the increasing availability of skilled birth attendants (SBAs), TBAs continue to serve as the first line of support for a substantial proportion of pregnant women, particularly in underserved areas. Their continued relevance is attributed to their cultural alignment, accessibility, and holistic approach to childbirth, which includes emotional, spiritual, and physical support. The study found that the majority of TBAs are women over the age of 45, with over a decade of practical experience and predominantly informal training inherited from older generations. Their self-reported roles go beyond mere delivery assistance and include postpartum care, herbal remedy administration, and spiritual interventions, highlighting their centrality in community-based maternity care.

While TBAs showed an admirable willingness to participate in formal training, opportunities for such integration remain limited. Conversely, skilled health workers acknowledged the supportive potential of TBAs but raised legitimate concerns regarding hygiene practices, inadequate knowledge of danger signs, and delayed referrals. These findings underscore the necessity for policy frameworks that balance traditional practices with biomedical safety standards.

To enhance maternal outcomes, there is an urgent need to institutionalize the **training and formal recognition** of TBAs as complementary caregivers. This can be achieved through inclusive health policies, community-based training models, and referral system strengthening. Hospitals and health ministries should foster partnerships that create mutual respect and shared responsibility between TBAs and SBAs.

Ultimately, bridging the gap between traditional and modern maternity care systems offers a sustainable solution to reducing maternal morbidity and mortality, especially in culturally diverse and resource-limited settings. The role of TBAs should not be seen as a relic of the past, but rather as a **strategic resource** that, when properly integrated, can strengthen Nigeria's maternal health system in line with the Sustainable Development Goals.

Disclosure Statement

The authors declare that there are no potential conflicts of interest concerning the research, authorship, and publication of this research study.

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