Article

# Exploring Sociocultural Maternal Care Roles of Traditional Birth Attendants in Northern Namibia

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## Abstract

Traditional birth attendants (TBAs) provide care that is deeply rooted in the cultural values and beliefs of their communities. Moreover, TBAs play an important role in assisting women during antepartum, intrapartum and postpartum by rendering cultural care. This study examined the sociocultural roles of Traditional Birth Attendants (TBAs) in four selected regions of Northern Namibia. An exploratory, descriptive qualitative (EDQ) design was employed. The purposive sampling method was used to select participants for the focus group interviews. Latent content analysis was utilised to analyse data. With the assistance of the relevant traditional and health services authorities in Kavango East, Kavango West, Ohangwena and Zambezi, 14 TBAs participated in the study. The following four themes emerged from the findings, depicting the roles of TBAs: preconception care, antepartum care, intrapartum care, and postpartum care. The sociocultural roles of TBAs include rendering treatment for couples that are struggling to conceive, providing herbal remedies across all stages of pregnancy, caring for pregnant women, assisting with emergency homebirths, as well as managing intrapartum and postpartum-related complications. Some of the TBAs use reeds to cut the umbilical cord and perform minor surgery-related procedures similar to haemorrhoidectomy in their homes, which can cause sepsis and bleeding. Similarities have been noted in the sociocultural roles of TBAs across the regions. The study recommends further research on herbal remedies as assumptions are being made that the medicinal care offered by TBAs speeds up the labour progress. There is a need to

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explore, filter and regulate the sociocultural roles of TBAs to ensure the practice does not endanger the well-being of the women during antepartum, intrapartum, and postpartum and also does not harm the newborn in any way. This study was limited to a few settings, thus reducing the population due to its qualitative nature.

**Keywords:** herbal remedies; Namibia; roles; sociocultural; traditional birth attendants

## Introduction

As early as 1975, the World Health Organization (WHO) defined a traditional birth attendant (TBA) as "a person (usually a woman) who assists the mother at birth and initially acquired her skills by delivering babies on her own or by working with other TBAs" (Gurara et al. 2019; MacDonald 2022; Verderese and Turnbull 1975). The United Nations Children's Fund (UNICEF), other United Nations (UN) agencies, and national ministries of health have been training Traditional Birth Attendants (TBAs) for decades. During the 1970s, the WHO conducted several international and regional technical consultations to explore the potential of TBAs in maternal health, aiming to expand the reach of limited health services in developing countries (Mangay-Maglacas and Simons 1986; WHO 1979; WHO 1985; MacDonald 2022). The WHO recommends a ratio of one midwife for every 175 pregnant women (Turinawe et al. 2016). However, this standard remains largely unmet in developing countries, including Namibia. Despite notable progress in maternal and child healthcare, there is still much work to be done. For instance, approximately 66% of pregnant women (aged 15–49 years) in Namibia attended at least four antenatal care visits during their pregnancy, while 88% of pregnant women received assistance from a skilled birth attendant during delivery (UNICEF 2018). This provides evidence that despite the availability of health services in Namibia, 10% of pregnant women in the country continue to attend TBAs for childbirth. Hence, it is clear that some of the women, especially in rural areas where this study was conducted, still require the assistance of TBAs.

TBAs play an important role in assisting women during pregnancy, labour and puerperium (Ngunyulu et al. 2020). Studies like those by Kruske and Barclay (2004) emphasised the importance of TBAs' social and cultural skills, while Sibley et al. (2004) and Sibley et al. (2006) found positive associations between TBA training and antenatal care (ANC) attendance, as well as improvements in maternal care practices. In light of the above global discourses on TBA, it is evident that the sociocultural role of TBAs is rooted in cultural values and beliefs that prioritise the care of women and infants (Ngunyulu et al. 2020). According to Mwoma et al. (2021), the extensive role of TBAs includes assisting with uncomplicated deliveries that occur outside health facilities, but they are also known to accompany labouring women to health facilities for specialised care. Furthermore, Mwoma et al. (2021) state that TBAs have limited knowledge in handling complicated births. Statistics cited by Kassie et al. (2022) reveal that in rural Africa, 60 to 90 per cent (%) of pregnant women consult TBAs. Studies conducted in Nigeria found that 80% of women prefer the services of TBAs, and 64% of pregnant women utilise TBAs despite the availability of primary healthcare services (Ogechukwu

et al. 2019, 99). In Tanzania, more than half of the deliveries occur outside the health facilities, as a result, the women are assisted by TBAs, according to Shimpuku et al. (2021). The study further reports that TBA roles include conducting emergency home deliveries, providing advice and caring for the newborn (Shimpuku et al. 2021). In Namibia, the policy for community-based health care (CBHC), according to which TBAs were identified as healthcare providers in their respective communities, was launched in 2009. However, there is a lack of information on why the initiative was halted (Ministry of Health and Social Services (MHSS) 2009). Currently, TBAs in Namibia practise clandestinely due to a lack of recognition and support from the government. A study that was conducted in the Kavango East and West region in Northern Namibia revealed some of the varied roles of TBAs, inter alia, treating infertility, providing herbal concoctions to pregnant women, assisting with emergency childbirth and caring for newborns (Haikera et al. 2023). Despite the existence of these findings, the researcher identified a gap in the results, as they were limited to one setting, while TBAs assist in other settings that were not part of the initial study, thus limiting generalisation. This study thus explored the sociocultural roles of TBAs in expanding to four northern regions in Namibia.

## Methods

This study employed an exploratory, descriptive, qualitative (EDQ) design and utilised a non-probability, purposive sampling method to select the study participants. A qualitative exploratory design was preferred because it permits the researcher to explore a topic or phenomenon with limited coverage within the literature, and it allows participants in the study to contribute to the development of new knowledge in that area (Reid-Searl and Happell, as cited in Hunters et al. 2019).

## Study Setting

This study was conducted in parts of Kavango East, Kavango West, Ohangwena, and Zambezi regions in Northern Namibia. The regions were selected based on the fact that they have a district and/or intermediate hospitals, yet people still access services from the most remote areas. The discussions took place in a private and conducive environment. The actual venues where interviews took place were a shelter in Ohangwena, the boardroom at the King's Palace in Kavango West, as well as one group interview in the boardroom at the traditional authority office and another at the headman's house in Kavango East. In Zambezi, the interview took place under a tree outside the TBAs' house. The gatekeepers for this study included traditional leaders, such as headmen and clinic staff, who facilitated the identification of participants who met the study's criteria. The gatekeepers were the ideal persons to purposively select as participants because they had either worked closely with this cadre or were aware of their assistance in the community.

## Population and Sample Size

Casteel and Bradier (2021, 343) are of the opinion that the population of interest for the study should comprise the individuals, dyads, groups, organisations, or other entities one seeks to understand and to whom or to which the study results may be generalised or transferred. The target population for this study comprised traditional birth attendants from four selected northern regions in Namibia. TBAs were selected based on their role in the community, and the traditional authorities and remote clinic staff are cognisant. Additionally, the traditional authorities and clinic staff should be convinced that the participants can contribute to the study based on their role in the communities. Although the selection was made by community leaders, the participants were all female because it appears that TBAs are mostly female-dominated. Six participants were from Kavango East, two from Kavango West, four from Ohangwena, and two from the Zambezi region. The number of TBAs in Namibia is not known; however, the sample size was determined by data saturation at 14 participants.

## Data Collection Method

The researcher used a semi-structured interview guide during the data collection process. Data was collected through focus group interviews, which lasted 30 to 60 minutes. Data was captured through audio recordings and the use of field notes. In the Kavango East and West regions, the interviews were conducted in *Rukwangali*, a vernacular language spoken and understood by the majority, but in the Ohangwena Region, where *Oshiwambo* is the spoken language, the researcher sought assistance from a translator who is a nurse, midwife, educator and researcher based in the region. In Zambezi, the local health facility's senior nurse assigned a translator to assist the researcher. The translator in Zambezi is a health extension worker who works closely with TBAs known at the health centre, as they accompany women and infants to the clinic after a home delivery. The data captured in the local languages was later translated into English by language experts to facilitate the analysis process. A pilot study was conducted in Kavango West to address any logistical issues and assess whether the questions in the interview guide needed refinement. After the pilot study, sociodemographic variables such as age, years of experience, and level of education were added.

## Data Analysis

Latent content analysis was employed to synthesise the data, generate codes from transcripts, categorise the data, and formulate themes (Kleinheksel et al. 2020). The steps used in the analysis included data preparation, familiarisation, coding, and analysis of coded data to identify patterns and themes.

## Ethical Clearance

This study received ethical clearance from the Higher Degree Committee (HDC) of the Namibia University of Science and Technology (NUST) (Ref: FHAS09/2022). Furthermore, approval was obtained from the Ministry of Health and Social Services (MHSS) (reference: 22/4/2/3). The researcher ensured that participants were treated with respect by providing them with information about the study and informing them of their voluntary participation before they signed the consent form. Anonymity was ensured by assigning codes for each participant with region identification and participant number, e.g. K-TBA01 means (Kavango: traditional birth attendant: number 1); OH- for Ohangwena; Z- for Zambezi. The study did not impose any physical or psychological harm to the participants. Participants were also at liberty to decline to answer questions that they might have felt were too intrusive, if any.

## Findings

### Characteristics of Traditional Birth Attendants

From five traditional authorities (TA) in the Kavango East and West, Zambezi and Ohangwena regions, a total of 14 females were chosen to participate in the study. The ages of TBAs ranged from 50 to 96 years, and on average, most of them have been practising as TBAs for more than 30 years. They had experience in the field of assisting pregnant women with reproductive health issues, mostly relating to preconception care, antepartum, intrapartum and postpartum. The majority did not attend formal education, with the exception of two who reached the primary and secondary levels of education, respectively, and both of whom are unemployed. The TBAs provide services in their respective communities, although they do not receive immediate incentives for the care they offer. However, clients would usually return with a token of appreciation after a successful outcome.

### Themes

The interview transcripts were analysed to identify patterns and generate themes, which are presented below:

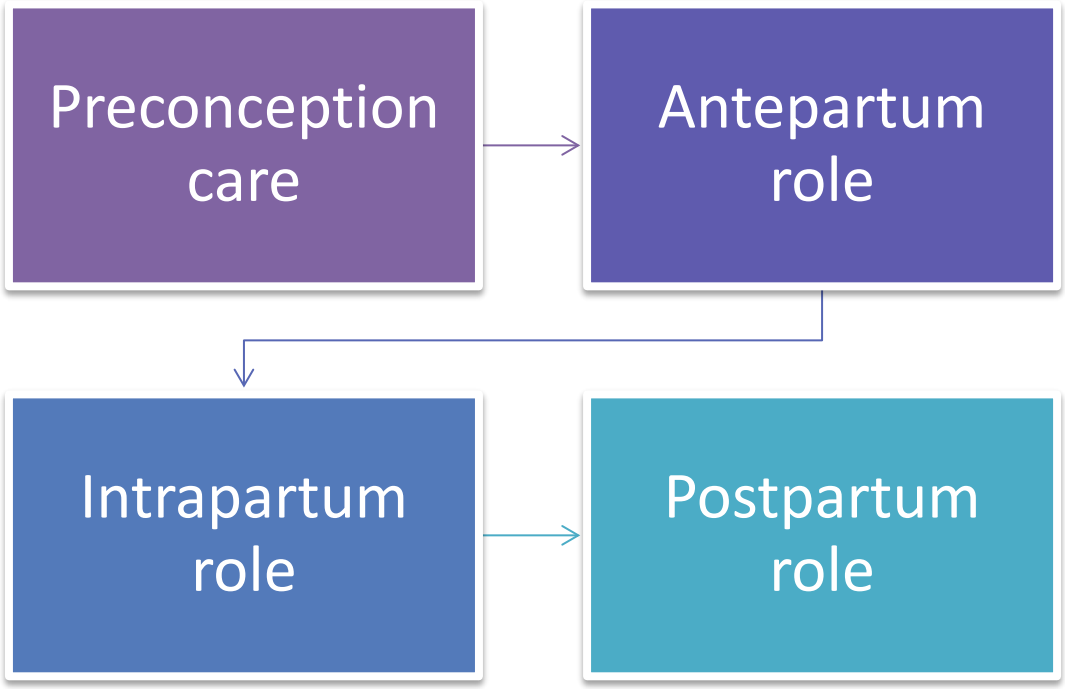


**Figure 1:** Themes derived from TBA interviews

*Theme: Preconception care*

One of the health motivations for women to seek TBA services is when they are struggling to conceive. The scope of knowledge for TBAs in the cultural context is broad; some of them indicated that they are knowledgeable about the treatment of infertility. According to the participants, their clientele is mostly women, but on rare occasions, they also render such services to men. According to the TBAs, infertility in the cultural context is diagnosed by failure to conceive after several attempts to fall pregnant. Below are some of the extracts from the translated conversations:

> K-TBA01 said: "I can treat infertility. Some of the problems leading to difficulty to become pregnant is just a bended cervix, sometimes the cervix is hiding at the back (posterior), hence the woman cannot conceive. I can successfully realign it to make it straight and if that rectification is done, the woman can easily conceive."

> K-TBA02 also revealed she can treat infertility in both women and men. She further added that: "for a man, we give treatment comprising of a concoction to drink so that the unhealthy sperm is flushed out with urine whereby yellow discharge will be dripping, thereafter, there won't be problems conceiving."

K-TBA04 also affirmed to treatment of infertility that results from a folded cervix. In the Zambezi Region, both Z-TBA09 and Z-TBA10 stated that they do treat infertility using *"mushunga."* (local name, scientific name unknown).

In Zambezi, *mushunga* is a combination of a consumable concoction and a ritual stick used to treat infertility. The concoction is prepared by the TBA and given to the woman to drink while the stick is tied to her back. This treatment is taken with strict instructions that the woman should take the concoction until she misses her menstrual period; then, she can visit the TBA for confirmation. There are signs a TBA checks for to confirm pregnancy, namely a growing abdomen, white eyes and other pregnancy-related symptoms such as spitting too much.

The majority of the TBAs that took part in the study in the Ohangwena Region only render pregnancy and childbirth aid, with the exception of OH-TBA14, who indicated that she could treat infertility by providing herbal concoctions.

*Theme: Antepartum role*

The majority of the TBAs reported that pregnant women approach them for cultural care that is applicable to pregnancy. It is perceived that in the cultural context, if a woman is pregnant, she needs to find an elderly woman to assist her in order to avoid complications during pregnancy and childbirth. TBAs expressed that they render a variety of services in their communities to pregnant women. Some of the services rendered to women and their families include providing herbal concoctions to treat minor ailments such as lower abdominal pain, backache, nauseous and vomiting; palpating the uterus to assess foetal growth; and employing manoeuvres to correct foetal positioning in the uterus.

> K-TBA01 said: "I assess by palpating the abdomen to check growth of the baby in the womb."
>
> K-TBA02 added that: "I assess the growth of the baby at every visit and in case the baby is in transverse lie in the womb, I can also perform some manoeuvres to position the baby in a normal way."
>
> K-TBA03, who also renders similar services as those the other TBA narrated, stated as follows: "I attend to pregnant women. If they have morning sickness, I attend to it too."
>
> Z-TBA09 stated that: "I care for pregnant women, I educate them on how they should behave during pregnancy, and I also advise them to deliver at the hospital."

The services rendered by OH-TBA11, OH-TBA12, and OH-TBA13 during the antepartum period are similar to those previously reported by the participants.

The TBAs revealed that the concoctions they give during antepartum comprise roots, leaves, the bark of a tree, and other remedies, such as elephant dung mixed with roots.

The concoctions are also given in case the woman or her partner has extra sexual affairs. Cultural beliefs are that if a woman fails to drink the concoction while she knows she has other affairs, she can bleed to death. Below are some of the quotes:

> K-TBA01 gives herbal concoction to "ensure safe pregnancy and safe delivery."

> K-TBA03 said: "I give herbal concoction known as "mpindu" (scientific name: Ancylanthus Bainesii). Mpindu can be translated as medicine that stimulates something. This medicine is given for safe pregnancy, and for morning sickness, I also give "rwaso" if vomiting. All these are mixtures of various herbs we collect in the forest. Some of the herbs are crushed and smeared on the abdomen."

> Another K-TBA04 also said: "If a woman is bleeding early in pregnancy, I give "mundwere" (Lannea zastrowiana) concoction mixed with "nompeke" (Ximema caffra) roots."

K-TBA05 added that some cultural remedies help relax the perineal muscles so that during birth, a woman will not sustain any tears or lacerations in the birth canal.

K-TBA06, K-TBA07, and K-TBA08 all stated that they provide herbal concoctions to ensure a safe pregnancy and a smooth delivery during labour.

> They stated the following: "I give 'ntunga', give remedies to stop bleeding after birth."

In Zambezi, Z-TBA09 and Z-TBA10 revealed that they provide what is locally known as *'funga'* to drink and some crushed herbs to smear on the pregnant woman's body so that she will not have any complications during delivery.

Some pregnant women often complain of growths on the genitals (from the description, it might possibly be warts) and on the anus (piles). Both TBAs from Kavango West indicated that they manage the growths by cutting them off.

*Theme: Intrapartum role*

The role of TBAs during the intrapartum period is to help women give birth in emergency situations. TBAs revealed that the home births conducted are unplanned but rather circumstantially driven. However, TBAs are approached for assistance during emergencies, which mostly occur at night due to a lack of transport and the long distance to health facilities.

The narratives below are some of the expressions and views of the participants:

> K-TBA01 said: "I conduct deliveries and also in situations where the afterbirth products (refers to the placenta) get stuck after the baby is born, I can remove them manually" She laughed and added that "we use a technique that involves pricking on the vaginal opening with dry grass."

> K-TBA07 and K-TBA08 shared the same sentiments and summarised it this way: "It is not by choice that we conduct deliveries at home, but just emergencies (sic) and people approach us because they know we can do it."
>
> K-TBA07 also shared that "I can manage stuck afterbirth products successfully."

The narratives above were echoed in almost all TBA views. However, the TBAs indicated that they render these services selflessly without charging a cent, but the anticipation is that when the women finally deliver, and everything turns out well, they should at least return with a token of appreciation. It is clear, therefore, that the women benefit from the TBAs' generosity, as they are not required to pay upfront.

> K-TBA07 and K-TBA08 stated that: "However, we have challenges such as lack of gloves, blades, and strings to tie cord."

In the Zambezi Region, there is only one district hospital, which is in Katima Mulilo. This creates a situation where pregnant mothers residing furthest from the town have to travel long distances to access a maternity unit when in labour. The TBAs that participated narrated their experience and views as follows:

> Z-TBA09 stated that: "I attend to emergency deliveries and when that happens, I make sure to escort the woman to the clinic the following day."
>
> Z-TBA10 also concurred with her counterpart above, saying she renders assistance with emergency deliveries and further elaborated on how she performs the procedure: "I was once trained here in Zambezi, there was a programme supporting us, but now, it stopped (she takes out a bag she was given as evidence and it reads **'Caprivi Home Based Care Givers**.') Now I use what is available to help with the delivery, such as using reeds to cut the umbilical cord."

In the Ohangwena Region, there were 4 TBAs that participated, and their experiences were not different from the TBAs in the Kavango and Zambezi. They also assist with emergency deliveries, as some of their clients live far from the hospital, and in some cases, labour starts at night, and there is no transport available. Below are some of the narratives:

> OH-TBA11, OH-TBA12 and OH-TBA13 all shared the same narrative: "I assist with emergency deliveries in the community especially during night time."
>
> OH-TBA14 indicated that: "I help to assist (sic) women give birth by receiving the baby and care for the new born. In the morning the mother can go to the hospital for further care."

*Theme: Postpartum role*

During the postpartum period, the role of TBAs is to ensure that the women they have assisted are in good condition. TBAs advise women to go to the clinic after delivery so

that they can be assessed and their infants be registered and immunised. Referral is also done for cases that show complications, such as postpartum bleeding, and some of the TBAs accompany their patients to the health facility.

> K-TBA03 said: "I encourage my clients to go to the hospital, especially those with complications."
>
> K-TBA07 said: "When I finish to assist with delivery and remove the 'afterbirth' (referring to placenta) successfully, I take the woman and her baby to the hospital for further care."
>
> Similarly, Z-TBA09 stated that: "I assist with childbirth because it is an emergency, but once the job is done, I escort the mother and baby to the clinic."

## Discussion

This study explored the sociocultural maternity care roles of TBAs in Northern Namibia. Evidently, it is a reality for Namibia that the field of TBAs is mostly female-dominated; there was not a single male that was identified to partake in the study. This finding is supported by previous studies which indicate that TBAs around the globe are mostly women (Kassie et al. 2022; Ofili and Okojie 2005). On the contrary, Esan et al. (2023) argue that a significant number of male TBAs exist in some countries. Participants in this study accessed the government literacy programme to learn the basics of reading and writing. Similarly, Kassie et al. (2022) report that most TBAs did not receive any formal education, which is consistent with the findings of this study.

This study found that TBAs have varied sociocultural reproductive and maternity care roles in their communities. The roles include preconception, antepartum, intrapartum and postpartum care. They render services mostly in reproductive health matters, such as treating infertility among couples that are struggling to conceive, educating pregnant women on the importance of attending ANC and hospital deliveries, providing herbal concoctions and also assisting with homebirths. The study further found that TBAs are able to identify complications and provide care for the situations they encounter. Additionally, they can advise the client to seek advanced care at the hospitals. These findings are consistent with previous research conducted on the role of TBAs in remote rural communities of the West Omo Zone (Kassie et al. 2022; Ofili and Okojie 2005). Similarly, in Kenya, Mwoma et al. (2021) also highlighted that TBAs play a vital role in assisting pregnant women and providing them with herbal treatment. In Ethiopia and Nigeria, TBAs render antepartum care, provide herbal treatment, conduct deliveries, treat infertility, and manage threatening miscarriages (Kassie et al. 2022; Ofili and Okojie 2005).

The participants in the study under consideration include health education provision across all stages of care, which aligns with the findings in the research that explored the role of TBAs in Kenya, as reported by Mwoma et al. (2021). In the antepartum role,

TBAs render the following services: advice to pregnant women regarding nutrition, self-care during pregnancy, and breastfeeding. They also encourage women to visit health facilities and adhere to the relevant prescribed treatment (Kassie et al. 2022; Mwoma et al. 2021). Furthermore, the findings of the current study align with those of Kassie et al. (2022), highlighting that TBAs counsel pregnant women to deliver at health facilities and assist women in emergencies.

It is during the antepartum period that TBAs manage minor ailments, such as nausea and vomiting, lower abdominal pain, and backache, as noted in a study by Kassie et al. (2022), which highlights that TBAs utilise roots and herbs to treat morning sickness. TBAs further provide herbal concoctions, which are prepared for the woman to drink at the onset of labour to facilitate the childbirth process and prevent and manage complications. The idea of herbal concoction administered as treatment is also discussed by Kassie et al. (2022), i.e. that herbal remedies are prepared to manage postpartum bleeding due to retained placenta. These findings challenge the existing literature, which associates herbal concoctions with obstetric complications (Haikera et al. 2023). Thus, the findings of these collective studies in this field suggest that further research to be conducted to establish the efficacy of the traditional concoctions.

The intrapartum and postpartum roles, which involve assisting with emergency childbirth and escorting to a health facility for further care, are also supported by the literature. For instance, Gurara et al. (2020) report that TBAs assist with emergency homebirths when women are unable to reach the health facilities. In addition, Kassie et al. (2022) agree that TBAs escort homebirth cases to the hospital. Similarly, Chi and Urdal (2018), Mwoma et al. (2021), and Shaikh et al. (2014) found that TBAs conduct deliveries in their communities, with almost all reported as successful deliveries. Although TBAs play a role in assisting where the need arises, their practice is not fully supported or recognised in countries such as Uganda, Nigeria, and Namibia (Chi and Urdal 2018; Haikera et al. 2023). Although it remains paramount that skilled birth attendants should assist women, there are people living very far from health facilities; hence, they are circumstantially being assisted by TBAs. The study also revealed that women continue to consult TBAs for cultural care, as it is a tradition in Northern Namibia to do so. To mitigate any harm that might arise from traditional care, engaging and collaborating with TBAs should be considered by the relevant ministries of government to regulate and define their scope of practice.

## Conclusion

This study explored the sociocultural maternity care roles of TBAs in the northern regions of Namibia. The study found that the sociocultural role of TBAs in their communities is culturally driven. Customarily, TBAs are approached by women to be assisted in reproductive health matters such as treatment for infertility, antepartum, intrapartum and postpartum care. Furthermore, their sociocultural role includes managing minor ailments during pregnancy, such as lower abdominal pain, backache,

and morning sickness, and treating haemorrhoids. TBAs also render counselling to pregnant women, assist with emergency childbirths, manage complications using cultural remedies and escort their clients to the hospital for further management. Some of the care rendered might pose a threat to the well-being of the women, for instance, the case of cutting piles, which could result in bleeding and using reeds to cut the umbilical cord, which could result in sepsis. Should the treatment cause further problems, they require modification. However, TBAs also fulfil commendable roles, for example, counselling pregnant women on a diet, encouraging antenatal attendance and health facility deliveries, and filling the gap between their communities and the formal health system by assisting with emergency childbirths. TBAs exist in many countries, fulfilling similar sociocultural roles even when not supported by the formal health system. Consequently, there is a need to train and regulate the roles of TBAs so that they will be equipped with basic scientific knowledge. Through training, TBAs will be empowered to render safe care to the women and their babies.

## Recommendations

TBAs in this study expressed concern over the lack of recognition and support from the relevant authorities. They often provide care with limited resources, such as gloves, cord strings, and blades. The current practice can breed infections and other complications, like bleeding. Therefore, the study recommends that the MHSS consider supporting and integrating TBAs into the formal health system to foster teamwork and open communication, ensure timely referrals, and minimise harmful practices through education and regulation. The herbal concoctions consumed are not tested for their medicinal properties; thus, it is also vital to conduct an extensive study of the herbal remedies used by TBAs to establish their safety.

## Limitations

Although Namibia is vast, this study was limited to some of the northern regions only; thus, the reduced population hinders generalisation to other settings. The researcher collected data from the available participants until data saturation was achieved. The regions selected are vast, and the researcher used their own funds to execute the research project and could, therefore, not reach other places. This was mitigated by ensuring that there was a voice from each of the selected regions.

## Declaration of Conflict of Interest

The authors declare no conflict of interest.

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