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FEAR OF CAESAREAN SECTION, INFERTILITY AND UTILIZATION OF TRADITIONAL BIRTH ATTENDANT AMONG EVER-PREGNANT WOMEN IN OBAFEMI-OWODE, OGUN STATE, NIGERIA

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ABSTRACT

Maternal healthcare and mortality, among other troubling health issues, are on the front burner in developing countries, Nigeria in particular. This study explored the influence of perceived causes of caesarean section, fear of caesarean section and infertility on the continued utilization of traditional birth attendants (TBAs). The study employed the qualitative method, utilizing in-depth interview to collect data from thirty (30) women who have ever been pregnant and ever used TBA. The data were content analysed using themes. It was found that the participants believed that these conditions can be treated using traditional herbs and concoction prepared by TBAs; hence, the preference for TBAs. Placenta size, low blood count, baby in the breech position, high blood pressure and prolonged labour were perceived and identified as factors that warrant caesarean section. Participants said the use of TBAs for child delivery is not only pain free, requiring no caesarean section, but also affordable and accessible; TBAs use incantation whenever 'delivery is difficult'. Thus, the study recommends that women should be sensitised on the circumstances that warrant caesarean section for child delivery and its probable effects. This will guide them in making informed decision on the place of delivery to avert maternal and neonatal risks.

KEY TERMS: *Infertility, fear, traditional birth attendant, caesarean section, prolonged labour, Nigeria*

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INTRODUCTION

Maternal mortality is one health issue that has remained a big challenge for governments in developing countries like Nigeria. Maternal mortality in Nigeria is estimated at 814 per 100 000 as at 2015, with maternal deaths put at 58,000. In Nigeria, only 39% of women in Nigeria delivered their live birth in a health facility, while 59% delivered at home (National Population Commission, 2019). The high child and maternal mortality rates are attributed to non-utilisation of quality healthcare delivery services. In Nigeria, only six in ten mothers receive antenatal care from a trained medical professional. Nurses and midwives are the most frequently used source of healthcare (WHO, UNICEF, UNFPA, 2015). Problems such as money for treatment, distance to health facility, fear of caesarean section and transportation are some of the many difficulties stated by women as obstacles to accessing orthodox healthcare. Consequently, women patronise TBAs for child delivery and other health-related assistance. Against this background, this study explored how perception and fear of caesarean section and infertility influence utilization of traditional birth attendants for antenatal and delivery among ever pregnant women using the qualitative method of data collection.

BACKGROUND

The World Health Organisation (2019) reported that Nigeria accounted for nearly a quintile of the total maternal deaths in the world. These maternal deaths have been attributed to lack of adequate access to health care services. There is only one doctor to 6000 people in the country (BBC, 2019). Due to the insufficient health care services, the competition is high and those with lower household wealth and far physical distance have little or no access to government-approved hospitals/child delivery centres (Fotzo, Ezeh and Oronge, 2008; Titaley, Hunter, Dibley and Heywood, 2010). Aside poverty and physical distance, the preference for vaginal delivery could be a factor for non-use of hospitals for child delivery.

The rate of caesarean section (C/S) delivery has increased globally. However, the rate in Nigeria stands at 2%, and no state in the country had up to 10% rate of C/S delivery (Boerma et al., 2018). This may not be unconnected with the fact that C/S is perceived in negative light in the country and feared by many women. The prayer that *won ni fi obe gbe'bi ni inu e* (may you not be delivered via surgery/C/S) is an indication that delivery through C/S is perceived as unfortunate among many populations in the country. It is not uncommon to see women who deliver through vaginal delivery do thanksgiving in places of worship. Sunday-Adeoye and Kalu (2011) reported that only 1.4% of their respondents viewed C/S as very good. The participants of Chigbu and Iloabachie (2007) attributed their prevalence of C/S refusal to financial cost, fear of death and desire to experience vaginal delivery. Consequently, expectant mothers who have low income, cannot afford the regular cost of transportation from their home to the health centre, have complications and have been advised to deliver through C/S resort to traditional birth attendants (TBAs) whose services are perceived to be cheaper and yield positive outcomes.

The second problem is that, many phenomenon –including infertility and maternal deaths- in Nigeria are often attributed to spiritual forces. In fact, women who are unable to conceive after few years of marriage -primary infertility- or unable to conceive again after the first successful delivery-secondary infertility- are usually threatened and embarrassed by the spouse's family (Adejumo & Adekunle, 2017). The attribution of infertility to spiritual forces coupled with the pressure to get pregnant and the fear of losing their marriage push women to patronise TBAs who are viewed to have expertise in solving spiritual problems- a matter that is outside the purview of orthodox medicine. It is from the foregoing that this study seeks to provide answers to the questions (1) what are the perceptions of ever pregnant women on the causes of C/S? (2) How do women's experience and fear of C/S make them patronise TBAs? (3) How does the problem of infertility expose women to the TBAs, and what are the outcomes of women's patronage of TBAs? The answers to these questions have implications for nursing and medical social work practice as it will show what form of education and re-orientation, if need be, is required for improved child and maternal health.

The study revolves around acceptability and perceptions of TBAs. Consequently, the health belief model (HBM) will be useful for this study. The HBM revolves around four constructs and hypotheses, namely; (1) perceived severity- individuals who perceive a given health problem as serious and life-threatening are more likely to engage in any available behaviours to prevent the health problem from occurring (or reduce its severity); (2) perceived susceptibility- the extent to which an individual thinks that they are vulnerable to a disease will determine how serious they will engage in behaviours to reduce their risk of contracting same; (3) perceived benefits- if an individual believes that a particular health seeking action/behaviour will reduce susceptibility to a health problem or decrease its seriousness, they are likely to engage in that behaviour regardless of actual effectiveness of such action; (4) perceived barriers-even if an individual believes a health condition is life-threatening and that a particular action will effectively reduce the threat, barriers may prevent engagement in the health-promoting behaviour. The HBM will help to understand people's perception and fear of C/S and infertility, and how women's perceived effectiveness or otherwise of TBAs influences their utilization of TBAs for child delivery and other maternal and child health assistance.

METHODS

The study used qualitative method of data collection. The qualitative method was informed by the need to have an in-depth understanding of women's patronage of TBAs and their experiences therein. The study was conducted in Obafemi-Owode local government area, Ogun State, Nigeria. The study population was comprised of ever-pregnant women in the local government area; specifically, women of reproductive age (15-49) who had utilized the services of traditional birth attendants identified first through snowball in the four selected communities- Mowe, Asese, Ibafo and Magboro. The women are those who had ever patronised the TBA for child delivery or treatment of pregnancy related issues or currently utilizing the services of a TBA. An in-depth interview guide was used to collect data and the participants were asked questions directly and their responses were recorded using a tape recorder. The interview format was both open-ended and semi-structured. The languages of interview were English and Yoruba.

Regarding sampling, a total of 30 women participated in the study. However, data redundancy set in after the 28th participant was interviewed, but to ensure that data saturation was achieved, two more participants were interviewed to find out if new information will be extracted. Among the participants, twelve (12) pregnant women were from Mowe; 6 from Asese, 9 from Ibafo and 3 from Magboro communities. The purposive and snowball sampling techniques were adopted in selecting participants. Some of the participants were recruited at the homes of the TBAs as they come in for consultations and were approached with the knowledge and permission of the TBA. The interviews for those recruited at the homes of the TBAs took place in the premises of the TBAs but in a secluded place with just the participant and the interviewer to ensure confidentiality of information given. Some others were recruited through snowball technique as some of them were located in their homes, workplaces and places of worship. For this group of participants, the interview took place, in a location comfortable for the participant to have the conversation with the interviewers. The permission to conduct the study was approved by the Department of Sociology, University of Lagos since there is no ethical review board yet in the Department. The traditional rulers in each community also nodded to the study before participants were approached. An oral informed consent was obtained from the participants after the purpose of the study was explained to them. Participation in the study was voluntary and no name or any identifying information was collected or recorded.

A thematic analysis was used in the data analysis because it was sufficient to analyse data and enabled the identification of the main themes that summarise all the views collected through annotating transcripts, identifying themes, developing code schemes and coding data. The findings were presented in three themes. A theme addresses each research question.

RESULTS

Table 1: Frequency Distribution of Participants' Socio-demographic characteristic/s

Age	**Frequency**
≤24 years	2
25 - 34 years	19
35 - 44 years	8
45 years and above	1
Occupation	**Frequency**
Businesswomen/Trader	22
Employed	4
Unemployed	4
Religion	**Frequency**
Christianity	11
Muslim	17
Traditional	2
Total	**30**
No. of Children	**Frequency**
1 – 2	16
3 – 4	6
5 and above	1
Expectant mothers	7
Reason for using TBA	**Frequency**
Low Cost of Treatment	5
Infertility	4
Quality of Care	7
Fear of C-Section	9
Stress/Distance	5
Educational Qualification	**Frequency**
Primary	3
Secondary	21
Tertiary	6

Theme 1: Perception of caesarean section

The participants identified certain perceived factors as accounting for caesarean section. These include placenta size, baby in the breech position, blocked fallopian tube, size of the baby, low blood count and prolonged labour. Some stated that these factors may influence the usage of traditional birth attendant (TBAs) as the deliveries are caesarean section-free, with quality care and low cost of treatment. They also make use of herbs when the delivery is "difficult". An example is the breech position-a situation where the baby is in the bottom-first position instead of the headfirst in the mother's uterus. The TBAs use herbs and incantations to make the baby return to the headfirst position.

Some of the participants attributed the size and weight of baby as well as high blood pressure as biological factors affecting normal or easy delivery; hence, the need for caesarean section that encourages the use of TBA as expressed thus:

> *Weight of baby and high blood pressure can cause C-section and the fear of operation can influence the use of TBA because if the baby size is too big for the mother to deliver, it can make operation to be carried out and these fears of caesarean section makes women to use traditional birth attendant. [32 years, Ibafo Community]*

In a related view, a participant stated that traditional birth attendant provides quality care that motivates her to use TBAs such as saving life from long labour and pre-mature labour.

> *To some extent, premature labour and prolonged labour can cause C-section and I think the fear of operation can influence the use of traditional birth attendant because the problem of*

prolonged labour or premature labour is a dangerous thing that can make the mother to lose her life. So it is important for the mother to use traditional birth attendant where herbs and concoction can be given and if the case is so serious the traditional birth attendants pray to their gods and also use incantation to deliver a pregnant woman. The traditional birth attendant has these special skills in deliveries and this motivates me to use TBA because I don't want to experience any thing called operation. [35 years, Mowe Community]

Theme 2: Experience and fear of caesarean section

The experiences and the cost of caesarean section may have influenced some of the participants to use traditional birth attendants. Responses revealed that the experiences of caesarean section may have influenced them to use traditional birth attendant.
Among the participants, one of them narrated her experience about caesarean section and how it influenced her to use traditional healthcare for her second pregnancy because the procedure was very painful. In addition, she could not breastfeed her first baby properly and became afraid to undergo such an experience a second time.

The experience of caesarean section was very painful that I could not stand on my feet and to urinate was also a problem. The operation made me not to breastfeed my baby properly. So, it discouraged me from the use of modern health care and to neglect the use of hospital. I have decided to use traditional healthcare for my second pregnancy because I am afraid to undergo such an experience again. [28 years, Ibafo Community]

Another participant also narrated her experience about caesarean section and said that the process was so painful and scary.

Yes, I have had an operation before. It was not a funny experience, it was painful, I was already upset because of the complication during my labour and the announcement of the C-section sent me into panic. The hearing of operation was so scary and this can make people to change from hospital to traditional birth attendants. [30 years, Asese Community]

This participant stated the role of caesarean section in the use of TBAs.

Yes, I have done caesarean section before. It made me to use traditional birth attendant because I delivered my first born normally at the traditional birth attendant and for my second born I used hospital. It got to a stage that doctor said I can't deliver the baby myself because the scan indicated that my baby weight is too big and the doctor announced that I have to deliver through caesarean section. The fear of caesarean section made me to be very much afraid so I ran back to the traditional birth attendant where I delivered my first born and this is my third pregnancy. I used it because the use of traditional birth attendant because is always operation-free. [35 years, Mowe Community]

Theme 3: Infertility

Some of the responses revealed that some of the factors that can cause infertility or child delay are fibroid, blocked fallopian tube, low sperm count, bleeding, infection, abortion, fluid rushes ('edan') and miscarriage, and all these can be treated with traditional herbs and concoction through the use of traditional birth attendants (TBAs).

Ok, the causes of childlessness are fibroid, low sperm and fluid rushes. All these kinds of diseases can make women not to get pregnant. It can be treated by traditional herbs and stem barks because the traditional birth attendant (TBA) knows how to treat it better than the hospital and it is operation-free. [33 years, Asese Community]

One of the participants who had experienced infertility or child delay and was able to get pregnant through the help of traditional birth attendant (TBA) narrated her experience:

Yes, I had fibroid and fluid rushes for two years plus. During this period, I used the hospital and my doctor said I have to operate the fibroid and the cost of the operation was high. I later made use of TBA where herbs and concoctions were given to me. These medications helped me to deliver the fibroid like a baby without undergoing any surgical operation. As you can

see I am pregnant now. So it can be treated by traditional herbs and concoction. [35 years, Mowe Community]

Yet to some participants, infertility can be as a result of spiritual forces and abortion and these can be treated through traditional medicine from the TBAs as stated by a participant:

Infertility can be in different forms because some may have spiritual forces that cause child delay while some people might have aborted before… In this case, the only method to treat it is through prayer and traditional medicine. [26 years, Magboro Community]

Another participant also identified fibroid, block fallopian tube, low sperm count, bleeding and abortion as causes of infertility and these can be treated by TBAs.

My husband and I have problem of giving birth and we visited hospital regularly and we also engaged in prayer so that God can make me to conceive. Doctor carried out check-ups on both of us and my husband was the cause of why we were not having a child; he has low sperm count and he was placed on medication but there was no positive result so we later used here (traditional birth attendant) with the help of herbal medicine and I was able to conceive after seven years of marriage. [37 years, Mowe Community]

DISCUSSION

This study explored and provided insight into the perceived causes of caesarean section, fear of caesarean section and infertility in the utilization of traditional birth attendant among ever pregnant women in selected communities in Ogun state, Nigeria. The size of placenta, baby in the breech position, blocked fallopian tube, size and weight of the baby, low blood count and prolonged labour were identified by the participants as major factors that may lead to caesarean section among pregnant women and these can be treated with traditional medicines.

The findings show that participants perceive TBAs to have a lot of experiences in child deliveries without surgery, and are always available in times of need; their services can be obtained free of charge or at a very low cost compared to modern healthcare services. These are perceived benefits of using TBAs among women who patronized their services. The pains, fears and emotional disturbances that result from surgery are always of major concerns for the women involved, which dissuade them from choosing caesarean section. In this case, the subjective assessment of the severity of caesarean section will discourage a woman from using the modern healthcare facility if she knows she could get the same result at traditional health centres without surgery. Our finding is also supported by Carter's (2010) study in rural and urban areas of Nigeria, which found that women who had undergone a caesarean section were afraid of having another and, as a result, planned for their next birth to be with the TBAs. Also, our finding is in line with Shah (2010) who identified the most frequent reasons for preferring traditional birth attendants to include strong faith in the skills and expertise of TBAs, fear regarding Caesarean delivery, lack of female doctors in health facilities, among other reasons. Furthermore, TBAs were found to provide culturally-sensitive services, holistic and natural treatment, and to respect values and customs of their people. They are also available, accessible and affordable (Peprah et al., 2018).

Our study found that the TBAs use herbs for the health of the women and that of the unborn child. According to the participants, drinking herbs administered by TBAs, reduces the size and weight of the foetus, and prevents the need for Caesarean Section during delivery. Other studies found similar cases, where TBAs administer herbs to women during pregnancy, and labour to quicken the labour process. (Kaingu, Oduma & Kanui, 2011; Chetum et al., 2017).

In this study, the fear of C/S among the participants emanates from two dimensions. The first is the monetary cost, and the second is the emotional or psychological and physical pain associated with C/S. Some other studies found that the services of TBAs are cheaper compared to a modern health facility delivery (Shiferaaw et al., 2013, Titaley et al., 2010). Cheptum et al. (2017) found among participants that caesarean section was feared by participants, making them to seek TBA services. Our study found that emphasis is laid on the cost and pain associated with undergoing C/S, which breed fear and encourage the use of TBAs. Thus, some pregnant women are not likely to patronize or utilize modern healthcare facility for maternal health care, cost and pains being potential barriers. Our findings are in tandem with findings by Titaley et al. (2010), where cost and flexibility of payment method are reasons for using the services of TBAs. Sarker et al. (2016) found that the cost of caesarean delivery and the physical harm to women are some of the reasons for women's preference for home delivery with TBA.

The fear of C/S among our participants may also be attributed to lack of trust and confidence in the inadequate orthodox health care facilities. Pregnant women are likely to trust and be confident in TBAs because they live in the community, probably speak the same language, and share the same culture, values and norms. This is unlike

other studies that found that preferred mode of delivery was significantly associated with fear of child birth and that women who preferred C/S had stronger fear of childbirth (Rouhe, Salmela-Aro, Halmesmaki, Saisto, 2009). The study found that fear of childbirth is milder in early pregnancy than late. Previous studies have shown that together with the fear of childbirth, older age (≥ 35 years), smoking habits, higher educational level, and lack of psychosocial support are associated with maternal request for caesarean section (Mancuso et al., 2006).

On infertility and usage of TBAs, this study found that fibroid, blocked fallopian tube, low sperm count, bleeding, infection, abortion, and miscarriage are perceived causes of infertility or child delay, and that these can be well treated using traditional herbs and concoction gotten from traditional birth attendants (TBAs). While there is the paucity of scientific evidences to validate this claim, there was a general belief among the participants that TBAs can treat diseases that cause infertility. Meanwhile, the underlying factor for patronizing TBAs is the huge financial cost of treating such diseases at a modern healthcare facility, as some may require surgery. This discourages them from using modern healthcare facility and latently creates a strong bond of relationship between the TBAs and the women that patronize their services. The experiences of those who had used both the TBAs and modern health services often encourage other women to use TBAs, since the quality of service received is deemed better than any other channel of treatment. A study by Imogie et al. (2002) found the roles of TBAs to include fertility/infertility treatment, determination of abnormalities relating to reproductive organs and reproduction. Other roles are screening of high-risk mothers and nutritional requirement recommendations**.** Studies have suggested that many Nigerian women, particularly those in rural areas, rate the services of the traditional birth attendants (TBAs) as being of higher quality than those of medical healthcare practitioners, particularly with regards to interpersonal communications and relationships (Fatusi & Abioye-Kuteyi, 1998).

STUDY CONCLUSIONS

a) In this study, women identified size of placenta, baby in the breech position, blocked fallopian tube, size and weight of the baby, low blood count and prolonged labour as some of the perceived factors that may warrant caesarean section among pregnant women.
b) The major reasons women opt for traditional birth attendants instead of undergoing caesarean section in the modern health facility are the financial cost, the fear of dying in the process and the physical and emotional pains associated with surgery.
c) Infertility on the other hand is perceived to be caused by fibroid, blocked fallopian tube, low sperm count, bleeding, fluid rushes and miscarriages.
d) Beyond these, there is a strong belief, trust and confidence that the TBAs can 'cure' or solve the problems that are related to pregnancy and childbirth; hence, the utilization of their services by pregnant women.
e) Infertility and fear of caesarean section are key factors responsible for the non-utilization of modern birth facility. This is also fuelled by the myth that the size of placenta, for example, will ultimately warrant caesarean section.

IMPLICATIONS FOR SOCIAL WORK

Based on our findings that pregnant women patronize TBAs based on perceived causes of what will lead a woman to undergo C/S, fear of undergoing C/S and problem of infertility, this study has been be able to identify some of the reasons why pregnant women patronize TBAs and this will help social workers and medical social workers in particular to understand what interventions may be required to help in encouraging women to make use of trained health personnel.

Therefore, the study recommends that medical social workers will be in a better position to interface with pregnant women to educate them on vital information and processes of pregnancy in order to help dispel the myths connected with C/S, baby in the breech position and other related issues, especially in sub-Saharan Africa where a lot of myths surround pregnancy.

Also, Modern healthcare providers should improve the quality of their services and equally make them affordable to every woman in need of their services. In doing this, medical social workers should lead the advocacy for a special concession to be given to pregnant women who are unable to afford the bills of modern treatment to encourage the use of qualified personnel in antenatal and subsequent delivery.

Finally, our findings suggest direction for future research (using longitudinal and clinical design) to confirm the scientific validity of the claim by the participants that TBAs can cure problem related to infertility and pregnancy with herbs, to establish the relationship between utilization of TBAs and maternal and neonatal morbidities and mortality and lifelong health of those who had utilized TBAs for child delivery.

CONCLUSION

The study has been able to bring to the fore the perceived causes of C/S among some women, who particularly choose to make use of TBAs for child delivery. This will help in identifying misconceptions or gap in knowledge among women of reproductive age. We found that that there is no single factor responsible or reason on perceived causes of C/S rather there are multiple reasons. We have suggested that medical social workers should be actively be involved in educating women with pregnancy related issues. Also, we investigated the role of fear of undergoing C/S and found that fear of undergoing C/S exists among our study participants and this fear influence their decision to make use of TBAs. Finally, we examined why women with problem of infertility patronize TBAs and found that there is a believe that TBAs have herbs that can be used to cure infertility.

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