

ABSTRACT

Introduction: In 2007, the Ministry of Health in Malawi issued a directive banning traditional birth attendants (TBAs) from delivering mothers and ordered all mothers to access skilled birth attendants in health facilities (MoH, 2007b). Anecdotal reports showed that the influx of pregnant mothers to the health facilities resulted in mothers delivering on make shift beds on the floor and sometimes without the assistance of the skilled provider. The badly stretched health care system continues to force mothers to deliver with the assistance of TBAs who have gone underground for fear of being fined.

Purpose of the study: The purpose of this study was to explore stakeholders' perceptions of the changing role of TBAs in order to obtain a greater breadth of understanding of the reasons why home births persist in the rural areas of Central West Zone (CWZ), Malawi.

Methods: The study employed a mixed method concurrent triangulation design in which 24 health facilities in the districts of Ntcheu, Dedza, Lilongwe and Mchinji, in CWZ, Malawi were included. A non-probability purposive sampling method was used to select 24 health facilities that provide Basic Emergency Obstetric and Neonatal Care (BEmONC) services in rural areas of CWZ. A randomly selected sample was used to collect quantitative data from mothers, using an interview schedule. These were mothers (n=144) who had come to access maternal and neonatal health care but had previously sought the help of a TBA to deliver. A total of 55 nurse midwives who worked in the 24 health facilities and who were available and willing to participate responded to a structured interview schedule. Quantitative data were analyzed using SPSS version 19. Qualitative data were collected using focus group discussions (FGDs)

with TBAs (n=4 FGDs, with 6-7 respondents in each discussion group) who lived in the catchment areas of the selected BEmONC sites. Single in-depth interviews were conducted with TBA trainers (n=10) in the districts and health professionals (n=12) from the Ministry of Health and Nurses and Midwives Council of Malawi. Data were analyzed manually.

Findings: The findings showed that the moratorium on TBAs was implemented without consultation with the relevant stakeholders and as a result, many mothers in rural areas continued to seek the services of TBAs. Untrained TBAs took advantage of the opportunity and together with some trained TBAs who were afraid of punishment went underground to practice. Maternal and neonatal health care in BEmONC facilities were deficient as the health care system struggled with challenges such as the lack of adequate and humane accommodation for waiting mothers, critical shortages of staff, drugs and supplies and negative health care worker attitudes. In addition, long distances and the lack of empowerment of rural women prevented mothers from seeking skilled birth attendants. The study concluded that even though the government had issued a moratorium on TBAs, the health care system is not coping.

Recommendations: It is recommended that having moved away from the TBAs, there is no need to revert to using them since that would mean perpetuating harmful and substandard care for mothers. In addition, TBA services would undermine the government's efforts to improve skilled birth attendance. However, the system needs to urgently deal with the challenges that rural mothers encounter in trying to access skilled birth attendance.