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birth attendants in urban SouthWest Nigeria**

Christiana A. Alex-Ojei; Loretta F.C. Ntoimo; Sunday Adedini

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<https://hdl.handle.net/10539/46886>

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Women's motivations for using traditional and faith-based birth attendants in urban South-West Nigeria

Christiana A. Alex-Ojei^{1,4*}, Lorretta F. C. Ntoimo^{1,2} and Sunday A. Adedini^{1,3}

Abstract

Nigerian women's continued use of alternative healthcare providers for maternal healthcare is a cause of concern, especially in urban areas, where modern healthcare facilities are ubiquitous. The study objectives were to examine the characteristics of women using alternative healthcare providers, as well as investigate their motivations for using these providers' services. The qualitative study design was used to examine the motives behind the use of alternative healthcare providers for maternal healthcare purposes by urban women in two states in South West Nigeria, and clients' characteristics. In each state, data were collected from twenty clients of traditional and faith-based birth attendants using in-depth interviews. Data were analysed using thematic analysis with NVivo software. Majority of the clients had secondary and higher education, were 25+, were Christian, married and had at least one child previously. The motivations for use were the human angle to service delivery by these providers, affordable cost, and a generally favourable perception of the facilities and the services they provide. It is recommended that there should be greater collaboration with and monitoring of alternative healthcare providers' activities by the State Ministries of Health, as well as training health workers to be more humane in their service delivery.

Keywords Women, Maternal care, Alternative healthcare providers, Traditional birth attendants, Faith-based birth attendants

Background

Nigeria has a high maternal mortality rate, with estimated 993 maternal deaths per 100,000 live births [59]. This high maternal mortality rate is linked with the low utilisation rates of modern healthcare services and facilities among women in Nigeria [37]. The first and second action points of the third sustainable development goal are to reduce maternal, neonatal and child mortality by the year 2030 [58]. The Nigeria Health Policy as well as the Nigeria Reproductive Health Policy also have similar actions points, and they recognise that these can only be achieved by increasing the utilisation of maternal healthcare facilities [23, 24].

Findings from the 2018 Nigeria Demographic and Health Survey showed that 57% of women had four or

*Correspondence:

Christiana A. Alex-Ojei

christiana.alex-ojei@fuoye.edu.ng

¹Department of Demography and Social Statistics, Federal University Oye-Ekiti, Oye-Ekiti, Ekiti State, Nigeria

²Centre of Excellence for Reproductive Health Innovation, University of Benin, Benin, Edo State, Nigeria

³Demography and Population Studies Programme, Schools of Public Health and Social Sciences, University of the Witwatersrand, Johannesburg, South Africa

⁴Women's Health and Advocacy Research Centre, Benin City, Edo State, Nigeria



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more antenatal care visits; 39% of births were in health facilities and 43% of births were assisted by a skilled healthcare provider, and 42% of women had a postnatal check after delivery [37]. If the current maternal mortality rates are to be reduced to less than 70 per 100,000 live births by 2030, in line with the Sustainable Development Goal 3, concerted efforts need to be made to increase maternal healthcare utilisation rates. An appreciable part of these efforts would be to understand the motives behind urban women's choice of alternative healthcare providers especially when there are available modern health facilities in their localities.

The use of traditional medicine in pregnancy care is widespread in Africa [34, 56]. Some of women's major motivations for traditional maternal care are the lack of modern healthcare facilities, the belief in the efficacy of traditional medicine, and affordability of traditional medicine [56]. Urban residents are expected to be more likely to use maternal health services, due to the fact that they have less difficulty in accessing modern health facilities [14, 16, 29, 41, 51, 53]. However, there is a continuing preference for traditional birth attendants even in urban areas [27], and very little research has been conducted which has tried to examine the use and motivations for use of TBAs by urban residents. The use of TBAs and faith-based maternity centres, popularly referred to as "mission homes" is prevalent in South-West Nigeria [3, 7]. In the South-Eastern zone of Nigeria, childbirth is seen more as a spiritual than a merely clinical affair, which makes the use of traditional birth attendants and prayer houses common, with prayer and the use of herbs common during pregnancy and delivery [43].

Literature on traditional and faith-based birth attendant use is sparse in Nigeria. Additionally, the bulk of previous research into the use of alternative healthcare providers has occurred in rural areas. Therefore, this study examined the factors which make urban women choose alternative healthcare providers during pregnancy despite the availability of modern healthcare facilities in South-West Nigeria. Alternative healthcare providers in this study refer to faith-based maternal care centres (also called mission homes), as well as traditional birth attendants.

The study objectives are:

1. To examine the characteristics of women who make use of alternative healthcare providers in urban areas in Nigeria.
2. To investigate the factors which lead to preference for alternative healthcare service providers for maternal care among women in urban areas in South-West Nigeria.

Literature review

The expectation is that poorer access to health facilities should increase the use of traditional birth attendants in rural areas, compared with urban areas [1]. A significant proportion of out-of-facility births in rural areas are with the assistance of TBAs in low and middle-income countries [25]. Across Africa, a lack of formal education and low socioeconomic status are correlated with the use of traditional medicine during pregnancy [56]. Traditional birth attendants also serve where access to modern health facilities is curtailed [21]. Urban residents are expected to be more likely to use maternal health services, due to the fact that they have less difficulty in accessing modern health facilities [14, 16, 29, 41, 51, 53]. However, TBA use constitutes a significant proportion of deliveries in urban areas in Nigeria, especially in resource-poor communities [47]. The use of TBAs and faith-based homes may contribute to maternal mortality where they are not adequately trained on the danger signs of pregnancy [40]. A continued preference for alternative health providers will contribute to lower use of modern healthcare facilities [11] and the non-attainment of SDG 3 [38]. Previous studies in Nigeria have confirmed that a small number of women make use of modern healthcare facilities for antenatal care, delivery and postnatal care [2, 8, 9, 15, 48]. A study in Lagos showed that over half of women delivered outside of a modern health facility [45]. Other studies have also found the continued use of traditional birth attendants in urban areas despite the availability of modern health facilities [5, 27, 46].

Traditional birth attendants have been recognised to be an important part of the healthcare ecosystem in low income countries [30]. Similarly, faith-based healthcare providers have proven effective at providing healthcare delivery in under-served areas, with these mission providers attracting a varied clientele [44]. Integrating TBAs into the formal healthcare system has been proven to increase the use of skilled birth attendants among pregnant women [20]. In Burundi for instance, TBAs have been integrated into the healthcare system, but they have to refer their clients to health facilities for delivery [21]. Training TBAs to recognise complications, increasing their relevance in the modern healthcare system through collaboration, standardising their training and facilities for service delivery, and policy redesign have been recommended to improve maternal healthcare access for hitherto neglected communities [10]. TBAs have also been involved in providing immunisation in rural communities in Nigeria [26].

Traditional birth attendants tend to make use of herbal remedies, while faith-based birth attendants make use of prayers, spiritual baths and related practices [3, 28]. A study among TBAs in Lagos showed knowledge gaps in practice, with the use of mystic rather than scientific

methods by many [6]. TBAs were recorded to be unable to resuscitate newborn babies in distress in Uganda [32]. Including them in the healthcare delivery chain has proved challenging where TBAs feel their services are not well valued by the modern health system, despite the expertise they feel they possess in attending to women's maternal care needs [42]. The demand for traditional birth attendants in Nairobi, Kenya, was found to be due to women's preference for their more personal style of healthcare delivery; the TBAs however reported a lack of cooperation from healthcare providers in the modern healthcare system [27].

Some of the stated reasons for using traditional birth attendants in low-income countries include that they offer more psychological support during labour and delivery; friendliness and accessibility; cultural preference for TBAs, and high cost of delivery in health facilities [1, 13, 17, 18, 35, 36, 38]. A study in rural Gambia found that women's healthcare preference determines their choice of birthing attendants, as women did not want to give birth in a health facility preferred to use alternative birth attendants for delivery [31]. In rural Edo State, Nigeria, women expressed their preference for TBAs due to negative health worker attitudes [38]. Women report feeling more comfortable giving birth with TBAs as they provide a familiar setting, compared to those in health facilities [25]. In Tanzania, TBAs were recognised to create close bonds with the clients they worked with [57]. Low status women have been seen to more likely to patronise traditional birth attendants for their healthcare needs especially in resource poor settings in Uganda, Kenya, Nigeria and Bangladesh [7, 14, 41, 54]. In Ghana, women who had no formal education, whose husbands also had no formal education, and who did not have health insurance were more likely to use TBAs [4]. Also, the fact that traditional birth attendants seem to be less costly than modern health facilities for antenatal care and delivery moves women to patronise them even in urban areas, where women even report paying for their services with food items [7]. A situational analysis of TBA use in Zimbabwe showed that their patronage has been documented among the urban poor [22]. TBAs have also reported that they do their work not for financial gain but for personal fulfilment, therefore making the cost of their services affordable by even the poorest women [57].

Religion has been found to be a determining factor for preference for TBA use in Nigeria [49]. More traditional religious and cultural beliefs encouraged the use of TBAs in rural Bangladesh [55]. In South-West Nigeria, women made use of faith-based maternal care homes because of their religious beliefs and sense of spiritual fulfilment [3]. Studies in rural Uganda found that cultural beliefs and taboos as well as preference for traditional medicine influenced women's use of maternal healthcare and

their preference for traditional birth attendants [13, 14]. In rural Edo State, Nigeria, women reported having more confidence in traditional medicine compared to modern and this skewed them more favourably to the use of TBAs for delivery [39]. This lack of confidence in modern healthcare contributed to a system in which women register with both health facilities and alternative providers for antenatal care, and choose to deliver their babies with whichever provider they deem most convenient [38]. The use of both modern healthcare system and traditional birth attendants has also been documented in South East Nigeria [43]. Olusanya et al. found that infants delivered in traditional birthing homes in Lagos do not necessarily have more adverse outcomes compared to those delivered in health facilities [47].

So far, very little literature has focused on the motives for urban women who choose to still make use of alternative healthcare providers for their maternal health needs, despite the presence of easily accessible modern healthcare facilities in their localities. While a few studies have focused on the use of traditional birth attendants in urban areas, much fewer studies have examined the use of faith-based maternal care centres, which are prevalent in South-West Nigeria. This study intended to address this gap in the literature, by not only examining urban use of TBAs and faith-based homes, but also examining their service delivery packages, as well as women's motivation for their continued use in South West Nigeria.

Theoretical framework

The study was based on the rational choice theory, which states that people are intentional about their actions and choices, and they have preferences. People often make choices which they feel will be of maximum benefit to them [52]. It is assumed that a rational choice is taken based on the information available to the individual [50]. In other words, urban women's choice of health facility for maternal needs is based on their personal preferences, as well as their belief that making use of traditional and faith-based birth attendants during pregnancy and delivery will be more beneficial than making use of modern health facilities. These choices do not exist in a vacuum; they are acted upon by the availability of resources and alternatives forgone, as well as the social environment and associated cultural beliefs which these women are subject to [19, 52]. Despite the presence of alternatives (in this case, modern health facilities), urban women's decisions to make use of TBAs and FBBAs may be linked to their belief that this is the best option for them, and/or their dissatisfaction with the services offered in the modern health facilities.

Methodology

The research project was conducted in facilities run by either traditional or faith-based birth attendants. It made use of the interview qualitative study design for data collection and analysis. The use of the qualitative design provided a better understanding of women's motives for making use of the alternative healthcare providers as alternative healthcare providers, despite the presence of modern healthcare facilities in urban areas.

The study was conducted in Lagos and Ekiti States, in South West Nigeria. Data were collected from women in urban locations in two states in the South West which were Lagos and Ekiti states. These states represent the most urbanised (Lagos), and least urbanised (Ekiti) states in the geopolitical zone. In Lagos State, data were collected in Agege and Alimosho Local Government Areas, while in Ekiti State, Ado Local Government Area served as the study site.

The target population for the study was women of reproductive age (ages 15–49) who were clients of alternative healthcare providers for antenatal, delivery and postnatal care. The purposive sampling technique was used to select participants into the study, as target participants were women aged 15–49 currently making use, or who have made use in the recent past, of alternative healthcare providers (midwives in the maternal care homes established by churches, known colloquially as “missions”, and traditional birth attendants). The inclusion criteria for the study were women who are aged between 15 and 49, who were making use of, or have made use of, an alternative healthcare provider for maternal health needs. The exclusion criteria were women below 15 or above 49, who have never made use of an alternative maternal healthcare provider.

The sample size was kept at 20 clients per study site to ensure the collection of in-depth information and the richness of the data collected; in other words, the emphasis was on depth rather than spread [33]. In qualitative data collection for analysis using the thematic analysis method, a sample size of at least 12 is recommended for adequate data and ensuring data saturation [12].

Data were collected using in-depth interviews with structured guides. Initial field visits were carried out to each of the states to identify alternative healthcare providers to be used, and to engage with willing care providers and their clients. Additionally, a pilot study was conducted to test the interview guides for validity, after which the instruments were edited as needed. For the pilot study, interviews were conducted with two women who had used the services of either a traditional or faith-based birth attendant during a previous pregnancy, and these women did not form part of the final sample. In each state, two female field workers experienced in qualitative data collection will were recruited and

further trained to interview participants in this study. In Ekiti State, three faith-based- and one traditional birth attendants' facilities were visited to canvass for study participants, while in Lagos, two faith-based and two traditional birth attendants' facilities were visited. All interviews were conducted in the preferred language of the participants.

The resulting audio data from interviews were translated, where necessary, and transcribed. Data were analysed with the aid of NVivo qualitative software version 12 (QSR International). The framework thematic analysis method was used for analysis, and themes will be selected for interpretation and discussion using the research objectives as a guide, and as they arise from the data.

Ethical considerations

Ethical approval for the study was obtained from the Health Ethics Research Committees of the Ministry of Health in Lagos and Ekiti States. In Ekiti State, ethical approval was given by the Human Research Ethics Committee of the State Ministry of Health and Human Services, with protocol number MOH/EKHREC/EA/P/56. In Lagos State, ethical approval was given by the Health Research Ethics Committee of the Lagos State University Teaching Hospital with protocol number LREC/06/10/2291. Social approval was given for the study by the Lagos State Ministry of Health.

Informed consent was obtained from all participants. Also, the interviews were conducted in the languages that participants are most comfortable in. As the target participants are women, only female research assistants were employed for data collection. Additionally, all study participants were given as much privacy as the interview environment permitted, to prevent non-participants from eavesdropping on the interviews. Care was taken to ensure the anonymity of participants as no names or otherwise identifying information were included in the data. Efforts were also made to prevent either physical or psychological harm or distress to the participants during and after interviewing them.

Results

The study's first objective was to present the characteristics of the clients of the alternative healthcare providers as captured in the study. Table 1 shows information about each participant and their identifiers, while Table 2 shows participants' characteristics presented in both frequency and percentage format. The majority of clients (60%) were aged between 25 and 34, while 7.5% were aged between 20 and 24, 20% were aged between 35 and 44, and 10% were aged 45 and over. Only one client refused to give her age. The majority of clients (57.5%) had secondary level education, 2.5% had junior secondary level education, 37.5% had tertiary level education,

Table 1 Participants' identification

Unique Identifier	Age	Religion	Level of Education	Ethnicity	Marital status	State	Designation
E1	29	Christian	Secondary	Yoruba	Married	Ekiti	Client
E2	28	Christian	Secondary	Yoruba	Married	Ekiti	Client
E3	29	Christian	Tertiary	Yoruba	Single	Ekiti	Client
E4	29	Christian	Secondary	Yoruba	Married	Ekiti	Client
E5	31	Christian	Tertiary	Yoruba	Married	Ekiti	Client
E6	32	Christian	Tertiary	Yoruba	Married	Ekiti	Client
E7	25	Christian	Secondary	Yoruba	Married	Ekiti	Client
E8	36	Christian	Tertiary	Yoruba	Married	Ekiti	Client
E9	45	Christian	Secondary	Yoruba	Married	Ekiti	Client
E10	28	Christian	Secondary	Yoruba	Married	Ekiti	Client
T1	26	Christian	Tertiary	Yoruba	Married	Ekiti	Client
T2	27	Christian	Tertiary	Yoruba	Married	Ekiti	Client
T3	32	Christian	Secondary	Yoruba	Married	Ekiti	Client
T4	30	Muslim	Secondary	Yoruba	Married	Ekiti	Client
T5	27	Christian	Secondary	Yoruba	Married	Ekiti	Client
T6	27	Christian	Secondary	Yoruba	Married	Ekiti	Client
T7	38	Christian	Tertiary	Yoruba	Married	Ekiti	Client
T8	36	Christian	Tertiary	Yoruba	Married	Ekiti	Client
T9	24	Christian	Secondary	Yoruba	Married	Ekiti	Client
T10	25	Christian	Secondary	Yoruba	Single	Ekiti	Client
OM 1	24	Muslim	Tertiary	Yoruba	Married	Lagos	Client
OM 2	30	Christian	Secondary	Ibibio	Married	Lagos	Client
OM 3	27	Christian	Tertiary	Yoruba	Married	Lagos	Client
OM 4	33	Christian	Tertiary	Yoruba	Married	Lagos	Client
OM 5	38	Christian	Tertiary	Ibibio	Married	Lagos	Client
OM 6	46	Christian	Secondary	Urhobo	Married	Lagos	Client
OM 7	43	Christian	PG	Yoruba	Married	Lagos	Client
OM 8	24	Muslim	Secondary	Yoruba	Married	Lagos	Client
OM 9	NR	Christian	Secondary	Yoruba	Married	Lagos	Client
OM 10	42	Christian	Tertiary	Yoruba	Married	Lagos	Client
TM 1	45	Muslim	Tertiary	Yoruba	Married	Lagos	Client
TM 2	29	Christian	Tertiary	Yoruba	Married	Lagos	Client
TM 3	33	Muslim	Secondary	Yoruba	Married	Lagos	Client
TM 4	29	Christian	Secondary	Yoruba	Married	Lagos	Client
TM 5	35	Muslim	Secondary	Yoruba	Married	Lagos	Client
TM 6	32	Christian	Secondary	Yoruba	Married	Lagos	Client
TM 7	44	Christian	Junior secondary	Yoruba	Married	Lagos	Client
TM 8	45	Christian	Secondary	Yoruba	Married	Lagos	Client
TM 9	27	Christian	Secondary	Yoruba	Married	Lagos	Client
TM 10	41	Christian	Secondary	Bini	Married	Lagos	Client

Key: the identifiers used to maintain anonymity start with the initials of the field workers (E1-10 (Eniola); T1-10 (Tolu); OM1-10 (Omola); TM1-10 (Temitope))

and 2.5% had postgraduate level education. The majority of clients (85%) were Christians, while 15% were Muslims. The majority of clients were Yorubas (90%), 2.5% were Urhobo and Bini respectively, and 5% were Ibibio. The majority of clients were married (95%), while only 2 reported being single. Three-fifths of clients had 1 or 2 children, 27.5% had three or more children, while 12.5% were currently pregnant with their first child. The clients were equally distributed between Lagos and Ekiti States.

From these findings, it can be observed the alternative healthcare providers' clients, in addition to being urban

dwellers, are also educated to a reasonable extent, largely Christian, and also predominantly Yoruba, though this may be accounted for by the South-West location of the study. Majority of the clients were also above 25 and married, and the majority had given birth to children previously. These findings show that the clients who choose to use alternative healthcare providers are women who are familiar with the pregnancy process, educated, exposed, and make an informed choice to make use of these health providers.

Table 2 Summary of participants' characteristics

Respondents' Characteristics		
Attribute	Frequency	Percentage (%)
Age		
20–24	3	7.5
25–34	24	60.0
35–44	8	20.0
45 +	4	10.0
NR	1	2.5
Level of Education		
Junior secondary	1	2.5
Secondary	23	57.5
Tertiary	15	37.5
Postgraduate	1	2.5
Religion		
Christianity	34	85.0
Islam	6	15.0
Ethnicity		
Yoruba	36	90.0
Urhobo	1	2.5
Ibibio	2	5.0
Bini	1	2.5
Marital status		
Single	2	5.0
Married	38	95.0
Number of Children Ever Born		
Currently pregnant with first child	5	12.5
1–2	26	65.0
3+	9	22.5
State		
Lagos	20	50.0
Ekiti	20	50.0

The second objective of the study addressed the motivations for women making use of traditional and faith-based birth attendants. Under this theme, ten subthemes were identified as listed below.

Subthemes

Permission to come with companions
 Client's perception of facility
 Complaint about hospitals
 Cost of services in facility
 Facility waiting time
 How client heard about service provider
 Factors that influenced client's decision to use the facility
 Place of delivery and previous use of TBA or FBBA
 If client has used the same facility previously
 If client would refer provider to someone else

Permission for clients to come with companions

From the responses below, participants said they are permitted to come with their companions of choice for their

antenatal visits. However, while some facilities allowed companions to come in during consultation and labour, other facilities only allowed companions in the reception area and not into the private consultation with the client.

"Yes, you can bring your friends for prayers but not into the consultation room" (E2, 28, Christian, secondary, Ekiti).

"We come with our friends so we can be chatting. Most times, the Doctor asks if you want your friend to come in with you or you want it to be private. That is, if you want to convince your friend to come, the Doctor will allow your friend to enter" (OM6, 46, Christian, secondary, Lagos).

"Yes. My husband was with me during my first and second delivery" (T5, 27, Christian, secondary, Ekiti). "My husband can come with me. He comes for prayers" (TM6, 32, Christian, secondary, Lagos).

"No, they don't allow visitors during consultation and even during the time of delivery" (T8, 36, Christian, tertiary, Ekiti).

The importance of being permitted to come with companions of choice is that the additional emotional support they provide can put expectant mothers at ease, and provide support and help with errands and related activities during antenatal visits, as well as during delivery. A good example of this is the participant who reported that she was able to bring a friend who she could talk to during her visit to the facility to while away time.

Client's perception of facility

Participants generally reported satisfaction with the attitudes of the providers and their assistants, with several comparing their attitudes with the healthcare workers in hospitals. They highlighted factors like timely attention, and the friendliness and warmth of staff at the facilities as reasons for this satisfaction.

"I am incredibly satisfied with the quality of services they offer. The owner of this health facility goes above and beyond to care for us, treating us with the same level of dedication and attention as she would take care of her own children" (T3, 32, Christian, secondary, Ekiti).

"The place is okay and they attend to people quickly. They will not waste your time" (OM1, 24, Muslim, tertiary, Lagos).

"The benefit is that she is a life-saver, and patient compared to the hospital. She will patiently wait for you while in labour compared to the hospitals" (OM4, 33, Christian, tertiary, Lagos).

"They play with us and are very jovial. They don't segregate anyone. They don't segregate; they brought

everyone together. Everyone is the same to them; they play with us” (TM4, 29, Christian, secondary, Lagos).

“I am satisfied with the approach at this facility. In comparison to hospitals, where nurses sometimes display a negative attitude towards expecting mothers, the staff here consistently treat us with kindness and compassion. Their approach is always filled with love and understanding” (T1, 26, Christian, tertiary, Ekiti).

Here, participants report the relaxed atmosphere at these facilities, in comparison to their experiences at modern health facilities, showing they appreciate the human touch to providing maternal healthcare that these alternative healthcare providers display. Participants had reports of care, compassion, patience and dedication from the service providers.

Complaints about hospitals

Study participants had some complaints about modern hospitals, with top of the list of complaints being the attitudes of health workers. A participant also expressed her dislike for medicines and injections as part of her reasons for disliking the hospitals.

“The prayers and experience at this center differ greatly from that at the hospital. While at the hospital, we often find ourselves neglected by the nurses, who may only attend to us after numerous complaints. However, at this center, our needs are addressed immediately. I usually receive prompt attention here” (E5, 31, Christian, tertiary, Ekiti).

“One of the things I don’t like about these hospitals is their injections, shouting, all their tablets, naturally, I am not a tablet person. If you give me, I will just keep it in my house, the day you will come, I will just give it back to you” (OM7, 43, Christian, postgraduate, Lagos).

“In comparison to hospitals, where nurses sometimes display a negative attitude towards expecting mothers, the staff here consistently treat us with kindness and compassion” (T1, 26, Christian, tertiary, Ekiti).

“Hmm, though in my first pregnancy I registered in hospital, I went there twice and I didn’t like their services. I didn’t register there I just said I should just go and check what they are doing so I didn’t like that place there. Coming here with the way they attended to me, I felt at home” (TM10, 41, Christian, secondary, Lagos).

Similar to the previous section, some participants expressed their grievances with the overly clinical approach taken to service delivery in hospitals. For the

faith-based birth attendants, there was appreciation for the spiritual side to their service delivery, with participants reporting that the prayer sessions provided a sort of assurance to them.

Cost of services in facility

Participants generally reported that the services of the alternative healthcare providers were affordable. Though they were required to pay out of pocket for these services as these providers are usually not registered on either public or private health insurance schemes, they were able to afford the services. From the costs quoted by participants, these charges are reasonable and can be afforded by even low-income earners.

“The registration card is three thousand naira (about £2), delivery payment depends on the situation surrounding the delivery” (E4, 29, Christian, secondary, Ekiti).

“We don’t pay for everything but whenever they want to give us drugs, we pay 700 naira (about 40p), 5000 naira (about £3) for registration and 30,000 naira (about £20) for delivery” (OM1, 24, Muslim, tertiary, Lagos).

“On Mondays, we pay 500 naira (about 25p) with the concoction (aseje). Then there are some treatments that they give, herbs in powder form, they charge it together and will be deducting little by little as they give you the medication....for delivery it depends but it is not too much. You know things change year by year and different amount for each year. Like now, they are charging 20,000 naira” (about £15) (OM6, 46, Christian, secondary, Lagos).

“We pay 500 naira (about 25p) every week” (TM2, 29, Christian, tertiary, Lagos).

“They collected 4000 naira (about £2.50) for herbs, and 5000 naira (about £3) for delivery deposit” (T10, 25, Christian, secondary, Ekiti).

“I paid, but their charges are so affordable. When I gave birth to my first child, I paid 15,000 naira (about £9)” (T3, 32, Christian, secondary, Ekiti).

The general reports of affordability of services may likely serve as an attraction for clients of these facilities, given the prevailing economic conditions of the country. However, public healthcare is subsidized by the governments in both Lagos and Ekiti States, so women’s choice of the alternative healthcare providers despite similar costs in the health facilities may show that affordability is most likely not the major attraction for use of TBAs and FBBAs.

Facility waiting time

Participants reported that the waiting times at the facilities is short, and that providers don't waste their time. One of the providers also concurred with the participants, saying that her facility tries to ensure that the clients are promptly attended to so they can go back home and rest.

"No, I do not have to wait long. They attend to us as early as possible" (E3, 29, Christian, tertiary, Ekiti).

"I don't stay long except I want to gist and play with them and also disturb them. They don't delay us. When there are lots of people, they already have a way of dealing with the situation; they will be attending to us as we come.... no wasting of time. It is only if the person they are attending to is lodging complaints. And if you have an emergency, they will leave that person to quickly attend to you" (OM10, 42, Christian, tertiary, Lagos).

"They attend to us on time" (TM8, 45, Christian, secondary, Lagos).

"We don't stay long at all. The maximum time we spend here is two hours" (T7, 38, Christian, tertiary, Ekiti).

A short waiting time is more desirable for pregnant women, and may contribute to the clients' overall perception that the service delivery is better than what obtains in modern health facilities.

How client heard about service provider

Most participants reported being referred to the provider by someone close to them, such as a family member, neighbour or church member, and a good number reported being referred by a former client of the facility. This highlights the importance of word-of-mouth advertising, and the role of satisfied former clients in bringing clients to the providers.

"My elder sister who gave birth to all of her five children recommended this place to me" (E8, 36, Christian, tertiary, Ekiti).

"My friend introduced this place to me. I explained my predicament to my friend (how I had been losing my babies) and she directed me to this place" (OM10, 42, Christian, tertiary, Lagos).

"My husband located this place for me. I lost the baby from my 1st pregnancy so someone called my husband that there is one Yoruba woman that takes care of pregnancy very well caring for both the lives of the mother and the baby....I delivered my 3 babies here" (OM5, 38, Christian, tertiary, Lagos).

"My relative was once here and she told me about the place" (TM7, 44, Christian, junior secondary, Lagos).

"I was referred to this place by my neighbor, who had previously given birth to her child here" (T3, 32, Christian, secondary, Ekiti).

"I heard about this place through my Mum" (T5, 27, Christian, secondary, Ekiti).

Participants reported being referred to the alternative healthcare providers by people who had either previously used the facility or otherwise had knowledge about the facility. Interestingly, two participants reported that they were referred after losing their babies from previous pregnancies, and had become repeat clients of these facilities.

Factors that influenced client to use the facility

Participants gave various reasons for their preference for alternative healthcare providers. Some women gave their motivation for use as the prayers they undertake at the faith-based maternity facilities. Others mentioned the type of care received and the fact that the providers are usually gentle and not harsh with them. Some stated their preference for herbal medicine over orthodox, and one participant said she prefers the alternative providers because they don't present Caesarean sections as an option. Another participant said she prefers the alternative providers as she does not want to be attended to or delivered of her baby by a male doctor.

"The prayers and experience at this center differ greatly from that at the hospital. While at the hospital, we often find ourselves neglected by the nurses, who may only attend to us after numerous complaints. However, at this center, our needs are promptly addressed immediately. Moreover, I consistently receive timely attention here as well" (E5, 31, Christian, tertiary, Ekiti).

"At this midwifery center, unlike the government hospital where cesarean sections are routinely performed, they do not always suggest that option since women here typically give birth naturally and conveniently. Additionally, this midwifery center also offers prayer services as part of their services" (E10, 28, Christian, secondary).

"A lot of things motivated me ma. When I got here, I thought things will be the same as usual but as I started using this place, I saw great changes, they listen to my complaints and attend to me very well. They answer me whenever I call them" (OM10, 42, Christian, tertiary, Lagos).

"I prefer traditional, number 1, you will not have any complications in terms of breech baby, CS, or

shortage of blood. Then, normally, there is always treatment for malaria. That is the main issue in pregnancy. That is why I prefer using TBA. With what I got there, most especially General hospital, before you can be attended to there, you can even collapse. Before you can collect the card, you will walk from one reception to pavement but here it is immediately. Even if you don't have cash, they are always there to treat you immediately" (OM6, 46, Christian, secondary, Lagos).

"I have always liked herbal medicine from the beginning and they are combining it with modern medicine. I like it" (TM4, 29, Christian, secondary, Lagos).

"They attend to us well, they are not hostile. And even after delivery, they don't charge much. Some hospital nurses will be asking for tips...but not here. But if you like, you can give them something based on the way they attend to you. I am very comfortable. All their activities are embedded in prayer. Before they start any work, they will pray and God is really working through them" (TM9, 27, Christian, secondary, Lagos).

"What I love here is the prayers but also most importantly the fact that it's a woman that will perform the delivery for me, unlike in the hospital. I don't like been delivered by a male doctor" (T5, 27, Christian, secondary, Ekiti).

"I have the opportunity to engage in personal consultations with mummy, the owner of this center, while in a hospital, such access is unavailable. In the hospital setting, patients are typically attended to collectively, whereas in this facility, we are seen on an individual basis, one after another" (E6 32, Christian, tertiary, Ekiti).

"One of the most significant advantages is the prayer support offered at this place. Unfortunately, I do not have access to that benefit at the hospital" (E9, 45, Christian, secondary, Ekiti).

"The benefit is that the alagbo (herbal medicine practitioner) will make some concoctions for you to eat and you will also have some herbal bath so that when you give birth, nothing will be wrong with the child such as jaundice, problem with the fontanelle. And they will take perfect care of the child" (TM5, 35, Muslim, secondary, Lagos).

The varied reasons for preferring alternative healthcare providers show that their services offer something that modern healthcare facilities do not, and that is mainly the human angle and the fact that the clients feel that the providers listen to their concerns and have their best interests at heart.

Place of delivery and previous use of TBA or FBBA

Some of the participants reported where they delivered their previous pregnancies. Most of the clients reported that they gave birth to their babies in previous pregnancies at either TBA or FBBA's facilities, rather than in the hospital. This may likely mean that these facilities are their preferred places of delivery, rather than hospitals, if they have no complications during the delivery process.

"I was delivered of my baby here at the TBA" (OM6, 46, Christian, secondary, Lagos).

"I delivered my baby here not in the hospital where I was going... both my 1st and 2nd child were given birth to here" (TM1, 45, Muslim, tertiary, Lagos).

"Yes, I deliver my babies here" (TM7, 43, Christian, postgraduate, Lagos).

"I gave birth to one of my babies in a place like this at Ifaki" (E1, 29, Christian, secondary, Ekiti).

"Yes, I delivered my first baby here too. And I am planning on having my second child here too" (E4, 29, Christian, secondary, Ekiti).

"I was making use of a place like this when I was in Ilorin...I used the Church (mission house) for my 1st and 2nd babies" (OM7, 43, Christian, postgraduate, Lagos).

"I delivered all my children at the herbal medicine place. I have never been to the hospital before" (TM5, 35, Muslim, secondary, Lagos).

These responses show that the participants chose to use alternative healthcare providers for the entire pregnancy and delivery process, often only going to deliver their babies in a modern facility only when there were emergencies. This may show a high level of trust in the skill of the alternative healthcare providers by their clients.

If client has used the same facility previously

Some participants revealed that they were repeat clients at the facilities, with some having multiple previous deliveries at the same facility.

"I delivered my first baby here and plan to deliver my second baby here too" (E7, 25, Christian, secondary, Ekiti).

"I have been using this place for a very long time.... yes, you are surprised. I had issue with my 1st pregnancy when I met her. I met her very late and since then I have been using here and she has been encouraging me not to give up" (OM3, 27, Christian, secondary, Lagos).

"I have been using here during the pregnancies and I delivered here twice too" (TM10, 41, Christian, secondary, Lagos).

"Yes, I gave birth to my first and second children here" (T6, 27, Christian, secondary, Ekiti).

Similar to their preference for TBAs and FBBAs over modern maternal healthcare facilities, these responses may show that participants possess a high level of confidence in these service providers, and believe that they will have the best pregnancy outcomes if they patronise them.

If client would refer provider to someone else

Participants generally reported satisfaction with the services and care they were given at the alternative healthcare providers, with a good number of clients reporting that they were willing to, or had already referred other women in their social network as clients to these providers.

"Very well. I have referred many people" (E1, 29, Christian, secondary, Ekiti).

"I have recommended it already for those that are yet to get pregnant, already pregnant and also to those that have given birth" (OM10, 42, Christian, tertiary, Lagos).

"I referred my younger brother's wife to this place and she has given birth" (TM4, 29, Christian, secondary, Lagos).

"I tell people that I make hair for to come here and they told me that they are really trying here. I have brought countless of people here" (TM8, 45, Christian, secondary, Lagos).

"Yes, I have even brought like four persons and they delivered successfully" (T4, 30, Muslim, secondary, Ekiti).

These responses show that satisfied clients are willing to advertise the services of these providers, and recruit future clients, which has contributed in no small measure to the continued patronage of these providers by both returning and new clients.

Discussion

The study examined why urban women in South-West Nigeria continue to use alternative healthcare providers for maternal healthcare despite access to modern healthcare facilities and services, and service provision among these providers. The study objectives were to examine the characteristics of women who make use of alternative healthcare providers in urban areas in Nigeria; and to investigate the factors which lead to preference for alternative healthcare service providers for maternal care among women in urban areas in South-West Nigeria.

It was observed that the majority of clients had at least secondary education, were Christian, married and had

given birth to at least one child previously. This implies that women were making choosing to use alternative, rather than orthodox healthcare providers for their maternal healthcare needs, not because they lacked alternatives, but due to their preference for these providers. It was also discovered that the women's motivations for use mentioned were the human angle to the provision of maternal care by these providers, compared to what they had experienced in modern health facilities, where there were complaints of harsh attitudes by the health workers, and long waiting times. Also, clients reported affordable costs of services, a less rigid and structured operating environment at the facilities, and a generally favourable perception of the facilities and the services they provide. Most clients had been referred to the facility by a friend, relative, neighbour, or someone equally close to them, and when asked, they were willing to refer the facility to others, with some having said they have done so already.

While Atuyambe et al. [14], Ochako et al. [41], Olu-sanya et al. [47], Kayombo [30], Shahabuddin et al. [54] and Adongo et al. [4] discovered that the use of traditional birth attendants was common in resource-poor settings in urban areas, our study found that the majority of participants in the study were not necessarily women with lower socioeconomic status, as most participants were observed to have at least secondary education, and were married, an important indicator of social status in the Nigerian society. Similar to findings by Adetunji [3] and Kassie et al. [28], participants reported the use of herbal remedies with the traditional birth attendants, and prayers by the faith-based birth attendants. The personal touch to healthcare delivery was one of the major motivations for use mentioned by clients [17, 27]. Negative health worker attitudes also made TBAs and FBBAs more attractive to women [25, 57]. Religious beliefs are also an important attraction especially for faith-based birth attendants, as the clients expressed that they were grateful for the prayers offered during antenatal clinic sessions [3].

Practical implications of the study

Urban women's preference of traditional and faith-based birth attendants despite the presence of modern maternal healthcare facilities due to the more humane treatment they received at these facilities, where they reported more of a complete, rather than clinical-only approach to care which was more prevalent with the health facilities. While their patronage of alternative healthcare providers may slow down the attainment of SDG3, it becomes important for policymakers to consider their concerns, and how to incorporate the total man concept of care into healthcare delivery to encourage the utilisation of modern healthcare facilities for maternal care.

Limitations of the study and areas for future research

Due to the small sample size, purposive sampling, and restriction of the study sites to the South West zone, findings from the study may not be generalizable to the whole of Nigeria. Also, the study did not examine the prevalence of alternative healthcare provider use among women in Lagos and Ekiti States. Therefore, future research can be conducted on a wider scale to examine the use of alternative providers across Nigeria, as well as other resource-poor contexts. Future studies can also employ quantitative methods and create testable hypotheses to determine the correlates of alternative maternal healthcare provider use among women. Additionally, as the study focused on clients of alternative healthcare providers, this may lead to bias in reporting, with possible underreporting of negative outcomes due to their preference of these providers. Furthermore, observation of providers during service delivery was not done, which could have provided more information about quality of services. Future studies may want to include observation as part of their data collection methods.

Conclusion and recommendations

The study showed that traditional and faith-based birth attendants are a vital part of the healthcare delivery system in South West Nigeria, and women do, and will continue to patronise them for the foreseeable future, due to religious, cultural and psychosocial reasons. While this may go against government policy drives to increase the utilisation of skilled birth attendants by Nigerian women, it is important to remain culturally sensitive to the wishes of the populace, and properly integrate alternative maternal health service providers into the healthcare system to ensure the reduction of maternal mortality and morbidity in the country.

The study discovered that contrary to expectations, most clients of traditional and faith-based birth attendants had secondary or higher education, and were married. Also, motivations for use of these alternative providers included religious and psychosocial reasons, such as care, patience, and prayers which put the antenatal clients at ease, compared with using conventional health facilities. Therefore, Ministries of Health should ensure periodic monitoring of alternative maternal healthcare facilities to ensure that they are carrying out their practices in line with government regulations. Also, the government through the Federal and State Ministries of Health needs to engage more with alternative healthcare providers, and provide licensing criteria for them. As they are a part of the healthcare delivery system, the government also needs to educate the public on what providers are licensed to use to clamp down on quackery in the sector. Additionally, Ministries of Health at the State and Federal levels need to train health workers to have a

better attitude in attending to antenatal clients, as this is a major motivation for the use of alternative healthcare providers. Furthermore, in order to increase the attractiveness of modern health facilities for delivery, traditional and faith-based attendants should be permitted to accompany their clients during delivery as companions of care.

Acknowledgements

The authors have no persons to acknowledge.

Authors' contributions

CAA and LFCN conceptualised the study. CAA collected the data and conducted data analysis. CAA wrote the initial draft of the manuscript, and LFCN and SAA edited subsequent and final drafts of the manuscript.

Funding

The study was funded by the 2022 Early Career Grant of the Royal Society of Tropical Medicine and Hygiene, United Kingdom.

Data availability

No datasets were generated or analysed during the current study.

Declarations

Ethics approval and consent to participate

Ethical approval for the study was obtained, in accordance with the Declaration of Helsinki, and the Nigeria National Code of Health Research Ethics, from the Health Ethics Research Committees of the Ministries of Health in Lagos and Ekiti States. In Ekiti State, ethical approval was given by the Human Research Ethics Committee of the State Ministry of Health and Human Services, with protocol number MOH/EKHEC/EA/P/56. In Lagos State, ethical approval was given by the Health Research Ethics Committee of the Lagos State University Teaching Hospital with protocol number LREC/06/10/2291. Social approval was given for the study by the Lagos State Ministry of Health. Informed consent was obtained from all participants. Care was taken to ensure the anonymity of participants as no names or otherwise identifying information were included in the data. Efforts were also made to prevent either physical or psychological harm or distress to the participants during and after interviewing them.

Competing interests

Christiana Alex-Ojei is a Guest Editor of Reproductive Health and was not involved in the peer review or handling of this manuscript. The authors have no other competing interests to disclose.

Received: 31 March 2025 / Accepted: 23 June 2025

Published online: 09 August 2025

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