

# PERCEPTIONS OF MIDWIVES REGARDING THE ROLE OF TRADITIONAL BIRTH ATTENDANTS DURING POSTNATAL CARE IN SOUTH AFRICA

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## ABSTRACT

The study's objective was to explore and describe the perceptions of midwives regarding the role of traditional birth attendants during postnatal care. The purpose of the study was to improve the standard of postnatal care, and to empower midwives with knowledge and skills regarding indigenous postnatal care practices,



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in order to meet the cultural care needs of postnatal patients from different cultural backgrounds. South Africa, as a developing country, has midwives who discharge postnatal patients after six hours post-delivery if the condition of both the mother and the baby is satisfactory; therefore, the traditional birth attendants render postnatal care at home. As a result, the midwives are not aware of the indigenous postnatal care practices used by the traditional birth attendants when taking care of postnatal women. Knowledge gained from this study may assist midwives to identify and address indigenous practices that are a threat to the health of women; to improve the standard of postnatal care. A qualitative approach using in-depth face-to-face interviews with midwives was followed. The findings revealed two themes, namely: (1) positive perceptions of midwives regarding the role of traditional birth attendants; and (2) negative perceptions of midwives regarding the role of traditional birth attendants. It is recommended that there should be teamwork between the midwives and the traditional birth attendants in order to strengthen the referral system of postnatal patients between the clinics or hospitals post-delivery and to enhance and maintain continuity of postnatal care.

**Keywords:** indigenous practices, midwife, perceptions, traditional birth attendants

## INTRODUCTION AND BACKGROUND INFORMATION

In South Africa, as in many other African countries, the traditional birth attendants (TBAs) render postnatal care to women at home after they have been discharged from healthcare facilities. This perception is based on the guidelines for maternity care in South Africa (National Department of Health (NDoH), 2015:163), which states that women who had normal deliveries should be discharged from the clinics or hospitals six hours after the birth of their babies, if the condition of both mother and infant is satisfactory. According to the World Health Organization (WHO), as paraphrased in Mrisho, Obrist, Schellenberg, Haws, Mushi, Mshid, Tanner and Schellenberg (2009:3), the postnatal period begins an hour after the expulsion of the placenta and continues until six weeks (42 days) after the birth of an infant. During this period, there are no follow-up support visits by the midwives, and as a result the TBAs play an important role in providing postnatal care by employing different indigenous practices with the intention to promote the wellbeing of the mother and the infant (Ngunyulu & Mulaudzi, 2009:49).

Some of the indigenous practices at the selected village in Mopani District, Limpopo Province, include: (1) Traditionally a postnatal woman and her infant are kept in isolation for six weeks. The purpose of isolation is to protect them from evil spirits, and promote the physical and emotional wellbeing of the postnatal woman. As a result, the woman is not able to attend the clinic for postnatal check-up visits after three days as advised by the midwives on discharge (Ngunyulu, Mulaudzi & Peu, 2014:285). Therefore, it is important for the midwives to know about the indigenous postnatal care

practices, in order to be informed about the impact of such practices on the health of the postnatal woman and her infant; (2) Keeping the mother and the infant in a room where only selected older women are allowed to enter, with the intention to protect them from being infected by people who are sexually active and who still have their monthly menstrual periods; (3) The women are not allowed to participate in household activities for six weeks postnatally so that they are able to recuperate physically under the care of the TBAs (Ngunyulu & Mulaudzi, 2009:52). These indigenous practices are not included in midwifery books, midwifery curriculum, guidelines for maternity care in South Africa and the South African Nursing Council (SANC) midwifery regulations. Consequently, midwives have inadequate knowledge regarding indigenous postnatal care practices (Ngunyulu & Mulaudzi, 2009:49). According to Sudhinaraset (2013: 8), the indigenous practices were used successfully by the traditional birth attendants before the advent of modern medicine. These practices were to assist women during pregnancy, labour and childbirth.

However, Ngunyulu and Mulaudzi (2009:49) further pointed out that there is conflict of ideas regarding what the older women, TBAs and traditional healers know about postnatal care, which could pose challenges affecting quality of care. Therefore this article describes the perceptions of midwives regarding the role of TBAs during postnatal care. The aim is to improve the quality of postnatal care, by increasing midwives' knowledge regarding indigenous postnatal care practices. Inadequate midwives' knowledge regarding the indigenous postnatal care practices might result in serious health discrepancies during the provision of postnatal care (Thwala, Holroyd & Jones, 2011:2)

## STATEMENT OF THE RESEARCH PROBLEM

Maternal mortality is one of the serious health challenges facing South Africa (Gabrysch, Lema, Berdriana, Bautista, Malca, Campbell & Miranda, 2009:724). According to the World Health Organization's South Africa statistics from 1990 to 2015, there are 140 deaths per 100 000 live births (WHO, 2015). Most maternal death cases occur during the postnatal period because the woman and the infant are at risk of and vulnerable to complications related to bleeding and infections. Nour (2008:78) asserts that 'every year a million women die due to the growing HIV/AIDS-related infections during labour, delivery and postpartum period'. Currently in South Africa, postnatal care is rendered at home by the traditional birth attendants alone without the involvement of midwives; therefore midwives are not aware of some indigenous postnatal care practices that might place the health of postnatal patients and the newborn babies at risk to complications and possibly death. During the postnatal period, women and the infant babies are at risk, vulnerable and could suffer serious complications and death due to post-partum infections, including HIV/AIDS-related illnesses (Geckil, Sahin & Ege, 2009:67). The provision of quality postnatal care is crucial to save the lives of women and their

newborn babies (Mrisho *et al.*, 2009:5). Inadequate knowledge among midwives regarding indigenous postnatal care practices also contributes to cultural differences and a display of negative attitudes towards patients of diverse cultures. Tebid, Du Plessis, Beukes, Van Niekerk and Jooste (2011:968) confirmed that cultural differences might lead to the neglect of obstetric emergencies, resulting in serious complications and/or even deaths. Therefore, midwives should be empowered with knowledge regarding indigenous postnatal care practices, so that they are able to identify and address the indigenous practices that are a threat to the health of women during the postnatal period. This should be done in order to improve the standard of postnatal care.

## RESEARCH QUESTION

What are the perceptions of midwives regarding the role of traditional birth attendants during postnatal care?

## PURPOSE OF THE STUDY

The purpose of this study was to propose recommendations to improve the standard of postnatal care, and to empower midwives with knowledge and skills regarding indigenous postnatal care practices in order to meet the cultural care needs of postnatal patients from different cultural backgrounds.

## OBJECTIVE OF THE STUDY

This study is to explore and describe the perceptions of midwives regarding the role of traditional birth attendants during postnatal care.

## Definition of concepts

**Indigenous practices** are the knowledge and methods of indigenous communities accumulated over generations in a particular environment (Steiner, 2008:6). In this study, indigenous practices refer to the methods that are employed by the traditional birth attendants during the care of the mother and the newborn baby immediately after the expulsion of the placenta and the membranes up until six weeks after delivery.

**Midwife** is defined by the South African Nursing Council (SANC, 2005:5) as a trained health professional registered by the SANC in terms of section 31 to function as a practitioner who is responsible to help healthy women during labour, delivery of their babies and after birth. In this article, a midwife refers to a trained health professional who provides care to women during pregnancy, delivery and the postnatal period.

**Perceptions** are the awareness of something through senses and the way in which that thing is regarded, understood, or interpreted (*Oxford Advanced Learner's Dictionary*, 2015). In this article, perceptions mean midwives' awareness regarding the role of traditional birth attendants during postnatal care and the way they regard, understand and interpret it.

**Traditional birth attendant** refers to 'traditional, independent (of the health system) non-formally trained and community based care providers during pregnancy, childbirth and the postnatal period'. In this article, traditional birth attendants are older and mature women who are recognised, trusted and selected by the community leaders as people who are knowledgeable and responsible for taking care of women during pregnancy, labour, delivery and postnatal care (Sibley, Sipe & Barry, 2012:3).

## RESEARCH METHODOLOGY

A qualitative, exploratory and descriptive research design enabled the researcher to explore and describe the perceptions of midwives regarding the role of traditional birth attendants during postnatal care.

### Population and sampling

The study population comprised 18 midwives who were responsible for conducting deliveries and providing postnatal care at four clinics and one hospital in the Mopani District in Limpopo Province, which is located in the northern part of South Africa. The setting for data collection was the postnatal wards of the selected clinics and hospital. A purposive sampling technique was selected as the suitable method for selecting the participants, because only midwives working in maternity units and clinics, and responsible for the care of patients during the postnatal period were selected (Burns & Grove, 2009:353). The size of the sample was determined by data saturation. The total population was eighteen midwives who were interviewed using the face-to-face technique: ten from the hospital and eight from the clinics.

### Data collection

In-depth face-to-face interviews assisted the researchers to explore, identify and describe the perceptions of midwives regarding the role of traditional birth attendants during postnatal care. The unstructured interviews were conducted with the eighteen midwives during June 2011. Each in-depth individual, face-to-face interview lasted 30–45 minutes. Data were collected until data saturation was reached when interviewing the 16<sup>th</sup> midwife; the last two in-depth face-to-face interviews were conducted to confirm data saturation. A tape recorder and field notes were used during data collection (Burns & Grove, 2009:354).

## Data analysis

Data analysis was conducted simultaneously with data collection, because, according to Polit and Beck, (2008:508), in qualitative research data analysis occurs simultaneously with data collection. The following steps, as indicated by Polit and Beck (2008:508), were followed during data analysis: (1) transcription of data from the audiotapes and field notes; (2) data from the audiotapes were confirmed and consensus with the researchers was reached to ensure the reliability of data coding. Themes, categories and sub-categories emerged during data analysis. Lastly, literature control was done to confirm the identified findings.

## TRUSTWORTHINESS

Measures to ensure trustworthiness included credibility, dependability, confirmability, and transferability (Polit & Beck, 2008:511). Credibility was enhanced by prolonged engagement; each midwife was visited a day before the actual date of data collection to establish a rapport and getting to know the participants. Field notes and observation of verbal and non-verbal cues were done to ensure persistent observations during data collection (Creswell, 2014:190). The collected data were presented to two experienced researchers during peer debriefing, who acted as peer reviewers and co-coders during data collection and analysis to ensure honesty and triangulation. Member checking was achieved during the discussion of interpreted findings with the participants to find out whether they were accurate; the participants were also given the permission to additional information that was omitted during the interviews (Polit & Beck, 2008:511). To achieve dependability, the co-coders did some independent transcribing, co-coding and official examination of the collected data. An agreement of the findings was reached between the co-coders and the researcher. Identifying and describing sufficient data and compiling the report were done in such a way so that the promoter, co-promoter and the co-coder could evaluate the applicability of the data to other settings, ensuring transferability.

## ETHICAL CONSIDERATIONS

Permission to conduct the study was obtained from the ethics committees of the following institutions and individuals: University of Pretoria, Department of Health Limpopo Province, the Executive Director of Mopani District Primary Healthcare Services, the Chief Executive Officer of the selected hospital, the Unit Manager in the maternity ward and the interviewed midwives.

To achieve the principle of respect for human dignity, the participants were made aware that they had the right to decide voluntarily whether to participate in the study or not, and a full description of the nature of the study was provided. The selection of each participant was done according to the study's eligibility criteria. In order to achieve

the principle of justice, participants were treated fairly and equally before, during and after the study, maintaining privacy and conducting the risk or benefit assessment throughout the study. To achieve the principle of non-maleficence and beneficence, the researcher intentionally refrained, avoided, prevented and minimised any actions that could harm the participants or cause discomfort to them. The participants were assured that their information and participation would not be used against them in any way and that they were free from exploitation. Using numbers instead of real names ensured anonymity and the participants were made aware that information provided would be kept confidential.

## RESEARCH FINDINGS

### Participants' demographic profile

In-depth face-to-face interviews were conducted with 18 midwives: eight from the four clinics and 10 from the hospital. The midwives' ages ranged from 30+ to 60 years, their work experience ranged from 5–30 years, and eight were registered midwives from the four selected clinics and 10 were advanced midwives from the hospital. They came from different cultural backgrounds including Sotho (4), Tsonga (11) and Venda (3).

### Themes and categories

Data were grouped into two themes: (1) positive perceptions of midwives regarding the role of traditional birth attendants during postnatal care; and (2) negative perceptions of midwives regarding the role of traditional birth attendants during postnatal care.

#### *Theme 1: Positive perceptions of midwives regarding the role of traditional birth attendants during postnatal care*

##### *Sub-theme: Traditional birth attendants perceived by midwives as co-workers during postnatal care*

Some midwives indicated that the traditional birth attendants play an important role during the postnatal period. However, there is lack of communication between the midwives and the traditional birth attendants. This is evident from the following quotations:

I do not remember giving report to the traditional birth attendants, about the condition of the woman and the baby, and how they should continue with the provision of care at home

Another advanced midwife said:

We do our part at the hospital until the patient is discharged, and the traditional birth attendants are working alone at home when providing postnatal care.

Another advanced midwife also said:

Six hours after delivery, we discharge the woman and the newborn baby to the care by people that we do not even trust.

Another advanced midwife said:

What surprises me is that, we [midwives and traditional birth attendants] are responsible for providing care to postnatal patients, but we do not communicate to each other about these patients, the only time that forces us to communicate is when the postnatal patient complicated at home and was brought back to the hospital by the traditional birth attendants, is the time for us to ask “what happened to the patient?”.

## ***Theme 2: Negative perceptions of midwives regarding the role of traditional birth attendants during postnatal care***

### ***Sub-theme 2.1: The traditional birth attendants were perceived by midwives as non-religious, illiterate, low status and practising witchcraft***

The study findings confirmed that the midwives perceive traditional birth attendants as people of low status, illiterate and practising witchcraft, because they do not know what they do during postnatal care, and that they are not trained. This was evident from the following quote from one of the advanced midwives:

Because I do not have an idea of what the traditional birth attendants are doing when taking care of patients during the postnatal period, plus they are not trained, so I feel that they are of low status, illiterate, even non-religious.

Another midwife indicated that:

It is necessary for us as midwives to be trained on cultural issues because currently we still view the traditional birth attendants and their practices as anomalies and witchcraft because we do not know exactly what they are doing.

Another advanced midwife said:

I realised that the traditional birth attendants are practicing witchcraft, because they do not want to talk about their practices in public, but they prefer working at night, hence they make appointments with their client during the night.



*Sub-theme 2.2: The traditional birth attendants and indigenous practices are perceived by midwives as unsafe*

During the interviews some midwives indicated that it was difficult to accept traditional birth attendants and their indigenous practices without knowing what they do when taking care of postnatal patients. The registered midwives are not sure whether the indigenous practices used during the postnatal period are safe for the postnatal women or not. This is evident in the following quote from a midwife:

It is very difficult for us to accept the traditional birth attendants without the knowledge of what they are doing and how they are doing [it].

Another advanced midwife with twenty years' experience said:

Once I see a traditional birth attendant, the first thing that comes to my mind is herbal intoxication because I come across many pregnant women who come to deliver at the clinic with herbal medications which are discovered during vaginal examinations.

Another advanced midwife working at the clinic said:

I believed that we as midwives are the only people that can provide quality care to patients during antenatal, labour, delivery and postnatal because we received midwifery training.

Another advanced midwife with fifteen years of working in the maternity ward said:

I once admitted a pregnant woman with a dirty cloth and a knot tied on her waist, when I ask about this, she indicated that [the knot on the cloth is having medication for induction of labour, because she is postdates]

*Sub-theme 2.3: The traditional birth attendants perceived by midwives as the first contacts of patients before the clinics and the hospitals*

The study findings confirmed that the midwives perceive the traditional birth attendants as the first contact of patients before the clinics and hospitals; hence the patients delay visits to the clinics and the hospitals until complications arise. This is evident from the following quotation by an advanced midwife working at the clinic:

They first consult the traditional birth attendants when they experience health problem, they only think of coming to the clinic when they already complicated.

Another midwife said:

Even when they are pregnant, they first confirm and progress the pregnancy with the traditional birth attendants, they only come to the clinic during the 9<sup>th</sup> month or when they are in labour.

Another advanced midwife said:

In case of post-dates during pregnancy, they prefer to receive herbal medications for induction of labour from the traditional birth attendants, before they come to the hospital.

## DISCUSSION

The study's findings were that the midwives perceive the role of traditional birth attendants during postnatal care positively and negatively. The midwives positively perceive the traditional birth attendants as co-workers during the provision of postnatal care, even though there is lack of communication between the traditional birth attendants and the midwives. Some midwives realised that it is important to provide reports about the condition of the patient to the traditional birth attendants, as they are the important role players during the provision of postnatal care. Shaikh, Khan, Maab and Amjad (2014:4) also discovered that the traditional birth attendants play a very important role in maternal and child health care services, which include pregnancy, delivery and postnatal care. Titaley, Hunter, Dibley and Heywood (2010) also confirmed that, in Indonesia, many women still prefer to deliver at home with the assistance of traditional birth attendants despite the availability of a village midwife.

Other midwives realised that, even though the midwives do not communicate with or trust the traditional birth attendants, they still discharge the postnatal patients and the newborn babies to the care of traditional birth attendants at home. It was also confirmed from the study's findings that there is no teamwork between the midwives and the traditional birth attendants because, currently in South Africa, the midwives do their part at the clinics and hospitals until the patient is discharged after six hours, and the traditional birth attendants continue with the provision of postnatal care at home alone, without the involvement and follow-up support from the midwives. According to guidelines for maternity care in South Africa, women are discharged after six hours post-delivery if the condition of the mother and baby is satisfactory (NDoH, 2015:163). This means that midwives hand over postnatal women to be cared for by the traditional birth attendants, whereas they neither accept nor trust their indigenous practices.

The study's findings also revealed the negative perceptions of midwives regarding the role of the traditional birth attendants during postnatal care. It has been confirmed that the traditional birth attendants are perceived by the midwives as people of low status, illiterate, and non-religious because some midwives do not have an idea of the indigenous practices employed by the traditional birth attendants during the provision of postnatal care. Other midwives perceive the traditional birth attendants' role as equivalent to practising witchcraft because they are too secretive about their indigenous practices; they mostly consult with their clients and use these practices during the night, and are reluctant to talk about what they do during postnatal care. It is also evident that the traditional birth attendants and the indigenous practices are perceived by the midwives as unsafe for the health of the postnatal patients. Hence it is challenging for the midwives to accept the traditional birth attendants and their indigenous practices

during postnatal care. The lack of acceptance is also based on the research findings that indicated and confirmed that there is evidence of herbal intoxication for women who first consult with their traditional birth attendants for induction of labour when they are post-dates. Titaley, Hunter, Dibely and Heywood (2010) also assert that midwives should accept the traditional birth attendants because 60% of births worldwide happen outside hospitals and clinics, with either family members or traditional birth attendants assisting these women during labour. Tebid *et al.* (2011:968) confirmed that inadequate knowledge among midwives regarding culturally congruent care leads to serious threats in nurse-patient relationships. Furthermore Tebid *et al.* (*ibid.*) pointed out that the western-trained-only healthcare professionals have negative attitudes towards patients from different cultural groups. The result is poor nurse-patient relationships, leading to negligence and sub-standard care, which could place the health of patients at risk (Tebid *et al.*, 2011:968). It is evident that midwives need to know what and how the traditional birth attendants are doing during the provision of postnatal care, in order to accept and enhance a trusting working relationship.

It was also confirmed that the traditional birth attendants are the first consultants for the postnatal women, which is also perceived by the midwives as one of the contributory factors to delays in seeking medical assistance from the clinics or hospitals, leading to an increased rate of morbidity and mortality among the postnatal patients and the newborn babies (Audet, Hamilton, Hughart & Salato, 2015:238).

## CONCLUSION

The main purpose of this article was to describe midwives' perceptions regarding the role of traditional birth attendants during postnatal care. The study confirmed that there are more negative than positive perceptions. This is evident from the three sub-themes, which substantiate the negative perceptions versus only one sub-theme that substantiates the positive perceptions. This means that there are few midwives who display positive attitudes and a willingness to work with the traditional birth attendants during the provision of postnatal care. The majority of midwives still perceive the traditional birth attendants and the indigenous practices as of low status, illiterate, non-religious, practising witchcraft and unsafe to the health of postnatal women and the newborn babies. From the study's findings, there is a clear indication that the majority of midwives have inadequate knowledge regarding the indigenous postnatal care practices employed by the traditional birth attendants. As a result, midwives develop negative attitudes towards the traditional birth attendants and the indigenous practices; hence there is a lack of mutual acceptance, trusting relationships and teamwork between the midwives and traditional birth attendants. Therefore the traditional birth attendants, without the supervision of midwives, care for the postnatal patients. This situation places the health of postnatal women at risk to complications and possibly death.

## RECOMMENDATIONS

The South African Nursing Council should recognise the importance of traditional birth attendants' involvement in the provision of maternal and child health care. To empower midwives with knowledge and skills regarding indigenous practices for providing culturally congruent postnatal care, to enhance positive attitudes, acceptance and trusting relationships and teamwork between midwives and traditional birth attendants should be nurtured.

The Department of Health and Social Development should ensure that there is continuity of care through involvement of traditional birth attendants in the form of handing over of reports on discharge to improve the quality of postnatal care.

Training of traditional birth attendants should be initiated as one of the strategies to improve the standard of postnatal care and reduce maternal mortality in South Africa.

The Department of Health should conduct awareness campaigns to empower midwives and traditional birth attendants with new knowledge regarding postnatal care practices.

Further research should be conducted in order to enhance and maintain teamwork between the midwives and the traditional birth attendants during postnatal care. Future studies should explore the experiences of postnatal women and the perceptions of traditional birth attendants so that a complete picture of the phenomenon is presented.

## LIMITATIONS

The study's findings might not be generalised to other settings because the study was conducted in one hospital and four feeding clinics from one sub-district in the Limpopo Province. During the current study, only midwives were interviewed, thus the views of postnatal women and traditional birth attendants remain unexplored.

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