

**Research Article**

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# Practices on Pregnant Women in Umuokpara Community Umuahia South Local Government Area Abia State

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## Abstract

### Keywords

Traditional Birth Attendants, Pregnancy, Maternal Health, Pregnant Women, Skilled Birth Attendance, Rural Community

Traditional Birth Attendants (TBAs) continue to provide maternal healthcare services in many rural communities in Nigeria despite efforts to promote skilled birth attendance. Their services are widely utilized because they are accessible, affordable, and culturally acceptable. However, some of their practices may positively or negatively influence pregnancy outcomes. This study assessed the influence of Traditional Birth Attendants' practices on pregnant women in Umuokpara Community, Umuahia South Local Government Area, Abia State. A descriptive cross-sectional survey design was adopted for the study. The study was conducted among 120 pregnant women residing in Umuokpara Community. Data were collected using a structured questionnaire comprising sections on respondents' socio-demographic characteristics, positive and negative influences of TBA practices, and measures to control unsafe TBA practices. The instrument was validated by experts, and its reliability was established through a pilot study. Data were analyzed using descriptive statistics, including frequencies and percentages, and the findings were presented in tables. The study revealed that most respondents were aged 30–39 years (54.2%), married (58.3%), had secondary education

(54.2%), and were predominantly traders (37.5%). The findings showed that 61.0% of respondents received emotional or psychological support from TBAs, 53.3% reported that TBA practices improved their comfort and confidence during pregnancy, 80.0% acknowledged receiving useful advice on nutrition, hygiene, and self-care, and 64.1% considered TBA services more accessible and affordable than hospital care. Conversely, 69.2% reported experiencing pregnancy or delivery complications they believed were associated with TBA practices, 61.0% stated that TBAs delayed hospital care when necessary, 55.9% reported receiving unsafe or ineffective advice or treatment, 57.4% believed that the lack of formal medical training affected the quality of care, and 50.3% reported being discouraged from attending antenatal clinics or delivering in health facilities. Respondents recommended regular training of TBAs (79.2%), strict monitoring of their activities (75.0%), collaboration between TBAs and healthcare workers (70.8%), education of pregnant women on unsafe TBA practices (58.3%), and improved access to affordable healthcare services (54.2%). Traditional Birth Attendants remain important providers of maternal care in Umuokpara Community because of their accessibility, affordability, and psychosocial support. However, unsafe practices and inadequate formal training pose significant risks to maternal and neonatal health. Integrating TBAs into the formal healthcare system through regular training, supervision, effective referral mechanisms, and collaboration with skilled healthcare providers is essential to improve maternal and neonatal outcomes.

## **Introduction**

Pregnancy and childbirth are natural physiological processes; however, they remain associated with significant risks when adequate maternal healthcare services are unavailable or underutilized. Maternal health is recognized as a fundamental component of public health and sustainable development because it directly influences the survival, well-being, and quality of life of mothers, newborns, families, and communities [1-2]. Despite remarkable advances in obstetric care and increased global efforts to reduce maternal and neonatal mortality, preventable pregnancy-related complications continue to pose major health challenges, particularly in low- and middle-income countries. According to the World Health Organization, approximately 287,000 women die annually from complications related to pregnancy and childbirth, with sub-Saharan Africa accounting for nearly 70% of these deaths. Nigeria remains one of the countries with the highest maternal mortality burden globally, highlighting persistent gaps in access to quality maternal healthcare [3-4]. The utilization of skilled birth attendants, including doctors, nurses, and midwives, has been widely acknowledged as one of the most effective

strategies for reducing maternal and neonatal morbidity and mortality. Skilled birth attendants are trained to provide evidence-based antenatal, intrapartum, and postnatal care, identify obstetric complications early, and initiate timely referrals or emergency interventions when necessary. Nevertheless, access to skilled maternity services remains limited in many rural communities due to factors such as poverty, inadequate healthcare infrastructure, shortage of healthcare professionals, poor road networks, transportation difficulties, cultural beliefs, and inequitable distribution of health facilities [5].

In many rural areas of Nigeria, Traditional Birth Attendants (TBAs) continue to play a significant role in maternal healthcare delivery. Traditional Birth Attendants are individuals, usually women, who provide care to pregnant women during pregnancy, labour, childbirth, and the postpartum period based on indigenous knowledge and practical experience acquired through apprenticeship or community traditions rather than formal professional training. Their practices are deeply rooted in cultural beliefs and community norms, making them highly respected and trusted members of society [6-8]. Traditional Birth Attendants provide a wide range of services

that include pregnancy monitoring, counseling, nutritional advice, herbal remedies, abdominal massage, spiritual support, assistance during labour and delivery, newborn care, and postpartum follow-up. Their services are often delivered within the homes of pregnant women or in community-based birth centres, creating an environment that many women perceive as comfortable, familiar, and culturally appropriate. In addition, TBAs often offer flexible payment arrangements, including payment in installments or through agricultural produce, making their services more affordable for economically disadvantaged families [9-12].

The continued patronage of Traditional Birth Attendants is influenced by multiple socioeconomic, cultural, and healthcare system factors. Financial constraints remain a major determinant, as many rural households cannot afford hospital delivery costs or transportation to health facilities. Geographic accessibility also influences healthcare choices, particularly where healthcare centres are located far from communities or where transportation is unreliable. Furthermore, previous positive experiences with TBAs, recommendations from family members, religious beliefs, fear of hospital procedures, concerns about disrespectful maternity care, and the desire for culturally sensitive childbirth practices all contribute to women's decisions to utilize Traditional Birth Attendants [12]. Although TBAs provide valuable emotional, psychological, and social support to pregnant women, concerns have been raised regarding the safety of some traditional practices. Most TBAs lack formal education in obstetrics, infection prevention and control, neonatal resuscitation, management of obstetric emergencies, and evidence-based maternal healthcare practices. Consequently, they may be unable to recognize early warning signs of pregnancy complications such as prolonged labour, obstructed labour, pre-eclampsia, postpartum haemorrhage, fetal distress, sepsis, and neonatal asphyxia. Delays in recognizing these complications and referring women to appropriate health facilities may contribute to adverse maternal and neonatal outcomes [13]. Another important concern is the use of

traditional herbal medicines during pregnancy and labour. While some herbal preparations are culturally accepted and believed to facilitate labour or prevent complications, many have not been scientifically evaluated for safety, efficacy, dosage, or potential adverse effects on the mother and fetus. Similarly, inadequate sterilization of delivery instruments, poor infection prevention practices, and lack of standardized clinical protocols may increase the risk of maternal infections, neonatal sepsis, and other preventable complications.

Recognizing both the benefits and limitations of Traditional Birth Attendants, international organizations and national health authorities have increasingly advocated for collaborative approaches rather than complete exclusion of TBAs from maternal healthcare systems. The World Health Organization recommends strengthening community-based maternal healthcare through improved referral systems, capacity building, health education, and partnerships between Traditional Birth Attendants and skilled healthcare providers. Several intervention studies have demonstrated that training TBAs to recognize danger signs, promote antenatal care attendance, encourage facility-based deliveries, and refer obstetric emergencies promptly can contribute to improved maternal and neonatal health outcomes, especially in underserved rural communities [12]. In Abia State, particularly in Umuokpara Community of Umuahia South Local Government Area, Traditional Birth Attendants remain important providers of maternity care despite the availability of primary healthcare centres and hospitals. Their continued relevance reflects the interaction between cultural traditions, healthcare accessibility, economic realities, and community trust. However, the extent to which their practices influence pregnant women's health-seeking behaviour, antenatal care utilization, delivery decisions, and maternal outcomes has not been adequately documented within this community.

## Research Methodology

### Research design

This study adopted a descriptive cross-sectional research design to examine the influence of Traditional Birth Attendant's practices on pregnant women in Umuokpara community Umuahiasouth local government area of Abia State. The design is appropriate because it enables the systematic collection of data from a defined population at a single point in time in order to describe existing conditions, practices and relationships without manipulating any variables. The design allows the researcher to assess the extent of TBA utilisation, identify the scope of services provided by TBAs, and examine how these practices influence pregnant women's health-seeking behaviours and pregnancy outcomes. By capturing real-life experiences and perceptions of pregnant women, the design provides a factual representation of prevailing maternal care practices within the community. A cross-sectional approach is particularly suitable for this study because it is cost-effective, and ideal for community based health research where the population is relatively stable. It also permits comparison of responses across different across different demographic characteristics such as age, parity, educational level and previous delivery experiences.

### Research Setting

This particular study was conducted in umuokpara community Umuahia south local governments' area of abia state, Nigeria. Umuokpara community Umuahia south local government area Abia State is a semi -urban settlement in Umuahia South LGA, located on three western side of Umuahia city. Its consists of several clustered villages with a mix of traditional home and expanding modern structures connected by assessable local roads. Umuokpara is bounded to the North by Umuahia North LGA, to the South by Olokoru and Amakama communities, to the East by Umuahia Township, and to the West

by Mbaise in Imo State. Notable landmarks within the community include the Umuokpara Secondary Technical School, the Afor-Ibeji Market, Abiaspecialist Amachara and the various ancient community halls that serve as administrative hubs. The major activities in the community include small scale farming of cassava, Yam and vegetables, as well as petty trading carried out in local markets. Residents also engage in basic craft work and small business activities. Community meetings, church activities and Age grade gatherings mark social life. Cultural vibrancy is maintained through the celebration of festivals such as the New Yam Festival (Iri Ji) and the Ekpe Festival, which draw indigenes home from across the country. Health related activities involve the use of local health centres, private clinics and traditional birth attendants.

### Target population

D targets population for this study consists of 380 pregnant women residing in Umuokpara community. These women represents doze who are currently receiving antenatal care, who maybe utilising the service of TBAs or who are at risk of doing so. Focusing on this defined group allows for accurate assessments of the extents of TBA utilization, the nature of services received, and the influence of such practises on maternal health outcomes within the community.

The names, distribution of the villages and their percentages is shown in table 1.

### Sample Size Determination

The sample size refers to the number of participants selected from the target population for a research study. In this study, the sample size was determined using the Taro Yamane formula, which is suitable for finite populations.

The formula is expressed as:

$$N = N / [1 + Ne^2]$$

Where:

$N$  = Sample size

$N$  = Total population of the study (380)

$E$  = Level of significance (0.05)

Substituting into the formula:

$N = 380 / [1 + 380(0.05)^2]$

$N = 380 / [1 + 380(0.0025)]$

$N = 380 / [1 + 0.95]$

$N = 380 / 1.95$

$N \approx 195$

Therefore, the sample size for this study is approximately 195 pregnant women in Umuokpara community.

### Sampling techniques

In this study, the researcher employed a convenience sampling technique, a non-probability sampling method in which participants are selected based on their availability and willingness to participate. This approach was considered appropriate due to ease of access to pregnant women in the study area and the practicality of data collection within the available time and resources.

### Instrument for data collection

The primary instrument for data collection in this study was a structured questionnaire designed to obtain relevant information from pregnant women in Umuokpara community, Umuahia South Local Government Area of Abia State. The questionnaire was developed by the researcher based on the objectives of the study and relevant literature to ensure comprehensive coverage of all variables of interest. The questionnaire was divided into sections. Section A focused on the socio-demographic characteristics of the respondents, such as age, marital status, educational level, occupation, and parity. Section B addressed the positive influences of Traditional Birth Attendant (TBA) practices on pregnant women, while Section C examined the negative influences of TBA practices. Section D covered suggested measures for improving maternal healthcare services within the community. The questionnaire consisted mainly of closed-ended

questions with Yes or No response options, which made it simple, clear, and easy for respondents to understand and answer. This format also ensured uniformity in responses and facilitated straightforward data analysis. The questionnaire format was chosen because it is cost-effective, allows for the collection of data from a relatively large number of respondents within a short period, and ensures anonymity, thereby encouraging honest and unbiased responses. The instrument was self-administered to literate respondents, while trained research assistants assisted those who required help, ensuring that all questionnaires were properly completed and returned.

### Method of data collection

The researcher adopted a face to face method. Data was collected using a structured questionnaire to obtain information on pregnant women's use of TBAs and the influence of TB practices in Umuokpara community. The researcher distributed the questionnaire during home visits and throughout the community. For participants with limited literacy, the researcher assisted by reading the questions and documenting their responses without bias. The researcher also obtained informed consent from the village head and the pregnant women, and the respondent's were randomly selected and a total of 195 questionnaires was administered. A pilot study was carried out in a nearby community to ensure clarity and reliability of the instruments before full implementation. Throughout the data collection process, ethical principles such as informed consent, confidentiality and voluntary participation were strictly maintained.

### Method of data analysis

The data collected from the questionnaires was checked for completeness, coded, entered into a statistical software package and analyzed by a qualified statistician. Descriptive statistics including frequencies, percentages were used to summarize the responses. Results are presented in tables to clearly show the positive influences of TBA practices, the negative influences of TBA

practices and measures to control the influences of TBA Practices on Pregnant Women in Umuokpara community. The analysis aligned with the study objectives to provide meaningful interpretation of the findings.

## Results

**Table 1: Demographic data of respondents**

Variables	Options	Frequency	Percentage (%)
Age	15-19yrs	10	8.3
	20-29yrs	20	16.7
	30_39yrs	65	54.2
	40 and above	26	20.8
Marital Status	Single	30	25.0
	Married	70	58.3
	Divorced	10	8.3
	Widowed	10	8.3
Gestational age	First trimester	50	41.7
	Second trimester	20	16.7
	Third trimester	50	41.7
Occupation	Housewives	30	25.0
	Traders	45	37.5
	Farmers	35	29.2
	Professionals	10	8.3
	Others	—	—
Level of education	Primary	20	16.6
	Secondary	65	54.2
	Tertiary	30	25.0
	No formal education	5	4.2
Religion	Christian	105	87.5
	Traditionalist	15	12.5
	Muslim	—	—
	Others	—	—
Number of children	1	10	8.3
	2-4	60	50.0
	5 or more	50	41.7

From the table 1 above, the age Range of respondents range of respondents showed that 10 (8.3%) Off the respondent’s we are within 15 to 19 years, 20(16.7%) Within 20 to 29 years, 65(54.2%) within 30 to 39 years and 25(16.7%) Within 40 years and above. The marital status of the respondents should that 30(25.0%) Were single, 70(58.3%) were married, 10(8.3%) were divorced and 10(8.3%) were widowed. Gestational age of the respondents should that 50(41.7%) were in the first trimester, 20(16.7%)

were in the second trimester while 50(41.7%) were in the third trimester. The occupation of the respondents showed that 30(25.0%) were housewives, 45(37.5%) were traders, 35(29.2%) were farmers while 10(8.3%) were professionals. The level of education of the respondents indicated that 20(16.7%) had primary school certificate 65(54.2%) had secondary school certificate, 30(25.0%) had tertiary certificate and 5(4.2%) had no formal education. Religion of the respondents showed that 105(87.5%) are

Christians, 15(12.5%) are Traditionalists, with no Muslims or other religions. Number of children, 10(8.3%) has one child, 60(50.0%) has 2–4 children while 50(41.7%) has 5 or more children.

**Table 2: Positive influences of TBA Practices on Pregnant Women in Umuokpara community Umuahia south local government area Abia State**

Variables	Options	Frequency	Percentage (%)
Do you receive emotional or psychological support from Traditional Birth Attendants during pregnancy?	Yes	119	61.0
	No	76	39.0
Have TBA practices helped you feel more comfortable and confident during your pregnancy?	Yes	104	53.3
	No	91	46.7
Do Traditional Birth Attendants provide you with useful advice on nutrition, hygiene, or self-care during pregnancy?	Yes	156	80.0
	No	39	20.0
Is the care provided by Traditional Birth Attendants easily accessible and affordable compared to hospital care in your community?	Yes	125	64.1
	No	70	35.9

Table 2 showed that 119 respondents (61.0%) affirmed that they received emotional or psychological support from Traditional Birth Attendants during pregnancy, while 76 respondents (39.0%) indicated that they did not receive such support. Similarly, 104 respondents (53.3%) reported that TBA practices had helped them feel more comfortable and confident during pregnancy, whereas 91 respondents (46.7%) disagreed. This indicated that slightly more than half of the respondents perceived TBAs as

contributing positively to their comfort and confidence. In addition, a large proportion of respondents, 156 (80.0%), confirmed that Traditional Birth Attendants provided useful advice on nutrition, hygiene, or self-care during pregnancy, while only 39 respondents (20.0%) reported otherwise. Furthermore, 125 respondents (64.1%) agreed that TBA services were easily accessible and affordable compared to hospital care in their community, whereas 70 respondents (35.9%) disagreed.

**Table 3: Negative influences of TBA practices on pregnant women in Umuokpara community**

Variables	Options	Frequency	Percentage (%)
Have you ever experienced any complications during pregnancy or delivery that you believe were due to TBA practices?	Yes	135	69.2
	No	60	30.8
Do you think some TBA practices delay pregnant women from seeking care at a hospital when necessary?	Yes	119	61.0
	No	76	39.0
Have you received any advice or treatment from a TBA that you later found to be unsafe or ineffective?	Yes	109	55.9
	No	86	44.1
Do you believe that lack of formal medical training among TBAs affects the quality of care given to pregnant women?"	Yes	112	57.4
	No	83	42.6
Have you ever been discouraged by a TBA from attending antenatal care or delivering in a health facility?	Yes	98	50.3
	No	97	49.7

Table 3 above revealed that 135 respondents (69.2%) reported that they had experienced complications during pregnancy or delivery which they believed were due to TBA practices, while 60 respondents (30.8%) indicated that they had not experienced such complications. Similarly, 119 respondents (61.0%) agreed that some TBA practices delayed pregnant women from seeking care at a hospital when necessary, whereas 76 respondents (39.0%) disagreed. In addition, 109 respondents (55.9%) stated that they had received advice or treatment from TBAs which they later

found to be unsafe or ineffective, while 86 respondents (44.1%) reported otherwise. Furthermore, 112 respondents (57.4%) believed that the lack of formal medical training among TBAs affected the quality of care given to pregnant women, whereas 83 respondents (42.6%) did not share this view. Lastly, 98 respondents (50.3%) reported that they had been discouraged by TBAs from attending antenatal care or delivering in a health facility, while 97 respondents (49.7%) indicated that they had not been discouraged.

**Table 4: The measures to Control the influences of TBA Practices on Pregnant Women in Umuokpara community**

Variables	Options	Frequency	Percentage (%)
TBAs should be trained on safe maternal and delivery practices	Yes	95	79.2
	No	25	20.8
Pregnant Women should be educated on the risk of unsafe TBA practices	Yes	70	58.3
	No	50	41.7
Collaboration between TBAs and health care workers will improve maternal outcomes.	Yes	85	70.8
	No	35	29.2
Improved access to affordable health care services will reduce dependence on TBAs	Yes	65	54.2
	No	55	45.8
Strict monitoring of TBA activities will improve pregnancy outcomes.	Yes	90	75.0
	No	30	25.0

Table 4 above showed that 95(79.2%) of the respondents agreed that TBAs should be trained on safe maternal and delivery practices while 25(20.8%) disagreed, 70(41.7%) of the respondents indicated that pregnant women should be educated on the risk of unsafe TBA practices while 50(41.7%) indicated that no education should be given on the risk of unsafe TBA practices 85(70.8%) of the respondents agreed that collaboration between TBAs and healthcare workers will improve maternal while 35(29.2%)disagreed, 65(54.2%) indicated that improved access to affordable healthcare services will reduce dependence on TBAs while 55(45.8%) indicated that it will not reduce dependence on TBAs, 90(75.0%)agreed that strict monitoring of TBA activities will improve pregnancy outcomes while 30(25.0%) indicated that it will not improve pregnancy outcomes.

## Discussion

The findings of this study provide important insights into the influence of Traditional Birth Attendants (TBAs) on pregnant women in Umuokpara Community, Umuahia South Local Government Area, Abia State. The discussion is presented according to the study objectives and findings. The demographic characteristics of the respondents showed that the majority (54.2%) were between the ages of 30 and 39 years, while only 8.3% were aged 15–19 years. This suggests that most respondents were mature women who were likely to have experienced previous pregnancies and childbirth, enabling them to make informed decisions regarding the choice of maternity care. The relatively small proportion of teenage mothers may reflect increased awareness of reproductive health or lower teenage pregnancy rates within the study area. This finding is

comparable to the Nigeria Demographic and Health Survey (NDHS, 2018), which reported that women within the reproductive age group of 25–39 years account for the majority of pregnancies and childbirths in Nigeria [14]. Regarding marital status, more than half of the respondents (58.3%) were married, while one-quarter (25.0%) were single. Married women often receive greater family and spousal support during pregnancy, which may influence their health-seeking behaviour and decisions regarding the utilization of maternal healthcare services, including the services of TBAs. This finding agrees with studies by Fagbamigbe et al. (2021), who observed that married women are more likely to access maternal healthcare services because of family support and shared decision-making.

The distribution of respondents by gestational age showed that equal proportions (41.7% each) were in the first and third trimesters, while only 16.7% were in the second trimester. The high representation of women in the first trimester may indicate early pregnancy registration within the community, whereas those in the third trimester are at a stage where decisions regarding place of delivery become increasingly important. Their experiences and interactions with TBAs are therefore valuable in assessing the influence of traditional birth practices on maternal healthcare utilization. With respect to occupation, the largest proportion of respondents (37.5%) were traders, followed by farmers (29.2%) and housewives (25.0%), while only 8.3% were professionals. This occupational pattern reflects the predominantly rural and informal economic structure of Umuokpara Community, where trading and farming constitute the major sources of livelihood. Women engaged in informal occupations may prefer TBA services because they are relatively affordable, easily accessible, and often offer flexible payment arrangements. Similar findings have been reported by Okonofua et al. (2022), who noted that women with lower socioeconomic status are more likely to patronize TBAs than formal healthcare facilities [14]. The educational status of respondents indicated that the majority (54.2%) had secondary education,

while 25.0% had tertiary education, 16.7% had primary education, and only 4.2% had no formal education. The relatively high literacy level among respondents is encouraging because education has consistently been associated with improved maternal health knowledge, increased utilization of antenatal care services, and greater acceptance of skilled birth attendance. However, despite this educational attainment, many women continue to utilize TBAs, suggesting that factors beyond education, such as cultural beliefs, accessibility, affordability, and trust, continue to influence maternal healthcare choices. This finding is consistent with previous studies indicating that education alone does not completely eliminate the preference for traditional maternity services in rural communities. Religious affiliation showed that the overwhelming majority of respondents (87.5%) were Christians, while 12.5% practiced traditional religion. The predominance of Christianity reflects the religious composition of Abia State and may influence perceptions regarding maternal healthcare practices. Nevertheless, traditional beliefs remain important even among Christian populations, and many women continue to combine religious faith with traditional maternal care practices provided by TBAs. The number of children revealed that half of the respondents (50.0%) had between two and four children, while 41.7% had five or more children and only 8.3% had one child. This indicates that most respondents were multiparous women with considerable childbirth experience. Previous childbirth experiences may increase women's confidence in choosing TBAs, especially when previous deliveries under their care were perceived as successful. Conversely, women with higher parity may also be more capable of comparing the quality of services provided by TBAs and skilled healthcare professionals. This finding agrees with previous studies that reported higher utilization of TBAs among multiparous women due to familiarity with childbirth and confidence gained from previous pregnancies.

The findings revealed that a majority of respondents (61.0%) reported receiving emotional or psychological support from Traditional Birth Attendants during pregnancy. This highlights one of the major strengths of TBAs, as they often provide individualized attention, reassurance, and continuous companionship throughout pregnancy and childbirth. Such emotional support may reduce anxiety, improve maternal confidence, and encourage women to seek care during pregnancy. Sialubanje et al. (2017), who observed that pregnant women valued the compassionate and culturally sensitive care provided by TBAs, have reported similar findings. More than half of the respondents (53.3%) indicated that TBA practices helped them feel more comfortable and confident during pregnancy. This finding suggests that TBAs provide a familiar and culturally acceptable environment that promotes psychological well-being. The close relationship between TBAs and community members often enhances trust and encourages pregnant women to discuss personal concerns freely, unlike the more formal interactions experienced in some healthcare facilities [15]. A notable finding was that 80.0% of respondents acknowledged receiving useful advice on nutrition, hygiene, and self-care during pregnancy from TBAs. This demonstrates that TBAs contribute positively to maternal health education at the community level. Although the accuracy of such information may vary depending on the TBA's knowledge and experience, the finding suggests that TBAs remain important sources of health information, especially in rural communities where access to professional health education may be limited. Similar observations have been reported by the World Health Organization, which recognizes that trained TBAs can contribute to maternal health promotion through health education and timely referral. Furthermore, 64.1% of respondents agreed that TBA services were more accessible and affordable than hospital care. Accessibility and affordability remain major determinants of healthcare utilization in rural Nigeria, where health facilities may be distant and healthcare costs prohibitive. Flexible payment methods, home-based care, and the absence of consultation fees make TBA services attractive to many

pregnant women. This finding is consistent with the work of Doctor et al. (2018), who identified financial constraints and geographical accessibility as major reasons for continued TBA patronage [16].

Despite the positive contributions of TBAs, the findings also revealed several concerns regarding their practices. A substantial proportion of respondents (69.2%) reported experiencing pregnancy or delivery complications that they believed were related to TBA practices. This finding raises concerns regarding the safety of certain traditional practices and suggests that inadequate management of obstetric complications may contribute to poor maternal and neonatal outcomes. Similar concerns have been documented in previous studies linking unskilled delivery care with increased risks of maternal mortality and birth complications. The study also found that 61.0% of respondents believed that some TBA practices delayed pregnant women from seeking hospital care when complications developed. Delay in referral remains one of the leading contributors to maternal mortality in developing countries and is consistent with the "three delays model," which identifies delays in seeking, reaching, and receiving appropriate care as major causes of maternal deaths [17]. More than half of the respondents (55.9%) indicated that they had received advice or treatment from TBAs that they later considered unsafe or ineffective. This finding may reflect the continued use of unregulated herbal preparations and traditional interventions that have not been scientifically validated. Although some traditional remedies may have beneficial effects, inappropriate or unsafe practices may expose mothers and fetuses to preventable risks.

Similarly, 57.4% of respondents believed that the lack of formal medical training among TBAs negatively affected the quality of maternal care provided. Without adequate knowledge of evidence-based obstetric care, TBAs may fail to recognize danger signs, maintain infection prevention standards, or provide appropriate emergency interventions. This finding supports

previous recommendations advocating structured training and continuous supervision of TBAs to improve maternal health outcomes. Although the proportion was only slightly higher than half, 50.3% of respondents reported being discouraged by TBAs from attending antenatal clinics or delivering in health facilities. Such practices may reduce the utilization of skilled birth attendants and delay appropriate management of obstetric emergencies. This finding highlights the need for stronger collaboration between TBAs and formal healthcare providers to ensure that pregnant women receive appropriate antenatal care and timely referrals when complications arise [18].

The respondents strongly supported interventions aimed at improving the quality and safety of TBA services. The majority (79.2%) agreed that TBAs should receive training on safe maternal and delivery practices. This demonstrates community recognition that TBAs are likely to remain important maternal care providers and that improving their knowledge and skills may enhance pregnancy outcomes.

Similarly, 70.8% believed that collaboration between TBAs and healthcare workers would improve maternal outcomes. Such collaboration would facilitate early identification of pregnancy complications, prompt referrals, health education, and continuity of care between community and facility-based maternal health services. The World Health Organization has consistently recommended strengthening referral linkages between TBAs and skilled birth attendants, particularly in rural settings where TBAs remain highly utilized [19]. More than half of the respondents (58.3%) also agreed that pregnant women should receive education on the risks associated with unsafe TBA practices. Health education empowers women to make informed decisions regarding antenatal care, skilled delivery, and emergency obstetric services while maintaining respect for beneficial cultural practices. Furthermore, 54.2% believed that improving access to affordable healthcare services would reduce dependence on TBAs. This finding suggests that financial barriers remain an important reason for TBA utilization. Expanding

health insurance coverage, improving rural healthcare infrastructure, and reducing out-of-pocket healthcare expenses may encourage more women to utilize skilled maternity services [20]. Finally, three-quarters of respondents (75.0%) supported strict monitoring of TBA activities to improve pregnancy outcomes. Effective regulation, registration, supervision, and periodic assessment of TBAs would help ensure adherence to safe maternal care practices while facilitating timely referrals for high-risk pregnancies.

## **Conclusion**

This study assessed the influence of TBAs practices on pregnant women in Umuokpara Community, Umuahia South Local Government Area, Abia State. The findings demonstrate that TBAs continue to play a significant role in maternal healthcare within the community due to their accessibility, affordability, cultural acceptability, and the emotional and psychosocial support they provide to pregnant women. Many respondents acknowledged that TBAs offered useful advice on nutrition, hygiene, and self-care during pregnancy, contributing to increased comfort and confidence throughout the pregnancy period. However, the study also revealed important concerns regarding the safety and quality of some TBA practices. A considerable proportion of respondents reported pregnancy or delivery complications that they attributed to TBA practices, delays in referral to health facilities, receipt of unsafe or ineffective treatments, and the negative impact of TBAs' lack of formal medical training on the quality of care. These findings suggest that while TBAs remain trusted community caregivers, certain practices may increase the risk of adverse maternal and neonatal outcomes if not properly regulated and integrated into the formal healthcare system. Furthermore, respondents strongly supported interventions aimed at improving maternal healthcare, including training TBAs on safe maternal and delivery practices, strengthening collaboration between TBAs and healthcare professionals, educating pregnant women about

the risks associated with unsafe traditional practices, improving access to affordable healthcare services, and implementing effective monitoring and supervision of TBA activities.

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