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Pregnant women's perception and attitudes toward modern and traditional midwives and the perceptional impact on health seeking behaviour and status in rural Ghana

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ABSTRACT

This qualitative study was conducted in some selected rural communities within the Birim South District between March to June 2017 with the main aim of teasing out insights into Ghana's perspective of pregnant women's attitudes and perceptions about modern and traditional midwives and perceptional impact on health seeking behaviour and status. To the best of our knowledge, this is the first known study in Ghana that has provided empirical evidence on this subject. The study found that pregnant women have good attitudes and perceptions toward traditional midwives based on their personal experiences, beliefs and philosophies. Thus, pregnant women only see the need to seek the service of modern midwives when serious complications occur during childbirth and predominantly have their deliveries supervised by traditional midwives. These results call for, specifically two main policy interventions. First, behavioral change interventions through education, community sensitisation and awareness, is required. This should target family members, especially husbands and mothers in-law who are key household decision makers. This will radically help change the conservative attitudes and perceptions about modern midwives by pregnant women. Second, based on the support offered and willingness showed by the study participants, effective intercultural midwifery system will help maximise the utilisation of our midwifery and health delivery systems. Traditional and modern midwives need to work together to ensure safe birth. We consider collaboration among healthcare providers as critical, especially in the rural areas where the number of modern midwives are limited.

1. Introduction

Midwifery is the practice of assisting women through childbirth using natural procedures and was practiced primarily among traditional peoples with limited access to biomedicine (Torri, 2012). Historically, birthing was considered as a natural and social process where a pregnant woman was supported by neighbours at cross-roads between technical and familiar fields. The event of birth took place in a domestic and strictly feminine environment: female care providers guided women through their labour (Andrissi, Petraglia, Giuliani, Filiberto, et al., 2015). However, today, therapeutic pluralism has become common in many parts of the world where different approaches to care (traditional and modern) during childbirth exist side by side and are used simultaneously by women (Brown, 2008; Wiley, 2008). This can be understood as a coexistence within the same society or group of a number of health care alternatives with diverse origins and treatment hub representing different systems of medical practice and visions (Kempe, Theorell, Noor-AldinAlwazer, Kyllike, & Johansson, 2013; Pesek et al., 2009).

The World Health Organization (WHO) recognises that professional midwives can safely handle most pregnancies and have the skills to refer complex complications to a doctor and that well-trained professional midwives should continue to handle child bearing (Hazemba, 2003). On the other hand, the United Nations defines traditional midwife also known as traditional birth attendant (TBA) as a person who assists mothers during childbirth and acquired her skills by delivering babies herself or through apprenticeship to other TBAs (WHO, 1992).

Ghana has a long tradition of homebirth in rural and modern maternity centre birth in urban areas respectively while two systems of midwifery coexist. The Ministry of Health enlisted the assistance of traditional midwives to promote births as a medical event that should not be managed by specialists alone. In this arrangement, TBAs are allowed to handle "routine" birth while complicated pregnancies are referred to the district hospital or local clinics with the hope that it will

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assist in ensuring safe birth-giving (Olufunke & Akintujoye, 2012).

According to the Demographic and Health Survey data of Ghana, while deliveries with health professionals rose from 85% to 90% from 1993 to 2003 for the richest quintile, deliveries with health professionals for the poorest quintile dropped from 25% to 19%. Nationally, 45% of births were attended by a medical practitioner (79% in urban areas, 33% in rural areas); 31% by traditional birth attendants (TBAs) and 25% were unsupervised. There were also significant regional variations. The three northern regions have the highest levels of maternal mortality and the lowest levels of supervised deliveries (World Bank, 2009). Basic obstetric and antenatal care are provided by health centres, health posts, mission clinics and private midwifery homes. Each health centre or post serves a population of approximately 20,000. In the rural areas, TBAs continue to assist in child bearing; though they are trained to refer more complex cases (Witter, Arhinful, Kusi, & Zakariah-Akoto, 2007).

There are several studies that have been conducted on the use of services of modern and traditional midwives by pregnant women. These studies have primarily focused in the arena of determinants of traditional and modern midwifery use, socio-demographic and economic characteristics of pregnant women who use traditional and modern midwifery, barriers to modern midwifery use and integration of modern and traditional midwifery systems in Ghana (Witter et al., 2007), Africa (Adegooke, Ogundeji, Taiwo, Malcolm, & Ann, 2010; Ngoma & Himwiila, 2009) and beyond (Cuzzolin et al., 2010; Onta et al., 2014). However, an area of modern and traditional midwifery literature that seems to be not adequately explored, specifically in Ghana is the actual pregnant women's attitudes and perceptions of traditional and modern midwifery system and more importantly the impact of their perceptions on health seeking behaviour and status.

In most geographical settings, it has been found that attitudes and perceptions of the quality of care by pregnant women and their families influence the utilisation of services (AbouZahr, 2003; Abrahams, Jewkes, & Mvo, 2001; Berry, 2008; Gill & Ahmed, 2004; Glei, Goldman, & Rodriguez, 2003; Griffiths & Stephenson, 2001; Stekelenburg, Kyanamina, Mukelabai, et al., 2004). Women's perceptions of the lack of interaction and listening skills of traditional and formally trained staff during childbirth have been also considered critical in health seeking behaviour of pregnant women (Kempe et al., 2013). Though perceptions of people are often relative, and sometimes overlooked, it goes a long way in sounding a warning and usually indicative of what is on ground.

The authors, therefore, argued that knowing and evaluating the attitudes and perceptions of the pregnant women in rural communities is crucial as it helps to identify factors that may affect their health seeking behaviour and status. Also, it could be important in the planning of future integration policies. Such in-depth knowledge and understanding is envisaging to directly inform the design of strategies and policies that bring together the two same but separated professions. Given the similar background of traditional midwives use dominance in Ghana, especially in rural areas, evidence ascertained from Ghana may provide a reference to other policy makers who are planning of tailoring traditional midwives into the mainstream midwifery policies to suit their local circumstances. Thus, this qualitative study, was, therefore, conducted in the Birim South District with the underpinning aim of exploring pregnant women's attitudes and perception of modern and traditional midwives and the perceptional impact on health seeking behaviour and status. With this aim, our research questions were framed as follow: What are the attitudes of pregnant women toward modern midwives? What are the attitudes of pregnant women towards traditional midwives? What are the pregnant women's perceptions of modern midwives? What are the pregnant women's perceptions of traditional midwives? And how do these attitudes and perceptions impact pregnant women and newborn health seeking behaviour and status in the study area?

2. Materials and methods

2.1. Study design and context

We conducted this case study with a purely qualitative strand of research from March to June 2017. This study adopted the interpretivist paradigm and subjectivist epistemology (Angen, 2000), where the original experiences and belief systems of respondents were granted prominence. This approach ensured adequate discourse between the researchers and the interviewees to generate a meaningful collaborative effect (Guba & Lincoln, 1994).

The Eastern Region is popularly known for healthcare and therapeutic pluralism where traditional and modern midwives operate side by side however, traditional midwives dominate. The decision for the selection of the specific communities (Akim-Achiase, Aperade and Asawase) within Birim South District was premised on two basic important reasons. First, these communities recently witnessed almost a complete abandonment of modern midwifery use by pregnant women which led to serious advocacy for the closure of traditional midwifery by health professionals in the district. For instance, the Ghana Health Service (GHS) Director of the district in 2016 reported of a decline in the use of modern midwives by 35% with an increase of unsupervised birth of 56% in the district (Ghana Health Service, 2016). Again, the district located within a semi-deciduous forest landscape which provides a wide variety of medicinal plant products for traditional and alternative healing purposes has promoted the thriving traditional midwifery. Hence, the district and communities were considered ideal location for a study that sought to explore pregnant women's attitudes and perceptions of traditional and modern midwives.

2.2. The sample and sampling procedure

In this study, we interviewed 30 purposively selected pregnant women who had previously given birth under the supervision of both modern and traditional midwives from April 10 to May 10, 2017. These women were purposively selected from three different rural communities notably known for abundance and predominant use of traditional midwifery service. The participants were recruited from among other pregnant women met by the researchers at their various homes, clinics/health centres and workplaces. Participants who satisfied the characteristic that was of particular interest to the study were determined by asking each pregnant woman met by the researchers the question: 'Have you given birth under the supervision of both traditional and modern midwives before?' which yielded a 'yes' or 'no' answer and those who responded 'yes' participated in the study. For the purpose of this study, a modern midwife is defined as a trained staff who assists pregnant women during and after childbirth while traditional midwives are considered as lay individuals with limited formal education and training who assist women during and after childbirth with the use of indigenous knowledge and medicinal plants and other forms of traditional medicine. The use of this criterion was influenced by the need to obtain detailed account from participants who had experiences from both traditional and modern midwifery as we also aimed to obtain high quality information on the complex normative standpoints regarding modern and traditional midwifery in Ghana. The purposive sampling method provided the needed flexibility to focus on participants who met the criteria for the study.

2.3. Data generation tool and procedure

The data for this study were collected by the use of face-to-face in-depth interview which provided enough communication space for both the interviewer and interviewee for a detailed information. The respondents were initially approached and informed of the key aim of the study and those who were interested in participating were given further details of the objectives of the study. With the use of interviews, rich