

**Identifying Barriers to a Collaborative  
Partnership Between  
Traditional Birth Attendants and  
the Organized Healthcare System  
to Improve Infant and Maternal Health  
in the Nzema East District (Axim)  
and Gomoa District (Apam)**

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# Introduction

- Developing countries depend on TBA's for healthcare delivery (especially rural communities)
- As modern medicine infiltrates developing countries, TBA's and more skilled healthcare professionals must form collaborative relationships to work effectively to provide the best maternal/infant care

# Background

- Lifetime risk of maternal mortality in Ghana = 1 in 35
- Neonatal mortality = 2/3 of all infant mortalities in Ghana & 40% of under-5 child mortality (MC w/in 48hrs)
- Contributions to high maternal/infant mortality:
  - Delay in recognition of a problem & taking appropriate action
  - Delay in arriving at health facility
  - Delay within the health facility
- GHS challenge = the # of supervised deliveries
  - Births: 42% -TBA's, 36% -midwives, 8% -doctors, 9% -relatives, 5% -self
  - 70% supervised deliveries are in urban areas
- Need collaboration between TBA's & the organized healthcare system

# Objectives

1. Assess current working relationship between TBA's & the organized health system & the practices of local TBA's
2. Identify areas of concern from the perspective of the TBA & the organized healthcare system
3. Identify targeted areas for improvement and provide possible solutions

# Methodology

- Nzema East district (Axim) & Axim Government Hospital
  - 4 TBA's
  - Doctor Owusu, DDH, community educator, ID consultant, CHN, 3 midwives
- Gomoa district (Apam) & Apam Catholic Hospital
  - 10 TBA's (5-rural & 5-more urban)
  - Doctor Amekah, DDH, DPHN, 3 midwives

**Results:** Current working relationship between TBA's & the organized health system & practices of local TBA's

- TBA training varies significantly
- District of Health responsible for TBA refresher courses and monitoring of TBA deliveries
- Nzema East district = Plans and Budgets (2007 – 2008) outlining high impact rapid delivery approach towards MDG 4 & 5
- Gomoa district = Leading Together to Achieve Project – 2008 & partnership between GPRT and the district assembly

**Results:** Areas of concern identified by TBA's –  
Nzema East district

- Transportation issues for referrals
- Poor treatment of some TBA's by nurses, midwives.
- Some TBA's do not feel respected as important part of healthcare delivery
- Hospital staff don't treat laboring women with the same respect, patience, and accomadation that TBA's do

## Results: Areas of concern identified by members of the health system – Nzema East district

- Patients living far distances from health facilities
- Difficulty obtaining a complete and accurate history from TBA's and patients
- Inadequate training of TBA's (i.e. Some TBA's do not refer vaginal lacerations)
- Poor staff attitude of some nurses, midwives towards TBA's
- Delayed referrals by TBA's
- TBA's need to work together as a group



# Recommendations – Nzema East district

- Adopt the central regions pilot program of partnership between GPRT and the district assembly
- Organize regular meetings with TBA's & members of the organized health system – providing supplemental training as needed
- Employ TBA's by hospital/clinic
- Expand number of satellite clinics staffed by midwives, MA's.
- Frequent education & stringent consequences on hospital staff on cultural sensitivity and respect wrto patients, TBA's, etc.
- More proactive role by District of Health in facilitating TBA collaboration

## **Results:** Areas of concern identified by TBA's – Gomoa district

- Transportation issues for referrals
- Poor treatment of some TBA's by nurses, midwives (contradictory relationship)
- Some TBA's do not feel respected as important part of healthcare delivery
- Hospital staff don't offer laboring women the same spiritual support TBA's do
- Significant decreases in the number of deliveries since free healthcare to pregnant women by GHS (2008) → unemployment

**Results:** Areas of concern identified by members of the health system – Gomoa

- Difficult to obtain an accurate, complete history from TBA
- Delayed referrals by TBA's
- Inadequate TBA training
- Desire to increase # of deliveries by skilled attendants
- Poor hospital staff attitudes towards TBA's

# Recommendations – Gomoa district

- Ambulance transport and/or phone numbers of designated local taxis given to TBA's
- Continue partnership between GPRT & district assembly
- Organize regular meetings with TBA's & members of the organized health system – providing supplemental training as needed
- Employ TBA's by hospital/clinic
- Expand number of satellite clinics staffed by midwives, MA's.
- Frequent education & stringent consequences on hospital staff on cultural sensitivity and respect wrto patients, TBA's, etc.

# Conclusion

- TBA's and the organized health system must work together in a collaborative relationship to maximize infant and maternal health in Ghana, especially in rural communities
- Expand on successful efforts (GPRT partnership)
- Still major areas of concern with both TBA's & the organized healthcare system
- Above all, an attitude of collaboration and mutual respect must be achieved.

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