International Journal of Nursing, Midwife and Health Related Cases, 11(2),55-64, 2025
Print ISSN: 2397-0758 (Print),
Online ISSN: 2397-0766 (Online)
Website: https://www.eajournals.org/
Publication of the European Centre for Research Training and Development -UK

Qualities of Maternal Care Services in Modern and Traditional Birthing Facilities in Osun State, Nigeria

F.M. Afolabi, S.O. Olajide, B. O. Ikulayo
email: hkerogene@gmail.com

doi: https://doi.org/10.37745/ijnmh.15/vol11n25564 Published November 18, 2025

Citation: Afolabi, F M., Olajide S.O., Ikulayo, B. O. (2025) Qualities of Maternal Care Services in Modern and Traditional Birthing Facilities in Osun State, Nigeria, *International Journal of Nursing, Midwife and Health Related Cases*, 11(2),55-64

Abstract: *This study compares qualities of maternal care services in modern and traditional birthing facilities in Osun State, Nigeria. This study adopted descriptive design, using skilled and unskilled birth attendants across healthcare centers and traditional birthing centers such as religious homes in selected Local Government Area in Osun-State. The study adopted multistage sampling techniques to select 45 skilled birth attendants and 45 Traditional birth attendants. The instrument for data collection was structured questionnaire and observational checklist. Data obtained from the study was analyzed using statistical package for social sciences (SPSS), version 25. Descriptive statistics such as frequency table, charts and percentages was used to provide answers to research objectives. Findings shows a significant percentages of participants from both modern (57.6%) and traditional birthing facilities (71.1%) were 45 –64 years. Also 57.8% had been in services for 11 - 20 years from modern facilities, while for traditional facilities, 62.2% had been in service for 1-10 years. More findings revealed that, majority (85.2%) of modern health facilities have birth attendants with required competencies, compare with 31.1% from traditional birthing centers who have required competencies. Also, majority (64.8%) of modern healthcare facilities have adequate equipment required to ensure safe delivery and post-delivery, compares to traditional birthing facilities with just 5.2% required equipment for safe delivery and post-delivery. More so, majority (89.7%) of modern health facilities had satisfactory birth preparation compare to traditional birthing facilities, where only a few (21.2%) had satisfactory. This study concluded that, maternal care services in modern healthcare facilities are much better and safer compare to the traditional birthing facilities. Therefore, it is recommended that, Government through the ministry of health need to organize routine and strategic training for traditional birth attendants towards improving maternal service delivery in the State.*

Keyword: comparative analysis, quality, care services, birthing facilities

INTRODUCTION

High rate of maternal mortality and morbidity remained a big challenge to development of maternal health across most developing countries such as Nigeria (Berehe & Modibia, 2020). These issue have been attributed to pregnancy and birth complications, which are prevented, when appropriate precaution are taken at the right time (Liberati et al., 2020). Therefore, Okumu and Oyugi (2018) held that, quality of health facilities as well as the managements and availability of skill birth attendants are significant towards ensuring safe delivery of pregnant women. This is because, aside provision of necessary and quality equipment, availability of competent midwives and choice of modern healthcare services for delivery would enhance the chances of achieving global and national maternal healthcare objectives, which include, significant reduction in maternal and infant mortality. More so, recent global agenda (SDG) on good health and wellbeing emphasized the importance to embrace preventive strategies such as promoting access to modern healthcare facilities with effective maternal care services. Maternal care services required towards safe delivery of pregnant woman, include but not limited to, monitoring pregnant women, relief of pain during delivery, conservation of energy and prevention of exhaustion, injury and excessive blood loss (Laksono et al., 2021). However, accessing these qualities would depend on the choice of healthcare facilities (modern and traditional) attended.

Generally in most Nigeria communities, modern healthcare facilities coexist with traditional healthcare facilities (Okumu & Oyugi, 2018). Therefore, pregnant women choose between these options, with significant consideration for cultural and background, exposure, individual among perception of probable birth outcome among others. However, existing literatures have emphasized the contributions of traditional health facilities to poor pregnancy and birth outcomes. Critics held that, traditional health facilities lack skill birth attendant and adequate equipment with most sited within a poorly sanitized environment. For instance, Laksono and Wulandari (2020) found that, pregnant women who patronize traditional birthing facilities are at greater risk of mortality compared to those who patronize modern healthcare facilities.

UNFPA (2024) reported that, on a basis, about 800 maternal mortalities was recorded between 2016 and 2020. The body further stated that, majority of those death occurs in Sub-Saharan Africa and that, African women with birth complications are likely to experience mortalities 30 times compare with women from Europe and America. Avigad,et al., (2021) specifically held that, Sub-Saharan African is responsible for 70% of all maternal death. Data from the Nigeria Demographic and Health Survey (cited in National Population Commission (NPC), 2014), indicated that in 2013, only 21.9% of rural women were delivered by a skilled birth attendants, compared to 61.7% of urban women. By contrast, a large proportion of rural women (77%) throughout the country delivered through traditional birth attendants, compared to 37% of urban women (Fayehun et al., 2022). Some community-based studies in urban slums in Africa also reported a significant proportion of pregnant women received delivery care and seek advice from traditional health facilities (Fantaye et al., 2019). Efforts to reverse this trend will greatly boost improved maternal

health as well women's access to skilled pregnancy care and prevention of maternal deaths in the country. It is therefore imperative to compare qualities of Care Services in modern and traditional birthing facilities in Osun State, Nigeria.

OBJECTIVES

1. Assess the competency of birth attendants in modern and traditional birthing facilities in selected local government in Osun State, Nigeria.
2. Examine the adequacy of equipment in modern and traditional birthing facilities in selected local government in Osun State, Nigeria.
3. Detemine the quality of birth preparation in modern and traditional birthing facilities in selected local government in Osun State, Nigeria.

METHODOLOGY

This study adopted descriptive design, where skilled and traditional birth attendants across healthcare centers and traditional birthing centers such as religious homes, respectively were selected across three (3) Local Government Areas in Osun-State. The study adopted multistage sampling techniques to select 45 skilled birth attendants and 45 unskilled birth attendants. The instrument for data collection used was structured questionnaire and observational checklist. Specifically, technical competency of birth attendants was assessed using questionnaire, while quality of birth preparation and adequacy of equipment in both settings were measured using Observational Checklist. Items on Quality of birth preparation was restricted to "IOM domains" which check safety, effectiveness, person-centered, timeliness, efficiency and equity. Also, adequacy of equipment was based on total equipment and materials needed for safe delivery as well as post-delivery. Each Participants were handed validated questionnaire for data collection, while the data collection using checklist were handled by the researcher and research assistants. Data obtained from the study was analyzed using statistical package for social sciences (SPSS), version 25. Descriptive statistics such as frequency table, charts and percentages was used to for data analysis.

RESULTS

Table 1: Demographic Characteristics of Participants (N = 90)

Socio demographic data	Modern (45)		Traditional (45)	
	Freq	%	Freq	%
Age				
20 – 44 years	12	26.7	4	8.9
45 –64 years	26	57.8	32	71. 1
65 years or above	7	5.5	9	20.0
Marital Status				
Single	4	8.9	5	11. 1
Married	41	91.1	31	68.9
Others	0	0.0	9	20.0
Religion				
Christianity	17	37.8	10	22.2
Muslim	28	62.2	22	48.9
Traditional	0	0.0	13	28.9
Years in service				
1 - 10 years	14	31. 1	28	62.2
11 - 20 years	26	57.8	11	24.4
21 - 31 years	5	11. 1	6	13. 3
Educational status				
Formal education	45	100.0	35	77.8
Traditional education	0	0.0	7	5.5
Non formal education	0	0.0	3	6.7
Birthing facility				
Modern	45	50.0	45	50.0
Traditional	45	50.0	45	50.0

Age: *Mean ± SD = 42 ± 8.12*

Table 1 presents demographic characteristics of participants. Results a significant percentages of participants from both modern (57.6%) and traditional facilities (71.1%)were 45 –64 years. Also majority of participants from both modern (91.1%)and traditional facilities (68.9%) were married. For religion, Muslims dominated from both modern (62.2%) and traditional facilities(48.9%). However for Years in service, 57.8% had been in services for 11 - 20 years from modern facilities, while for traditional facilities, 62.2% had been in service for 1-10 years. For Educational status, majority for both modern (100.0%) and traditional facilities (77.8%) had Formal education.

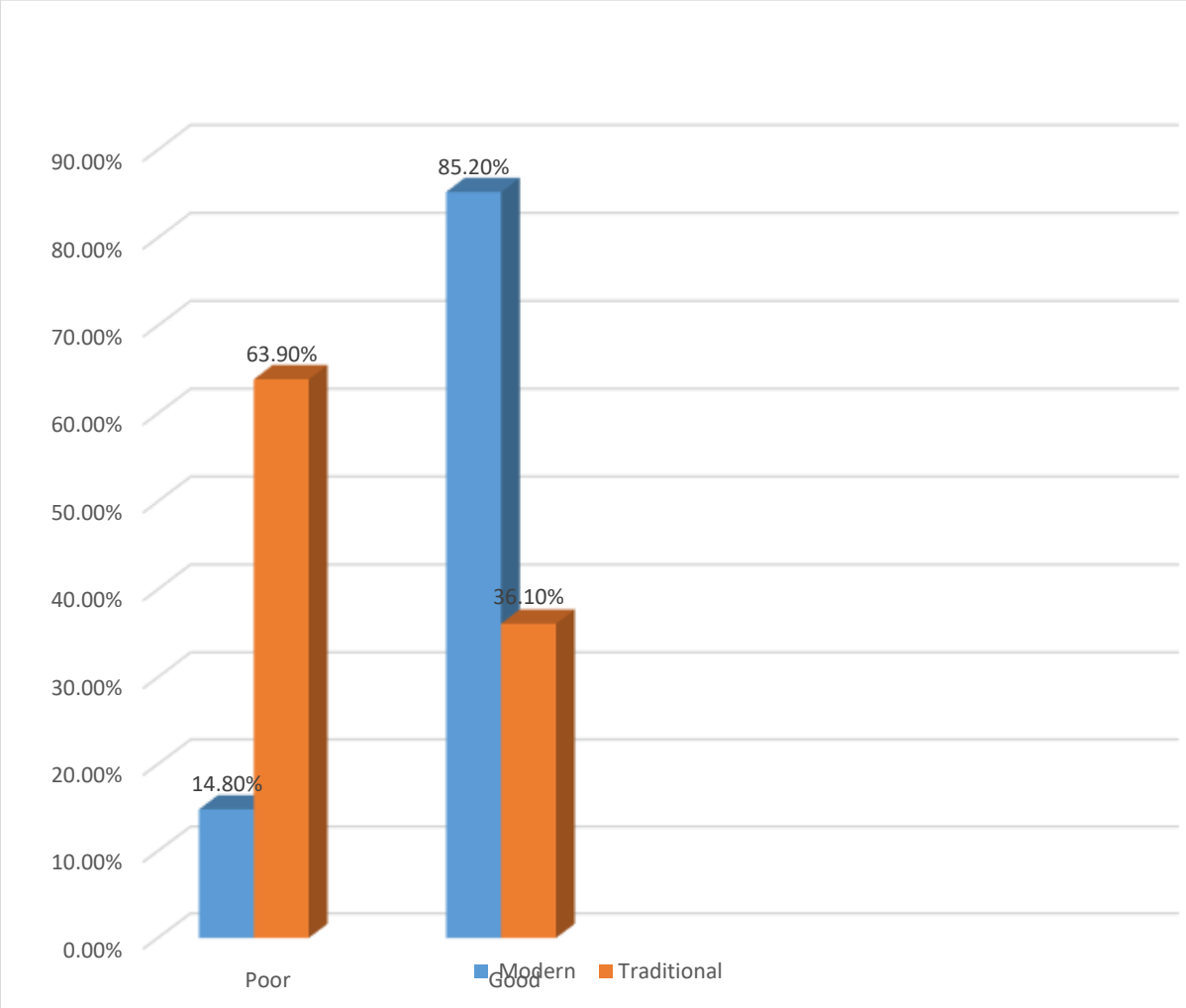

Figure 1: Overall Competency of birth attendants

Figure 1 above shows that, majority (85.2%) of modern health facilities have birth attendants with required competencies, compare with 31.1% from traditional birthing centers who have required competencies.

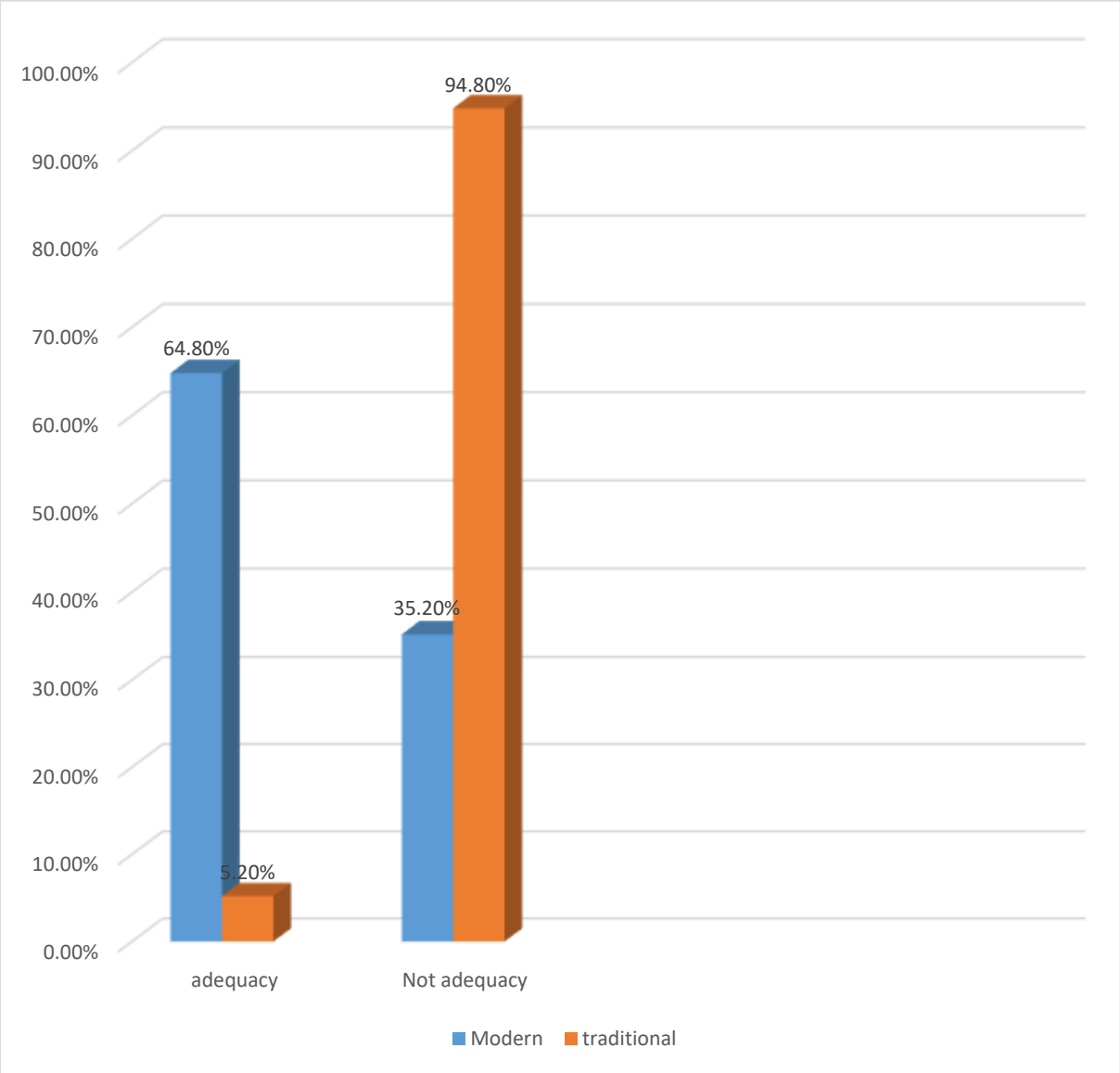

Figure 2: Overall Equipment adequacy in birthing facilities

Figure 2 above shows that, majority (64.8%) of modern healthcare facilities have adequate equipment required for safe delivery and post-delivery compares to traditional birthing facilities with just 5.2% required for safe delivery and post-delivery.

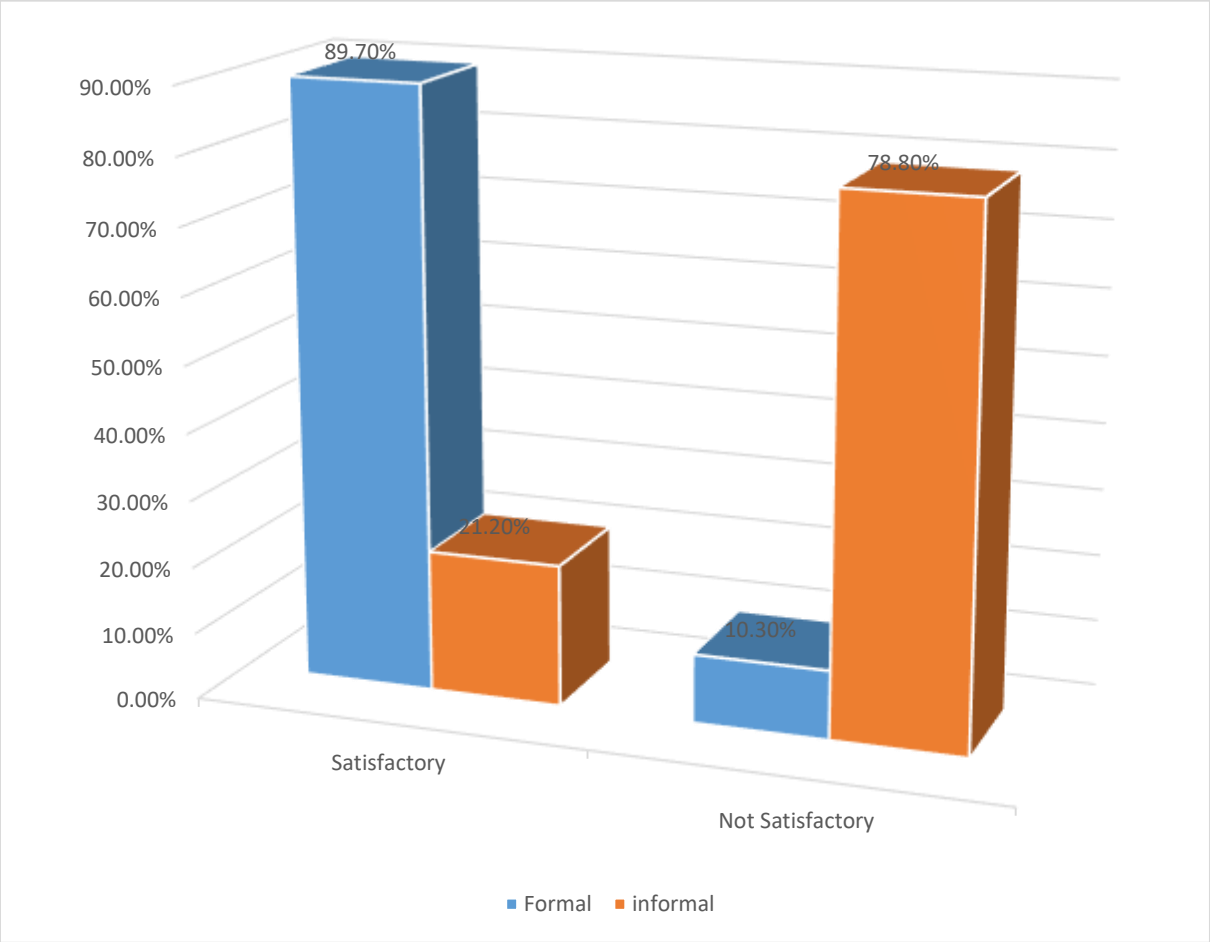

Figure 3: Overall Quality of birth preparation

Figure 3 above shows that, majority (89.7%) of modern health facilities scored high satisfactory birth preparation compare to traditional birthing facilities with few (21.2%) who scored high satisfactory.

DISCUSSION

Findings shows that, majority of the participants from both traditional and modern birthing facilities were in their middle age (40 years), with averagely between 11 - 20 years for unskilled birthing attendants and 1 - 10 years. Similarly Sanni et al (2025) found that, 85% of TBAs were women aged 45 years and above, with over 10 years of childbirth experience. This is an indication that, most of the participants from both facilities were in their middle age and matured enough to provide adequate information required by the study. However, the finding also implies that, older generation who are more experienced in traditional method of pregnancy delivery, across traditional birthing facilities which may be dangerous for future development of the birthing profession. More findings shows that, majority of the respondents are competent from modern birthing facilities unlike traditional birthing facilities. The plausible reason is that, majority of participants from modern health facilities had gone through formal education, attended trainings, used evidence based methods, collaborate, update self and do referral when necessary. This is bound to reduce the rate of complication during pregnancy and birth and even if there is any, such will be handled professionally, unlike in traditional settings where the risk of complication is high. Findings is supported by Nwokocha (2012) found that, the use of TBAs and faith-based homes may contribute towards maternal mortality where they are not adequately trained on the danger signs of pregnancy. Similarly Sanni et al (2025) held that, lack of formal training for TBA will presents challenges to maternal safety. Findings also shows that, modern health facilities have almost all required equipment unlike most traditional birthing centers where required equipment are lacking. Akute and Ige (2023) found that, the lack of formal medical training and limited access to essential medical equipment would present a significant challenges. This is an indication that, patronage of traditional birthing centers could be dangerous to safe delivery. More findings revealed that, majority of modern birthing facilities scored high on quality of birth preparation, while most traditional birthing centers score low on quality of birth preparation. This was based on regulations for antenatal clinic, provision for complete tetanus toxoid Vaccine, counselling units arrangement with adequate privacy protection, access and sufficient attendants among others. However, Alex-Ojei and Odimegwu (2021) confirmed that only a few women make use of modern healthcare facilities for antenatal care, delivery and postnatal care.

CONCLUSION

The recent increase in maternal and infant mortality rate have been attributed to poor quality of birthing facilities, which include, lack of adequate equipment and poor birth preparedness. Therefore quality of birthing facilities is significant to delivery and post-delivery outcome. This is an indication that, continuous evaluation of maternal healthcare services is imperative towards achieving existing global continental and national health agendas. This is borne out of the fact that, continual evaluation of health care facilities as well as quality of birth attendants could help in appropriate reform. This study concluded that, majority of the participants from modern health facilities were competent, compare to those from traditional birthing centers. Also this study

concluded that, birth preparation and adequacy of instrument and birth in formal health facilities are much better compare to the traditional birthing facilities. Therefore, Government through the ministry of health need to intensify training for traditional birth attendants towards improving their service delivery. They should also be enlightened and granted capacity to refer whenever need be. Government need to enforce acquisition of required equipment as well as subside the cost of basic equipment needed for delivery for traditional birthing facilities. This will help increase the quality of services delivery. Also, there is need for health ministry to canvassed for free delivery or subsidized services to enable increase in the rate of those patronizing modern healthcare facilities.

REFERENCES

Akute Y.I. and Ige B. (2023) Overview of Traditional Birth Attendance in Nigeria, *International Journal of Nursing, Midwife and Health Related Cases*, 9(3) 1-12.

Alex-Ojei CA, Ntoimo, L.F.C., and Adedini, S. A. (2025). Women's motivations for using traditional and faith-based birth attendants in urban South-West Nigeria. *Reproductive Health*, 22:144, 1-13. https://doi.org/10.1186/s12978-025-02078-y

Alex-Ojei, C. A. and Odimegwu, C. O. (2021). Correlates of antenatal care usage among adolescent mothers in Nigeria: a pooled data analysis. *Women Health*. 61(1):38–49.

Avigad, R., *Ramanarayanan, D. and Barnes, S. B.* (2021). Global Health & Gender Policy Brief. Maternal Health Initiative, *Wilson Center*. No 10, 1-10 G

Berehe, T. T. and Modibia, L. M. (2020). Assessment of quality of Antenatal care services and its determinants factors in Public Health Facilities of Hossana town, Hadiya Zone, Southern Ethiopia: A Longitudinal Study. *Advanced Public Health Journal*.

Fantaye, A. W., Gunawardena, N. and Yaya, S. (2019). Preferences for formal and traditional sources of childbirth and postnatal care among women in rural Africa: A systematic review. *PLoS ONE* 14(9): e0222110.

Fayehun, O., Ajisola, M., Uthman, O., Oyebode, O., Oladejo, A. and Owoaje, E, et al. (2022) A contextual exploration of healthcare service use in urban slums in Nigeria. *PLoS ONE* 17(2): e0264725. https://doi.org/10.1371/journal. pone.0264725

Laksono, A. D., and Wulandari, R. D. (2020). Urban-rural disparities of facility-based childbirth in Indonesia. In: 4th international symposium on Health Research (ISHR 2019) [internet]. Denpasar: Atlantis Press; 33–9. Available from: https://www.atlantis-press.com/proceedings/ishr-19/125935017.

Laksono, E. B., Johan, A. and Erawati, M. (2021). the Utilization of Mobile-Health Intervention in improving treatment compliance behavior in tuberculosis patients. *Nurse and Health*: 11(2)275-286

Nwokocha, E. E. (2012). Widowers' accounts of maternal mortality among women of low socioeconomic status in Nigeria. *Afr J Reprod Health*.;16(3):102–18.

Okumu, C. and Oyugi, B. (2018). Clients' satisfaction with quality of childbirth services: A comparative study between public and private facilities in Limuru Sub-County, Kiambu, Kenya. *PLoS ONE* 13(3): e0193593. https://doi.org/ 10.1371/journal.pone.0193593

Sanni, O., Onasoga, Y., & Aawal, M. L. (2025). The primary roles of traditional birth attendants in childbirth support: Contemporary perspective from Nigeria. *IPS Journal of Public Health*, 5(3), 284–289. https://doi.org/10.54117/pvpagc68

UNFPA (2024). State of the World Population Report. East and Southern Africa