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## Resolving the TBA Conundrum in Rural Ghana: Where are We Headed?

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**Background**

- About 40% of deliveries in Ghana are attended by Traditional Birth Attendants (TBAs). This is in spite of the increased provision of modern health care facilities since the past two decades.

Even with the renewed emphasis in primary health care provision, severe constraints still remain:

- In the DBI district in the Upper West region for instance, only 6 health facilities have the required capacity to cater for deliveries.
- Poor transport infrastructure continue to hamper the referral of expectant mothers from community health centers to hospitals for requisite obstetric care
- In view of the crucial health care deficit role TBAs play in remote communities, attempts were made to integrate them into the formal health care system through a partnership model. This has however generated a controversy.



**Goals**

- To present a possible explanation for the plight of TBAs in a modern health care system
- Examine the reasons for and against TBA practices in rural areas
- Suggest a possible approach to resolving the observed conundrum



## Reasons for and against TBA Utilization

Positives	Negatives
Flexible to deal with	Questionable competence
Relatively cheap cost of service	Unstructured training
Culturally relevant	Lack requisite equipment
Available at all times	Tend to delay referrals
Accessible to clients	Difficult to work with
Trusted by clients	Largely aged individuals
Reliable when called upon	Difficult to train
Extended care	'Unscientific' activities
Familiar with terrain and clients	Poor record keeping



**Reasons for the TBA Conundrum in Rural Ghana**

- Inability of TBAs to recognize and respond appropriately to pregnancy complications
- Confusion in defining who a TBA really is
- No real evidence that training TBAs has lead to improved MNCH
- Training TBAs proving counter productive
- Preference for Skilled Birth Attendants (SBAs) relegated TBAs
- Efforts to Include TBAs in community based health care was showing policy inconsistency
- So, Retain or Kick them out



## Proposed Solution to the Conundrum

Strategy	Objectives	Expected outcomes
<b>Step 1: Training and retooling</b>	<ul style="list-style-type: none"> <li>Equip TBAs with additional skills</li> <li>Encourage knowledge transfer</li> <li>Expose TBAs to modern medical practices</li> <li>Provide requisite tools and equipment</li> </ul>	<ul style="list-style-type: none"> <li>Improve midwifery competences of TBAs</li> <li>Ensure safe pregnancy and delivery</li> <li>Improve Postnatal care for mother and child</li> <li>Utilization of modern tools and equipment for practice</li> </ul>
<b>Step 2: Partnership</b>	<ul style="list-style-type: none"> <li>Encourage collaboration between TBAs and HCWs</li> <li>Ensure peer supervision and oversight of activities</li> </ul>	<ul style="list-style-type: none"> <li>Efficient and effective delivery of MNCH services</li> <li>Improve monitoring and supervision</li> </ul>
<b>Step 3: Deployment for action</b>	<ul style="list-style-type: none"> <li>Provide expanded MNCH activities for TBAs</li> <li>Gradually reduce TBA-assisted and home deliveries</li> <li>Encourage TBAs to refer pregnant women to appropriate facilities</li> <li>Integrate TBAs in other parts of the maternal health care chain aside delivery to keep them active (e.g. as local maternal health care ambassadors)</li> </ul>	<ul style="list-style-type: none"> <li>TBAs involved in several outreach programs, e.g. Family planning, antenatal care, pregnancy identification, immunization, health promotion etc.</li> <li>Improve referral systems</li> <li>Take attention of TBAs from delivering women to other support activities such as promotion of family planning and child nutrition</li> </ul>



## Closing Remarks:

*TBAs can improve health of babies and mothers if a sustainable approach is used in their integration Until a time where ALL women have access to the requisite obstetric care TBAs will continue to fill the maternal health gap Instead of kicking them out, empowering them to save the life of mothers and children may be more sustainable. The time to integrate is now. Lets strengthen our policies, research and finances for better collaboration and health outcomes*