Full Length Research Paper

A community survey of appreciation of Traditional Birth Attendants’ services in Cameroon in the context of HIV/AIDS

Kamga HLF1*, Njimoh DL2, Nsagha DS3, Assob NJC4, Nde Fon P3, Njunda AL1

1Department of Medical Laboratory Sciences, Faculty of Health Sciences, University of Buea, Cameroon
2Department of Biochemistry, Faculty of Science, University of Buea, Cameroon
3Department of Public Health and Hygiene, Faculty of Health Sciences, University of Buea, Cameroon
4Department of Biomedical Sciences, Faculty of Health Sciences, University of Buea, Cameroon

Accepted 11 August, 2012

Traditional birth attendants (TBAs) are interested persons in the local community who have acquired basic knowledge on how to conduct normal deliveries. This study was conducted to analyse the impressions of local community inhabitants concerning the activities of TBAs in Cameroon in the context of increasing HIV infection. Questionnaires were administered to 2566 individuals sampled randomly from the 10 regions of Cameroon. A total of 3345 adults were contacted for the survey. Of these, 2566 (76.7%) finally responded. This comprised 1313 (51.2%) females and 1253 (48.8%) males. There was a significant level of association between the opinion of the respondents and their region and setting (urban or rural) of residence (P<0.001) and respondents living in rural areas were more to show a satisfactory appreciation of the activities of TBAs (74.6%) than those living in semi-urban (25.2%) and urban (0.3%) areas, probably because of social and cultural attributes to TBAs or because of lack of access to modern medical facilities and services which are largely available in urban and semi urban settings in Cameroon. There is need to develop concrete policies for TBA in the context of HIV/AIDS prevention and control.

Key words: Traditional Birth Attendants, Cameroon, Community appreciation.

INTRODUCTION

A traditional birth attendant (TBA) is defined as a person (usually a woman) who assists the mother at childbirth and who initially acquires the skills of delivering babies by herself or working with other TBAs (WHO, 1980). Traditional birth attendants (TBAs) are the primary pregnancy and childbirth care providers in about 60–80% of the developing countries (Leedam, 2004). These “traditional midwives” who usually have learnt their trade through apprenticeship are the primary maternity care to many women but they are not certified or licensed, although they form an integral part of African medicine (Smith et al., 2000, Imogie et al., 2002). One of the reasons of their being integrated and tolerated by the health systems is that many African countries face a shortage of trained medical professionals, so maternal health care in many rural areas is therefore provided by TBAs (Vaatte et al., 2002).

In many African countries, the TBAs are of diverse groups. Some are ordinary women who acquired their skills through learning from others or from health professionals and may also provide antenatal care, and sometimes having knowledge of special herbs known to be important for cervical dilation during delivery (Kamatanesi-Mugisha and Oryem-Origa, 2007). Some are traditional healers and diviners who claim to have supernatural powers to protect pregnant women against witchcraft. As healers, they can prescribe herbs known to be effective in stabilising early pregnancy. The last group comprises women known as prophets, who are mostly associated with the church (Mathole et al., 2005). In

*Corresponding Author E-mail:henrikamga2002@yahoo.fr
Cameroon, traditional medical practices form an integral part of the culture and the customs of the population. According to the Director of Health Care and Research in the Cameroon Ministry of Health, Dr Martin Ekeke Monono (personal communication), 80% of the population of the country make use of this form of practices.

The prevalence of HIV in Cameroon was 5.1% in 2010 with significant regional variations and about 141 new infections per day (National AIDS Control Committee, 2010). Besides, the country faces a shortage of qualified health personnel with 16 nurses and midwives per 10,000 inhabitants; 2 physicians per 10,000 population and <1 pharmacist per 10,000 (Ministry of Public Health, 2001), and this necessitates the use of TBAs in health care delivery. Unfortunately, for many years, the absence of regulations in the practice of traditional medicine has created anarchy in the sector, which has rather facilitated the emergence of quacks in the context of increasing HIV/AIDS problem. This situation has largely been attributed to the weak involvement of competent health authorities in regulating activities in this sector. Subsequent to this observation, the Cameroon government decided to regulate traditional medical practice by creating a legal framework taking into consideration the burden of HIV/AIDS. The importance of assessing community appreciation of the activities of “traditional practitioners” as a prerequisite before establishing effective health policies is more than justified now than ever in a country with high HIV infection (National AIDS Control Committee, 2010). Till date, there is no data on the community appreciation of the activities of TBAs in Cameroon. The availability of such data will be an enormous contribution to the implementation of regulatory policies on traditional medical practice in the country, hence this study was conducted.

MATERIALS AND METHODS

Study site

Cameroon is situated in the Gulf of Guinea between the 2nd and 13th latitudes northward and the 9th and 16th degree longitudes. With a surface area of 475650 Km² and a density of 40.8 inhabitants/Km², Cameroon has about 19,406,100 inhabitants, among which 51% are women and 49% are men (NOPHC, 2010). The distribution of this population between urban and rural areas is respectively 48.2% and 51.8% (National Institute for Statistics, 2004). The country is sub-divided for administrative purpose into ten regions: Far North, North, Adamawa in the northern half of the country, Centre, South, Littoral, East, West, North West and South West in the southern half. Concerning the health delivery system, the geographical boundaries of the regional delegations of public health are the same as the regional administrative boundaries. Each regional delegation of public health is divided into health districts which are subdivided into health areas. The health care system includes the public sector, which originates from the colonial and military hospital medicine, traditionally free of charge and managed the ministry of public health. It also includes the para public sector managed by public bodies not attached to the ministry of public health, and the lucrative non-confessional and confessional private sectors. The public sector is quantitatively dominating in terms of personnel and equipment. The lucrative private sector is relatively marginalized, but for historical reasons, the confessional sector still plays a very important role. Generally, many observers are unanimous to think that the Cameroonian health system in undergoing a serious crisis and needs to be reorganized (Médard, 2009).

Sampling

Information was obtained by the use of questionnaires. A stratified random sampling method was used to select health districts, health areas, communities and households. A stratified sampling was first made to follow the organization of the administrative and health system in Cameroon. The strata included the country regions, health districts, type of health areas (urban, semi urban and rural), communities and households. Health districts were selected at random, by ballot. The same exercise was carried out for the random selection of health areas and communities. Households were selected by investigators while in the communities using the WHO method (WHO/TDR, 2008). At the centre of each community, a coin was tossed and the decision taken was based on the observed side of the coin. The study was conducted from June 2010 to December 2011.

Primary visits

For each community selected, local authorities, including the community leaders were visited and presented with the project, since their involvement was a key factor for its success. They were however told that it was not an obligation for households to participate in the research and neither was it a pre-requisite to accessing routine medical or other social services publicly available. Written informed consent forms were signed. Administrative and ethical clearances were obtained from regional delegations of public health.

Administration of questionnaires

Only households whose members voluntarily accepted to sign and return the consent forms after having understood the content were administered questionnaires. Questionnaires were compiled by two persons in the household: the head of the family and the
spouse or the first spouse in case of polygamy, the aim being to test their appreciation of the presence and services of the TBAs.

**Data Management**

Questionnaires were checked for the use of correct codes and completeness by the lead author. Range and consistent checks were also carried out. Data was analysed using the SPSS statistical software package at 95% confidence limit. Chi-square and student-t-test were used to test for the significance of the results obtained.

**RESULTS**

A total of 3345 adults were contacted for the survey. Of these, 2566 (76.7%) finally responded. This comprised 1313 (51.2%) females and 1253 (48.8%) males. Table 1 shows the Community opinion on the presence of TBAs in Cameroon by Region. There was a significant level of association between opinions of the respondents and the setting of residence (P<0.001). Respondents with a positive opinion on the presence of TBAs in their community were more frequent in the rural setting (70.2%) than in the semi urban (22.5%) and urban (7.3%) settings (P<0.001).

Table 3 shows the level of appreciation of the TBAs' activities amongst the respondents who had a good opinion of the profession. Of 1032 respondents, 778 (75.4%) found the activities of TBAs satisfactory. There was a statistically significant level of association between the level of appreciation of the TBAs' activities and the area of residence of respondents (P<0.001). Respondents living in rural areas were more to show a satisfactory appreciation of the activities of TBAs (74.6%) than those living in semi-urban (25.2%) and urban (0.3%) areas. Of these 703 respondents 580 (82.5%) declared the activities of TBAs satisfactory against 12.4% and 5.1% who declared the activity fairly satisfactory and not satisfactory respectively.

**DISCUSSION**

This study shows that respondents with a positive opinion on the presence of TBAs in their community were more frequent in the East, Far North and North Regions respectively. Our finding is corroborated by the report from the National Institute for Statistics (2004) which revealed that 40 % of births within the preceding five years in Cameroon (especially in the above named parts of the country) took place at home, and that a great majority of these births took place with the assistance of TBAs. With the generalized HIV/AIDS epidemic in Cameroon, these births at home provide a great risk of TBAs contacting HIV in the performance of their duties.

In this study, services of TBAs were more highly appreciated in rural setting than in the semi urban and the urban areas. Though this finding is contrary to the burden of HIV/AIDS where Cameroon has more HIV/AIDS patients in urban than in rural settings (National AIDS Control Committee, 2010), it does not rule out the fact that TBAs' activities are likely to endanger lives of their clients, since majority of them are unaware of HIV preventive measures as reported by Smith et al. (2000) in a study carried out to evaluate the impact of traditional birth attendant training on delivery complications in Ghana. If the burden of HIV/AIDS in Cameroon is higher in patients in urban than in rural settings as reported by the National AIDS Control Committee (2010) it is likely because HIV prevalence in the study relied on screening carried out in health facilities. In Cameroon, access to medical facilities is largely limited by the poor road infrastructure. Only 13% of the major the road network is paved.

**Table 1: Community opinion on the presence of Traditional Birth Attendants in Cameroon by Region**

<table>
<thead>
<tr>
<th>Opinion</th>
<th>Centre</th>
<th>South</th>
<th>East</th>
<th>Littoral</th>
<th>South-West</th>
<th>West</th>
<th>North-West</th>
<th>Adamaoua</th>
<th>North</th>
<th>Far-North</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number (%) Positive</td>
<td>41 (17.7)</td>
<td>212 (66.7)</td>
<td>189 (95.9)</td>
<td>6 (3.4)</td>
<td>7 (2.2)</td>
<td>22 (8.0)</td>
<td>18 (7.3)</td>
<td>77 (26.1)</td>
<td>232 (74.8)</td>
<td>251 (86.3)</td>
<td>1055 (41.1)</td>
</tr>
<tr>
<td>Number (%) Negative</td>
<td>191 (82.3)</td>
<td>106 (33.3)</td>
<td>8 (4.1)</td>
<td>251 (97.6)</td>
<td>310 (97.8)</td>
<td>253 (92.0)</td>
<td>227 (92.7)</td>
<td>47 (37.9)</td>
<td>78 (25.2)</td>
<td>40 (13.7)</td>
<td>1511 (58.9)</td>
</tr>
<tr>
<td>Total</td>
<td>232</td>
<td>318</td>
<td>197</td>
<td>257</td>
<td>317</td>
<td>275</td>
<td>245</td>
<td>124</td>
<td>310</td>
<td>291</td>
<td>2566</td>
</tr>
</tbody>
</table>

* Percentage based on number of respondents in the Region.
Table 2: Community opinion on the presence of Traditional Birth Attendants in Cameroon by Setting

<table>
<thead>
<tr>
<th>Opinion</th>
<th>Number (%)* of respondents living in (setting)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>rural</td>
<td>semi urban</td>
</tr>
<tr>
<td>Number (%) Positive</td>
<td>724 (70.2)</td>
<td>233 (22.5)</td>
</tr>
<tr>
<td>Number (%) Negative</td>
<td>903 (58.9)</td>
<td>541 (35.2)</td>
</tr>
<tr>
<td>Total</td>
<td>1627 (63.4)</td>
<td>774 (30.2)</td>
</tr>
</tbody>
</table>

* Percentage based on number of respondents with same opinion

Table 3: Community appreciation of activity of Traditional Birth Attendants in Cameroon by Setting

<table>
<thead>
<tr>
<th>Level of appreciation of TBAs’ activities</th>
<th>Number (%) of respondents living (setting)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
<td>Semi urban</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>580 (82.5)</td>
<td>196 (79.4)</td>
</tr>
<tr>
<td>Fairly satisfactory</td>
<td>87 (12.4)</td>
<td>34 (13.7)</td>
</tr>
<tr>
<td>Not satisfactory</td>
<td>36 (5.1)</td>
<td>17 (6.9)</td>
</tr>
<tr>
<td>Total</td>
<td>703</td>
<td>247</td>
</tr>
</tbody>
</table>

* Percentage based on number of respondents in the same setting

(WWF/World Bank, 2005). Also, the enclave nature of some of the regions of Cameroon (East, North, and Far North) geographically deprives some areas from adequate modern health services. The acceptance and recognition of the functions of TBAs in many parts of the country may be due to the social and cultural bond that brings them closer to their populations. Ignorance, psychological, geographical and financial hindrances may also constitute major barriers to modern health facilities and services to populations in these areas.

CONCLUSION

The services of TBAs in Cameroon are appreciated differently by the rural semi urban and urban populations. TBAs continue to be very useful in enclaved rural communities because they are psychologically, socio-culturally, socially and geographically accessible to the local population. However their weakness stems from the fact that their activities are not properly regulated, which can endanger lives of clients and their babies. They may certainly become more useful if they receive appropriate training to be able to identify labour complications and manage or refer them on time. An improved system of delivering maternal health care will improve the health of mothers and babies if TBAs are fully integrated and actively supervised. To do this, it will require that policies are well developed especially in the context of HIV/AIDS because TBAs run very high risk of being infected or infecting the mothers and their babies. There is need to focus in the South, East, North and Far-North were TBAs were most appreciated.

ACKNOWLEDGEMENTS

We are grateful to the community leaders and members of households who voluntarily accepted to take part in this research.

Competing interests

We declare having no competing interests.

REFERENCES

and Regional Development. Cameroon.