



Literature review: the partnership between midwives and traditional birth attendants

Literature review: kemitraan bidan dan dukun anak

Minda Habibah¹, Afita Rokhimawaty¹, Lia Mardianah¹, Qorinah Estiningtyas Sakilah Adnani^{2,3}

¹Magister Kebidanan, Fakultas Kedokteran, Universitas Padjadjaran

²Departemen Ilmu Kesehatan Masyarakat, Fakultas Kedokteran, Universitas Padjadjaran

³Midwifery Working Group, Pusat Studi Sistem Kesehatan dan Inovasi Pendidikan Tenaga Kesehatan, Fakultas Kedokteran, Universitas Padjadjaran

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Minda Habibah,

mindahabibah@gmail.com, Orcid ID:

<https://orcid.org/0009-0003-3344-9568>

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ABSTRACT

Background: In the community, traditional birth attendants (TBAs) have a significant societal role, especially for women. The WHO no longer recommends delivering a baby through TBAs due to the higher likelihood of maternal and infant mortality. A successful approach that has been effective in several countries for reducing maternal and infant mortality rates is the collaboration between TBAs and midwives.

Objective: To analyze the collaborative association between midwives and TBAs to ascertain their objectives, obstacles, and possible resolutions.

Methods: Literature review was employed in this research. The articles used were published from 2018 to 2023, encompassing five years, obtained from various databases including Pubmed, EBSCO, Science Direct, and Oxford Academy.

Results: One hundred and ten articles were obtained and then screened. The final results were obtained from ten articles reviewed.

Conclusion: The literature review highlights the significant societal role of midwives and traditional birth attendants. A major issue arose from the disparity in knowledge, proficiency, and perception. Enhancing collaboration can be accomplished through a multitude of methods, such as communication, training, role sharing, and incentives for TBAs.

Keywords: Collaboration, midwife, traditional birth attendants.

ABSTRAK

Latar Belakang: Di komunitas, dukun anak memiliki peran yang sangat esensial khususnya bagi perempuan. Namun persalinan yang dilakukan oleh dukun anak dapat menyumbang angka kematian ibu dan bayi, dimana WHO sudah tidak merekomendasikan lagi pertolongan persalinan oleh dukun anak. Kemitraan yang dibangun antara bidan dan dukun anak merupakan salah satu upaya untuk memecahkan masalah tersebut dan terbukti berhasil menurunkan jumlah kematian ibu dan bayi di berbagai negara.

Tujuan: Menganalisis peran, hambatan, dan strategi dalam kemitraan bidan dan dukun anak.

Metode: *Literature review* digunakan dalam penelitian ini. Artikel yang digunakan yaitu artikel yang terbit lima tahun sejak 2018 – 2023 yang diperoleh dari berbagai database, di antaranya yaitu Pubmed, EBSCO, Science Direct, dan Oxford Academy.

Hasil: Sejumlah seratus sepuluh artikel diperoleh yang kemudian dilakukan penyaringan. Diperoleh hasil akhir sepuluh artikel yang direview.

Kesimpulan: Bidan maupun dukun anak memiliki peranan yang besar di masyarakat. Perbedaan pengetahuan, keterampilan, dan persepsi merupakan hambatan utama yang ditemukan. Upaya yang dapat dilakukan untuk membangun kemitraan di antaranya adalah membangun komunikasi, pelatihan, berbagi peran, dan pemberian insentif terhadap dukun anak.

Kata kunci: Bidan; dukun anak; kemitraan.

INTRODUCTION

The World Health Organisation (WHO) compiled statistics that estimated the global maternal mortality rate in 2020 to be around 287,000 fatalities during pregnancy, delivery, and the postpartum period. This translates to a maternal mortality ratio (MMR) of 223 deaths per 100,000 live births. The Sustainable Development Goals (SDGs) for 2030 set an objective of fewer than 70 per 100,000 live births, which the current value falls short of. Moreover, the global newborn mortality rate stood at 18 deaths per 1,000 live births, whereas the Sustainable Development Goals (SDGs) aim to achieve a rate of less than 12 deaths per 1,000 live births by 2030.¹

It is possible to prevent approximately 95% of maternal mortality in low- and middle-income countries. The prevalence of maternal mortality in some regions of the world is indicative of the inequities in obtaining high-quality healthcare. Every woman needs access to exceptional healthcare services throughout the stages of pregnancy, delivery, and the postpartum period. It is critical to have competent healthcare providers present throughout all childbirths, as prompt administration and care may be the determining factor in both the mother and the infant's survival.²

Skilled health professionals such as midwives, nurses, and doctors attended approximately 84% of all births worldwide between 2015 and 2021. One indicator of the utilization of health services is childbirth attended by skilled health personnel. This

figure is a measure of the function and potential of the health system to provide adequate coverage for childbirth. Skilled health staff refers to those who possess the necessary expertise to deliver healthcare services to mothers and babies. They have received education and training, and they adhere to both national and international norms. They have the necessary skills and knowledge to deliver and advocate for care that is based on evidence, respects human rights, is of high quality, takes into account socio-cultural factors, and ensures dignity for mothers and babies. Furthermore, proficient healthcare professionals may aid in the physiological processes of labour to guarantee a healthy and favourable delivery, as well as detect, handle, and/or direct mothers and babies facing challenges.³

Birth assistance by non-health professionals is defined as the birthing process assisted by individuals who are not healthcare workers, such as traditional birth attendants (TBAs), paraji, or other untrained individuals.⁴ There are several factors influencing a mother's decision to give birth with the assistance of a TBA. These factors include difficulties in accessing healthcare, shortage of medical professionals in remote regions, the lack of transportation to healthcare facilities, strong adherence to ancestral traditions and kinship ties with traditional birth attendants, and poverty.^{4,5} It is widely assumed that TBAs possess greater expertise and empathy of women's psychosocial needs during childbirth, and they

can provide more satisfying postpartum care. Furthermore, poor midwives' attitudes in healthcare facilities and their apprehension about caesarean sections are the factors that influence women's decisions to choose TBAs during childbirth.⁶

Untrained personnel's assistance during childbirth can lead to maternal death, despite the comfort it brings to women. TBAs lack the adequate knowledge and skills to handle obstetric and neonatal emergencies. This poses a risk of postpartum hemorrhage. Non-sterile birthing procedures can also increase the risk of infection for the mother, the baby, and the traditional birth attendant themselves.⁴

Communities can collaborate between midwives and TBAs to address this issue. Although the WHO no longer recommends childbirth assisted by traditional birth attendants, they can still be valuable partners in providing health services for mothers and children. If trained, supported, and well-integrated into the health care system, TBAs can work effectively.⁷ In several studies conducted in various countries, studies have demonstrated that TBAs can effectively decrease rates of both mother and newborn mortality.⁸

The author intends to conduct a literature analysis to analyze the cooperation between midwives and TBAs in different locations, based on the context provided.

METHODOLOGY

This article is based on a comprehensive literature review. We used boolean methods to search databases such as PubMed, EBSCO, ScienceDirect, and Oxford Academy to identify relevant articles. We then screened the search results to remove duplicates and evaluated the abstracts. We obtained and critically appraised the full-text articles. We provide a PRISMA flow diagram to visualize the review process. This study included articles published between 2018 and 2023 that were fully accessible and employed qualitative, quantitative, or mixed methods. The review excluded articles that lacked full text accessibility or employed an article review methodology.

RESULTS AND DISCUSSIONS

We screened 110 articles from the initial search for duplicates. We reviewed the titles and abstracts of the remaining 86 articles after removing 24 duplicates. The predefined inclusion and exclusion criteria led to the total exclusion of 59 articles. We assessed the full texts of the remaining 27 articles, and ultimately included 10 in the review.

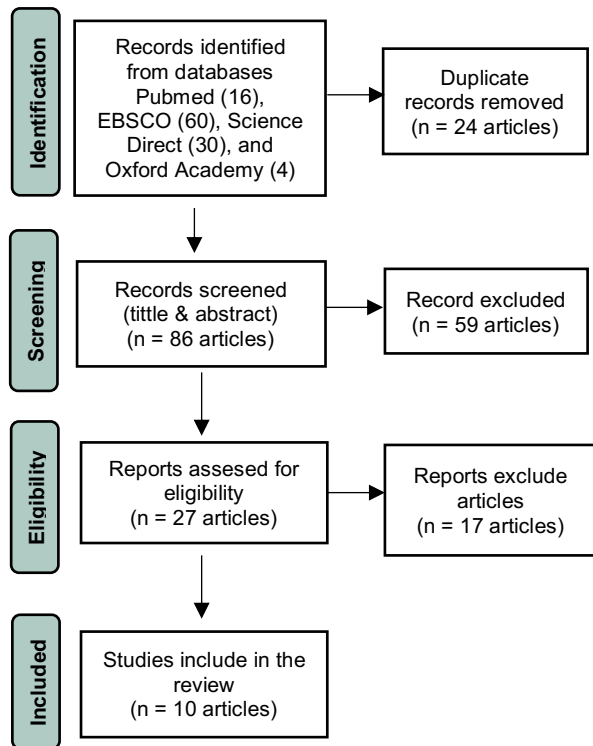


Figure 1. PRISMA Flow Diagram

Table 1. Extraction Data

No	Author, Year, Country	Objective	Research Methods, Instruments, and Samples	Result
A1	Author: Shimpuku Y, et al. Year: 2021 Country: Tanzania	Exploring the views of traditional birth attendants and midwives to understand the role of TBAs and challenges facing the healthcare system in rural Tanzania.	Method: Qualitative Instrument: Interview Sample: Midwives, doctors and nurses: 21 people TBAs: 15 people	TBAs play three crucial roles in the community: providing emergency support, promoting health education, and facilitating referrals to healthcare services.
A2	Author: Nanur, et al. Year: 2019 Country: Indonesia	Exploring the socio-cultural factors that influence a mother's choice to give birth with a traditional birth attendant.	Metode: Qualitative Instrument: Interview Sample: 11 women, 2 midwives, and 2 TBAs, 1 community leader.	The absence of transportation to healthcare facilities, adherence to ancestral practices, reliance on TBAs, unfavorable weather conditions during labor, and limited accessibility all present challenges for mothers and their families in accessing healthcare services.
A3	Author: Haruna U, et al. Year: 2019 Country: Ghana	To relocate TBAs so that they can provide maternal healthcare services. This involves emphasizing the advantages of	Method: Qualitative Instrument: Interview Sample: 16 TBAs	Three core strategies for partnership between TBAs and midwives are: re-evaluating training for TBAs; forming collaborative teams;

		incorporating TBAs into the healthcare system, as well as identifying any potential obstacles and finding solutions to ensure effective implementation.		and reallocating tasks between them..
A4	Author: Garcia KS, et al. Year: 2019 Country: Guatemala	Investigating Guatemalan TBAs' cultural knowledge, convictions, and methods for handling obstetric crises.	Method: Qualitative Instrument: Interview Sample: 191 TBAs	TBAs possess a deep understanding of divine principles, demonstrate awareness of indicators of obstetric peril, express a need for additional education and resources, encounter opposition from traditional male-dominated societies, experience trepidation and hopelessness when confronted with obstetric complexities and emergencies, and encounter challenges when attempting to refer patients to hospitals in urgent situations.
A5	Author: Syamsinar AA, et al. Year: 2020 Country: Indonesia	Finding out what social and cultural things affect how babies are cared for and how many babies die in Bone Regency, Indonesia, and showing why midwives and TBAs need to work together during childbirth and baby care.	Method: Sequential exploratory mixed methods Instrument: Interview and observation Sample: 121 mothers with infants aged 0-11 months	Socio-cultural factors, economic status, and the roles of both midwives and TBAs significantly influence infant care practices and mortality rates. A collaborative approach amid midwives and TBAs is crucial for improving childbirth outcomes and infant health. Moreover, societal and cultural transformations are indispensable for achieving substantial advancements in infant health and reducing infant mortality.
A6	Author: Ngotie TK, et al. Year: 2022 Country: Kenya	Exploring awareness of assisted delivery by a trained professional throughout the duration of pregnancy and the process of giving birth.	Method: Qualitative Instrument: Interview Sample: 11 midwives	The connections they establish throughout their caregiving engagement emphasize the TBAs' understanding of cultural customs. Recognition of risks to cultural well-being and apprehension about revealing sensitive information may help establish systems to foster more cooperation in providing services.
A7	Author: Ohaja M, et al. Year: 2020	Investigating midwives' views on the collaborative role	Method: Qualitative Instrument: Interview	The opinions of midwives about the function of TBAs exhibit considerable diversity

	Country: Nigeria	of TBAs within the healthcare system in Nigeria	Sample: 7 midwives	and contradiction. While some midwives advocate for the prohibition of traditional birth attendant practices, others contend that these practitioners are indispensable due to their valuable contributions to healthcare.
A8	Author: Kassie A, et al. Year: 2022 Country: Ethiopia	Investigating the cultural function of TBAs in providing maternal and fetal care within the context of integrating them with formal healthcare providers in Southern Ethiopia	Method: Qualitative Instrument: Interview Sample: 6 health workers (doctors, midwives/nurses), 4 religious/community figures	Despite the obstacles encountered, TBAs persist in their roles within their communities. However, there is a notable absence of integration between these traditional practitioners and the healthcare system. The significance of training TBAs has been underscored by all research participants, and healthcare professionals have acknowledged its potential to decrease maternal and fetal death rates.
A9	Author: Gurara M, et al. Year: 2020 Country: Ethiopia	Investigating the factors influencing women's decision to deliver babies at home and the roles of TBAs.	Method: Qualitative Instrument: Interview Sample: 14 midwives, 5 Health Extension Workers (HEWs), 6 pregnant women, and 4 TBAs	To improve access to healthcare and provide more respectful care, TBAs should be incorporated as a means of connecting healthcare services with pregnant mothers.
A10	Author: Musie MR, et al. Year: 2022 Country: Afrika Selatan	Investigating the cultural perspectives of TBAs on collaborating with midwives to provide maternal healthcare.	Method: Qualitative Instrument: Interview Sample: 21 TBAs	The five key themes identified are: the acknowledgment of TBAs as collaborative partners; the intended results of partnership; the steps needed to facilitate partnership; the redefinition of roles; and the challenges to partnership.

The Role of Midwives and Traditional Birth Attendants (TBAs)

A midwife is someone who has successfully finished a midwifery education program that follows the International Confederation of Midwives (ICM) Essential Competencies for Midwives and the ICM Global Standards for Midwifery Education

Framework. To practice midwifery, a midwife must possess the necessary qualifications to register with the appropriate government authority and must have the license and authority to practice independently.^{9,10} Midwives have an important function in providing essential support to women during childbirth to ensure their safety. They act as an

intermediary between the healthcare system and individuals in vulnerable, remote, and neglected areas. At the village level, midwives act as family planning and infant health providers, with their primary function being to assist mothers.¹¹ One of a midwife's responsibilities is to enhance community involvement in health programs. In carrying out her primary duties, a midwife must be able to establish good relationships with the local community, especially community leaders, village officials, and target populations.

Research conducted in Indonesia has demonstrated the vital role of midwives in providing essential care for both expectant mothers and newborn infants. Women feel happier and more in control when midwives attend to their needs. This means that midwives need to be able to understand how women feel to do a better job.¹² One of the key skills of a midwife is to recognise warning signs and provide appropriate care when complications occur during childbirth.⁹

As Adimihardja mentioned in Fatmawati's study (2021), a TBA is a woman or man who assists in childbirth.¹³ TBAs contribute significantly to the decrease in maternal mortality in developing and low-middle-income countries. TBAs are considered to have high social status, and many families actively pursue them as healthcare providers. Typically, these individuals are mature women who have obtained their expertise through

apprenticeships with other TBAs or through self-directed instruction.^{14,15}

A study in Tanzania found that TBAs do three main things: help women give birth when there's a problem, teach people about health, and send women to the hospital if they need more help.¹⁴ Similarly, in Ethiopia, many women still give birth without help from trained medical workers. Women often choose TBAs based on factors such as their living conditions, financial status, educational attainment, participation in prenatal check-ups, and their perception of the birth attendant.^{16,17} Women can't decide for themselves where to go for healthcare or where to give birth. Their husbands make these decisions. TBAs help women decide what to do and get ready for having a baby.¹⁷

People's trust in TBAs is based on their local culture. People view these women as experts who can aid in the process of birthing and offer support to both moms and infants. In Kaili communities in Indonesia, for example, people still follow old traditions about health that involve all parts of a woman's life. Families transmit these traditions, with the belief that they maintain women's health and necessitate the presence of TBAs. People think birth attendants have special powers that midwives don't, and there are rules that require them to attend births.¹⁸

Partnership characteristics include the management of roles within midwives and TBAs in assisting childbirth, effective communication between the two, a

coordinated system for patient referral, and their commitment to the partnership program. Hayati et al. (2018) assert that assessing the abilities of midwives and TBAs in terms of role division is necessary to ensure their respective roles align with their respective functions.¹⁹

Barriers

The continued high level of public trust in TBAs will contribute to an increase in maternal and infant mortality rates, as TBAs generally provide childbirth assistance based on experience rather than scientific evidence.¹⁸ Research from Indonesia indicates that mothers and their families face significant challenges in accessing healthcare services due to the lack of transportation options to healthcare facilities, adherence to ancestral customs, reliance on traditional birth attendants (TBAs), unfavorable weather conditions during labor, and limited access.⁵ Research in Pakistan suggests that the lack of female doctors, high costs of care, and long distances to healthcare facilities lead women to prefer TBAs for healthcare services.²⁰

TBAs have acquired their knowledge and skills in providing maternal care and assisting in childbirth through generations of experience and local traditions.¹³ These differences in knowledge and skills can create tensions within midwives and TBAs. Midwives tend to use evidence-based approaches and implement globally recognized practices to ensure maternal and infant safety. Midwives think they are better prepared for problems

during childbirth than TBAs. They believe that TBAs can put mothers, babies, or even themselves in danger if they help with births at home.²¹

Another underlying concern that midwives have about TBAs is the disparity in their understanding of risks and safety. Most of the medical literature on TBAs interprets their practice as outdated, unhygienic, and dangerous because they lack professional knowledge.²² Research in Kenya has found that there are still many dangerous and illegal practices of TBAs, such as abortion and female genital mutilation (FGM).²¹ TBAs are unaware of the appropriate time to refer laboring mothers to a hospital, resulting in delayed referrals.²² In Yawson (2020) research found that TBAs who were late in referring mothers to medical care sometimes caused the death of the mother, the baby, or both. They were often too sure of themselves, didn't listen to advice, and didn't want to change their traditional ways.²³ Kamboj et al. (2020) stated that TBAs still have limited knowledge of the physiology of pregnancy and don't know how to handle risky situations. They also don't know how to check for problems early on to prevent complications.²⁴

Conversely, there is a perception among TBAs. They often perceive midwives as cultural outsiders who lack the experience and wisdom associated with traditional birthing practices. This perception often leads to resistance to midwifery practices, which are seen as interfering with local customs and

beliefs.²¹ TBAs in Ethiopia think that midwives are trying to do their jobs. Consequentially, midwives are unwilling to establish any relationship with TBAs.²⁵ Such differing perceptions have led to friction in the relationship within midwives and TBAs.²¹

Musie et al. (2022) conducted a study in South Africa where TBAs reported negative attitudes and stigma from midwives, including indifference towards their practices, belittlement, and even labeling as witches. TBAs argued that such stigma was unfounded, as no midwife had ever taken the initiative to understand their actual practices.⁸

According to a study conducted in Tanzania, TBAs reported receiving negative treatment and a lack of respect from midwives when making hospital referrals.¹⁴ In South Africa, TBAs reported that midwives did not involve them in postpartum health education for women upon discharge, as they were considered untrained to provide maternal healthcare.²⁶ TBAs have expressed a strong desire to participate in trainings related to early risk detection and postpartum health education.¹⁴

Strategies

The partnership between midwives and TBAs is a collaboration that involves community leaders and aims to enhance mother and baby health. TBAs, who are highly respected and trusted members of the community, play a crucial role in childbirth assistance. This partnership is based on the

principles of openness, equality, and trust, recognizing the invaluable experience and knowledge of TBAs.⁴ Several countries' research recommends establishing partnerships between TBAs and healthcare providers, particularly midwives. Communities can implement partnerships, which involve the collaborative teamwork of at least two individuals, and adapt to various healthcare settings, including those in both developed and developing countries.⁷

By working together as a team, midwives and TBAs can share their work, help each other get better at what they do, feel like they are part of something important, make better choices, and come up with new ideas to reach their goals.²⁷ TBAs can act as a bridge between communities and healthcare facilities, improving childbirth services. Healthcare settings can achieve this by providing traditional birth attendant services and establishing lasting partnerships with healthcare professionals.^{14,28} A study in Tanzania highlighted the willingness of healthcare providers and TBAs to collaborate for the benefit of mothers and children. TBAs have a unique ability to connect with women, making their involvement in healthcare essential. Regular communication and meetings between both parties are crucial to discussing community needs, referral systems, and maternal health education.¹⁴

A study in Timor-Leste showed that TBAs were willing to be leaders in their communities and received training on

maternal and child health. They acted as a bridge between the community and health facilities by providing health education, home visits, and transportation services for pregnant women. This facilitated collaboration between the community and health facilities.²⁹ In line with Jafar & Kader (2021), effective collaboration between midwives and TBAs requires coordination with various programs and sectors. Partnerships can involve Maternal and Child Health, Health Promotion, Nutrition, and Immunization programs within the health center, as well as external partners such as local government, law enforcement, and community leaders. Each partner plays a unique role to ensure the program's success.³⁰

To strengthen the partnership, both healthcare providers and TBAs need training. To build trust with the community, healthcare providers should undergo training in cultural competency. TBAs require training on up-to-date maternal and child health practices, including obstetric care, referral mechanisms, birth preparation, and identification of complications. Those who have limited access to health facilities should receive specialized training in normal childbirth, such as cervical dilation, labor duration, and postpartum care. Regular skill assessments of TBAs are essential.^{7,8,14,25}

As in rural Guatemala, TBAs are eager to learn and participate in training, and they require basic equipment to assist in childbirth, given that most births are attended by TBAs.³¹ In rural Tanzania, healthcare providers have

expressed the need to provide medical equipment for TBAs, as the use of non-sterilized tools can lead to infections in mothers, infants, and even the birth attendants themselves.¹⁴

This approach emphasizes the importance of including TBAs' knowledge in the training process. By conducting workshops where their perspectives are valued and incorporated into the training materials, we can empower them to actively participate in integrating traditional practices into the modern healthcare system. This would make them feel like part of the health integration process without feeling intimidated, and they would focus on developing new ways to practice their 'skills' without endangering mothers.⁷ The empowerment of TBAs begins with what they want and what they have. This approach ensures that TBAs are not overwhelmed by new information and can build upon their existing skills.³² Healthcare professionals in remote rural Ethiopia recognize that training TBAs is crucial to reducing maternal and fetal deaths.¹⁷

In addition, midwives and TBAs can divide responsibilities in mother and child health programs. TBAs can act as health workers, promoting healthcare seeking, conducting home visits, assisting with childbirth, providing newborn care, and promoting breastfeeding and family planning.^{7,8} TBAs can play a significant function in promoting positive parenting practices by educating mothers and families

on healthy child-rearing behaviors and encouraging them to adopt healthier practices and abandon harmful ones.¹⁶

Providing financial incentives to TBAs is another crucial step. Given the time and effort they invest in their role, it is only fair to compensate them for their services, especially considering alternative income-generating activities like farming.¹⁴ TBAs who refer pregnant, laboring, and postpartum women to health facilities can receive incentives. Incentives can also be provided in the form of material supplies. This system can motivate TBAs to make referrals to health facilities, thereby reducing home births attended by TBAs and meeting their material needs.^{7,25,29} Furthermore, providing incentives to TBAs can make them feel valued by midwives.³²

CONCLUTIONS

Midwives and TBAs play equally important roles in society. While midwives provide maternal and child health services, TBAs, deeply rooted in the community's culture and beliefs, have been doing so for generations. TBAs can be partners for midwives in providing health services, especially as companions for women during pregnancy, childbirth, postpartum, and breastfeeding. Good communication and a clear division of roles can overcome tensions within midwives and TBAs, fostering a harmonious relationship and enhancing community trust. This will facilitate midwives and TBAs in addressing health issues in their

areas, especially regarding mothers and children. In addition, training and incentives are needed for TBAs so that they feel needed and valued.

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