



Influences and Risks of Traditional Birth Attendants in Maternal and Child Health in the Global South

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ABSTRACT

In regions with restricted access to medical facilities, Traditional Birth Attendants (TBAs) are essential in providing care during childbirth. Although these customs are useful and provide cultural solace, it put the health of expecting mothers and their unborn children at danger. In relation to TBAs in the Global South, this study examines the factors that influence the effects and dangers related to insufficient training, potentially dangerous traditional practices, and intervention techniques. The study indicates that cost and accessibility of health facilities are the two key factors influencing women's decisions during birthing between TBAs and medical institutions. Furthermore, skilled birth attendants on hand often build trust and personal relationships, taking cultural factors into account are all significant factors that affect the delivery experience. Health hazards associated with TBA-assisted births vary around the world and include infections, postpartum hemorrhage, birth traumas, maternal sepsis, low birth weight, birth hypoxia, congenital anomalies, and postpartum depression. Lack of professional training, restricted access to medical facilities, and cultural views that favor traditional procedures over contemporary ones are some of the issues confronting TBAs in various contexts. Furthermore, community involvement and comprehensive knowledge exchange are essential to ending hazardous habits and encouraging safe delivery. It is essential to establish legislative frameworks that acknowledge and assist TBAs as significant collaborators in the provision of healthcare services. Because of their recognized standing in the community, mothers' and children's health outcomes can be greatly enhanced by implementing a comprehensive strategy that takes into account the advantages and disadvantages of TBAs, especially in settings with limited resources.

Keywords: Traditional Birth Attendants, Maternal and Child Health, Risks, Challenges, Interventions, Collaboration, Policy

I. INTRODUCTION

For a very long time, traditional birth attendants (TBAs), have been essential to the health of expectant mothers and their unborn children in many communities throughout the world, especially in developing nations. TBAs are primarily female and typically possess a plethora of years' worth of experience. Their role in providing assistance during childbirth is crucial, especially in areas with limited or nonexistent access to professional medical facilities. Some expecting mothers still use TBAs in this day and age, despite the easy access to medical facilities in many regions of the world. This could be due to the expectant mother's ignorance and poverty level. TBAs are very significant because of their cultural and historical significance as trustworthy companions during childbirth. Furthermore, they offer direction, solace, and assistance to women throughout childbirth, frequently in environments that prioritize comfort and honor cultural diversity. Although TBAs have been acknowledged for their contributions to maternity care, it's crucial to understand the distinct work environment in which they function. Many communities in rural areas in many country in the Global South not only have high incidence of TBA but also poor healthcare facilities. These often cause restriction to access to contemporary medical services, and high rates of maternal and newborn death. Under these circumstances, TBAs play a critical role in assisting women who require it to receive the

labor support they require. The use of TBAs' methods, however, may not align with contemporary evidence-based obstetric care, which raises questions about the implications for expecting mothers' and their unborn children's health (Comparetto and Borruto, 2013; Fantaye et al., 2019).

More people are realizing these days how important it is to strike a balance between honoring customs and providing expectant moms with safe and effective healthcare (Bellamy 2001). Comprehending the difficulties faced by reproductive-age women who utilize TBAs is essential, as it facilitates the development of focused policies, programmes, and treatments that can support the fusion of traditional and contemporary healthcare systems. Thereby reducing the rate of maternal and neonatal fatalities. Enhancing the quality of care provided during childbirth could lead to better health outcomes for mothers and children residing in underdeveloped areas (Kerber et al., 2007).

Throughout history, TBAs have had a major effect on the wellness of mothers and children. TBAs are usually elderly women with extensive experience caring for women during childbirth and a wealth of traditional wisdom (Sarfraz and Hamid, 2014; Crissman et al. 2013). They provide essential services such support during labor, mental health assistance, and postnatal care. Some some regions, TBAs are viewed as reliable and accessible resources for expecting women due to their high prestige in numerous cultures and their acknowledged status as significant members of society (Gebrehiwot et al., 2012). Although their actual effect on lowering maternal death rates has changed over time, TBAs have been demonstrated to benefit mother and child health in a number of scenarios. Their limited access to necessary medical equipment and lack of medical expertise provide a significant obstacle that could have negative consequences in the event of problems during childbirth. Numerous nations have endeavored to incorporate TBAs into the official healthcare framework by furnishing them with resources, guidance, and a mechanism for being directed to certified healthcare practitioners in case of complications (Charles and Mawindo 2024). With the preservation of the cultural and community-focused elements of TBA assistance, this modification seeks to enhance the outcomes of childbirth and reduce the incidence of mother and neonatal mortality.

The purpose of this research is to examine the risks, benefits, and interventions related to traditional birth attendants in the context of mother and child health in the Global South. In the Global South, an area of nations mostly found in Africa, Latin America, Asia, and Oceania, TBAs frequently play a critical role in enhancing mother and child health because to the scarcity of healthcare facilities. Acquiring a comprehensive understanding of potential health issues and cultural importance is necessary to improve health outcomes. Healthcare organizations and legislators can improve the quality of care they deliver and foster collaboration with official healthcare systems by creating efficient intervention strategies for TBAs.

2. Historical context of TBAs in maternal care in the Global South

Many global civilizations have long included the use of TBAs in maternity care in their norms and practices. TBAs have long been important in helping women give birth and are there to support them every step of the way. Their reputation as dependable community members was cemented by the generational transfer of knowledge that led to their expertise. In the past, TBAs have been essential to the provision of maternity healthcare in a number of foreign regions, such as Africa, Asia, and Latin America (Table 1). Nigeria, an African nation, is a perfect example of the long-lasting effects of TBAs. In many Nigerian communities, traditional birth assistants (TBAs) are considered a dependable source of support during labour. They have earned the trust of expectant mothers and their families by inheriting knowledge that has been passed down over multiple generations. These TBAs frequently use herbal treatments and culturally specific approaches to aid with birthing. However, because of the absence of professional medical expertise and restricted access to healthcare facilities, these practices have also been linked to greater rates of mother and newborn death.

India is unique in Asia in that it has always relied on TBAs for maternity care (Roy et al., 2021; Sarker et al., 2016). For an extended period, traditional midwives and delivery attendants, referred to as "Dais" in India, have played a crucial role in easing childbirth in remote regions (Sharma 2019; Roy et al., 2021). Dais can provide vital support during childbirth, but problems and increased rates of maternal death have resulted from their inadequate medical expertise. The Indian government has worked to include Dais into the country's current healthcare systems, providing people with the knowledge and tools to identify and resolve problems as well as the means to connect with qualified medical professionals as needed.

Mexico and other Latin American nations have a well-established historical custom of using traditional birth attendants, known as "parteras" or "comadronas (Daviss 2020)." These birth attendants are well known for their ability to support and aid mothers emotionally throughout delivery. They have used traditional techniques that have been passed down through the ages. But, insufficient medical expertise has risks just like in other fields, particularly in circumstances that present challenges. Governments throughout Latin America have also made an effort to incorporate parteras into the healthcare system, highlighting the value of trained birth attendants (Torri 2012, 2015; Homedes and Ugalde, 2005; Miller and Smith 2017).

The past experiences TBAs have had in the maternal care industry also bring to light the constraints and difficulties they encounter. TBAs may find it difficult to manage difficult deliveries or obstetric emergencies. This is because they may not have professional medical training or access to modern medical facilities. The activities of TBAs caused an increase in maternal and newborn death in some regions. The historical background emphasises the need for a just approach that both defends safer and more useful healthcare choices for expectant mothers in the modern era.

Table 1: Historical Context and Examples of Traditional Birth Attendants (TBAs) in the Global South

Region	Historical Context	Country	Examples
Africa	Long tradition of TBA involvement in childbirth	Nigeria	TBAs played a key role in communities where access to formal healthcare was limited. Some TBAs held specialized knowledge and skills.
		South Africa	In apartheid era, TBAs served marginalized communities due to segregation in healthcare (Phatlane 2006).
Latin America	- Indigenous knowledge and practices often combined with Western models	Mexico	Parteras or "midwives" have historically served rural and indigenous communities, blending traditional practices with formal training (Laako 2021; Sarmiento et al., 2021; El Kotni 2016).
		Guatemala	Comadronas have provided culturally sensitive care for generations, sometimes collaborating with formal healthcare providers (Summer et al., 2017; Van Dijk et al., 2013; Chomat et al., 2018).
Asia	Diverse roles and practices depending on country and culture	Indonesia	Dukuns Bayi offers prenatal and postnatal care, drawing on traditional practices and sometimes collaborating with midwives (Barkin and Hildebrand 2014; Niehof, 2014).

3. Factors influencing women's choice of TBAs in the Global South

Regional differences in sociocultural, economic, and healthcare environments all have an impact on women decisions regarding TBAs. Table 2 lists the positive and negative aspects that impact women decision to give birth in a healthcare facility or at a TBA. TBAs are preferred in Africa, especially among uneducated rural dwellers in nations like Nigeria, for a number of reasons. A study by Ugboaja et al. (2018) looked into the variables affecting Nigeria's use of TBAs. Their results provide insight into the risk variables related to TBA attendance at deliveries across the nation. Findings showed that women restricted engagement in healthcare decisions, big family sizes, low maternal education, and living in rural regions were major risk factors for choosing TBA. On the other hand, their study also discovered that media exposure and contact with medical facilities lessen the probability of depending on TBAs for help during childbirth.

Ogunyomi and Ndikom (2016) investigated the factors influencing the utilization of traditional birth attendants' (TBAs') services in Akinyele local government, Ibadan, Nigeria. Their findings showed that 55.4% of research participants had previously used TBA services. Women provided compelling arguments for choosing TBAs, citing their perceived friendliness, accessibility, and the women's trust and confidence in them as key factors.

Onah et al. (2006) examined the factors influencing the utilization of maternity services in Enugu, southeast Nigeria, and the findings demonstrated that a variety of interconnected social, economic,

and health system factors had a major impact on women's decisions to give birth in Enugu's medical facilities. These factors operate on multiple levels, including those of the family, neighborhood, healthcare institutions, and the larger social and political context (Onah et al., 2016).

India is one Asian country where socioeconomic considerations are important while selecting TBAs. A study by Bhattacharyya et al. (2016) examined the factors that influence women in the Indian state of Jharkhand's propensity to give birth at a health facility. Their research showed that a number of variables, such as the availability of medications and supplies, the mother's and the baby's perceived health benefits, and the standard of care received from medical professionals, all influenced this preference. The authors also observed a discernible tendency of women, especially those in older age groups, having more education and wealth, and having had prenatal checkups, choosing to give birth in a facility.

Sarker et al. (2016) looked at the underlying factors influencing rural Bangladeshi women's choice for home deliveries assisted by TBAs. According to their research, home deliveries with TBA assistance continue to be the preferred method for expectant women. They showed that the most frequently cited reason for this decision was poverty. The preference for home deliveries with TBAs was also found to be significantly influenced by a number of other important factors, including conventional wisdom, misconceptions about religion, poor road systems, low women's participation in family decision-making, and a lack of transportation to nearby medical facilities. They further stated that people in the community favored home births because they were afraid of needing a hospital cesarean delivery, they were ignorant of the healthcare services available to them, and they believed there were not enough female doctors in healthcare facilities.

Siziya et al. (2009) studied the socioeconomic factors related to births in Iraq attended by TBAs and the findings revealed several interesting correlations including likelihood of TBA-assisted births was higher in the young, less educated, and financially struggling populations. Their study also revealed a decreased tendency for TBAs to supervise births among mothers with one or two children.

Even though Latin America generally has better access to formal healthcare institutions than some African or Asian nations, TBA utilisation can still occur because to variables like geographic remoteness and cultural choices. It may be logistically difficult for women to get to the closest medical institution in time for delivery in some rural areas due to the great distances involved. Furthermore, Priest (2012) conducted study on traditional birth attendant education in Fondwa, Haiti. Their findings demonstrated that factors such as age, training method, sex, literacy, numeracy, and literacy did not statistically significantly affect learning and retention in traditional birth attendants.

Table 2: Factors Influencing Women's Choice Between TBAs and Healthcare Facilities for Childbirth

Factor	Description	Positive Influences	Negative Influences
Accessibility	Distance to healthcare facilities, transportation availability	Closer to home, easier to reach	Remote location, difficult travel
Affordability and Cost	TBAs are often seen as a cost-effective alternative to medical facilities, especially in resource-poor areas.	Cheaper option	May lack resources for complex deliveries
Cultural factors	Women may choose TBAs due to cultural norms and beliefs surrounding childbirth in their communities.	Familiar practices, culturally competent care	Potential for harmful traditional practices
Quality of care	Perceived quality and effectiveness of TBA services	May provide personalized attention, emotional support	Lack of formal training, potential for complications
Trust and Personal Relationships	Trust in TBAs and established personal relationships can influence women's decisions.	Trust and familiarity with TBA	Limited knowledge of medical expertise
Availability of skilled birth attendants	Presence and accessibility of qualified healthcare providers	Limited access to SBAs, particularly in rural areas	Competition with SBAs for deliveries
Education and Awareness	Women's understanding of the risks and benefits of different birthing options	May not be aware of potential risks associated with TBAs	Education campaigns can promote informed choices

4. Health risks associated with TBA-assisted deliveries in the Global South

Because there are differing degrees of health concerns connected to TBAs in different countries of the world, such as Africa and Asia, pregnancy facilitated by these devices is a common cause for concern. The health hazards related to TBA-assisted births are listed in Table 3 for the various areas. TBAs continue to be a common delivery method in Nigeria, a country with a high rate of maternal mortality. According to WHO (2019), more than 20% of all maternal deaths globally occurred in Nigeria in 2015. The study estimated that Nigeria had a maternal mortality ratio of around 800 deaths per 100,000 live births, or about 58,000 deaths annually. Furthermore, according to Ajegbile (2023) and WHO (2023), Nigeria had a maternal mortality rate of 917 deaths per 100,000 live births in 2017. This is especially true in rural areas where access to resources for professional healthcare is limited. While TBAs are vital, their dirty equipment and lack of medical understanding can lead to diseases and difficult births. Infections like sepsis and tetanus may be more common in women due to contaminated instruments and poor hygiene. Moreover, TBAs could lack the expertise to manage obstetric crises such as breech births or postpartum haemorrhage, which could result in potentially fatal situations (Maddan et al., 2022).

Despite major developments in maternal healthcare, several parts of West Java Province, Indonesia (Titaley et al., 2010) and other part of African and Asia continue to use TBAs for births, which poses certain health dangers. Titaley et al. (2010) provided an explanation for the preference of women in West Java Province, Indonesia, for home births and traditional birth attendants. They discovered that physical distance and financial limitations were the primary causes of this choice. Moreover, several local women felt that experienced delivery attendants or institutional deliveries were only suitable for pregnant women experiencing problems. For pragmatic and cultural reasons, TBAs continue to be favoured in a few remote areas of the nation. However, this tendency may cause someone to delay seeking expert medical assistance in dire circumstances. Delaying obtaining medical care following a delivery helped by a TBA may exacerbate conditions like as eclampsia or obstructed labour, increasing the risk of illness and death for both the mother and the child (Hutchinson 2016).

TBAs are usually the primary carriers during childbirth in Latin American countries, particularly in rural parts of Mexico, Guatemala, and Honduras, with a focus on indigenous people. The health risks associated with TBA-assisted deliveries in these communities include inadequate monitoring of vital signs, a lack of knowledge about safe delivery practices, and possible challenges with home births. These ailments carry a risk to the health of expecting mothers and their unborn children because they can cause prolonged labour, infection, or hypoxia in the developing kid.

Table 3: Health Risks Associated with Traditional Birth Attendant (TBA)-Assisted Deliveries in the Global South

Region	Health Risk	Example	References
Africa	Maternal Mortality	Hemorrhage due to retained placenta (Rwanda)	Bazirete et al., 2020
	Neonatal Mortality	Premature birth complications (Tanzania)	Mangu et al., 2021
	Infections	Tetanus infection due to unhygienic practices (Nigeria)	Ogundare et al., 2021
	Obstructed labor	Delayed referral to skilled birth attendant (Ethiopia)	Adeyemo et al., 2016; Kalu et al., 2022
Latin America	Postpartum Hemorrhage	Lack of access to blood transfusions (Guatemala)	Copeland 2011; Austad et al., 2021
Asia	Low Birth Weight	Malnutrition due to lack of prenatal care (India)	Bamji et al., 2008
	Birth Asphyxia	Inability to manage complications (Nepal)	Thatte et al., 2009
	Postpartum Depression	Limited social support due to cultural practices (Indonesia)	Nurrachmawati et al., 2019; Pebryatie et al., 2022

5. Challenges of Patronage of TBAs in the Global South

Helping TBAs is a complex and challenging issue in many regions of the world, Particularly in Asia, and Africa. Table 4 lists the challenges associated with TBAs across the world's regions. In Nigeria, where the country rates of maternal mortality are still far too high, especially in its rural and impoverished areas, TBAs are still crucial during childbirth (WHO, 2019, 2023). The issue stems from the fact that many women in these areas lack access to first-rate healthcare services due to geographical or budgetary constraints. For this reason, they usually rely on TBAs to assist them during labour. TBAs can execute standard delivery procedures and provide emotional support, but they are not trained medical professionals, so they cannot handle difficulties, which puts women and babies at risk. When obstacles arise, it is possible that people (TBA and the expectant mom) will put off getting the appropriate medical attention, which could have unfavourable effects.

Even in countries like India, where healthcare facilities and accessibility have advanced significantly, TBAs are still common in Asia. The bulk of people reside in rural locations, where it may occasionally be difficult to get healthcare. TBAs are well-liked by women due of their accessibility and cultural awareness. The main challenge in this case, however, is the lack of official referral mechanisms and standard training. TBAs occasionally may employ antiquated techniques or unsterilized equipment, which could lead to infections or other problems (Berggren et al., 1983). The deeply rooted cultural beliefs and traditions of TBAs have proven to be an obstacle to their integration into the healthcare system, even with attempts to provide guidance and training (Mohamed et al., 2020; Ahmed et al., 2019).

Helping TBAs in Latin America may challenging due to a confluence of cultural norms and healthcare disparities. TBAs are widely trusted to offer support during childbirth in remote and indigenous places. However, because TBAs lack the equipment and medical knowledge necessary to handle emergencies, problems arise during childbirth. This might have severe effects, particularly for women and infants living in remote locations without access to healthcare. Even while many Latin American countries are working to improve maternity healthcare and promote hospital deliveries, the persistence of old beliefs and cultural traditions might inhibit improvement in few countries in the area.

Table 4: Challenges Associated with Traditional Birth Attendants (TBAs) in the Global South

Region	Challenge	Example	References
Africa	Lack of formal training	In rural Tanzania, many TBAs have not received proper training on hygiene, safe birthing practices, or identifying complications.	Baumhart 2018; Shimpuku et al., 2021; Vyagusa et al., 2013
Latin America	Limited access to medical facilities	In remote areas of Guatemala, pregnant women may choose TBAs as hospitals are far away and expensive.	Perry et al., 2023; Locklear et al., 2013
Asia	Cultural beliefs prioritizing traditional practices	In some parts of India and Pakistan, families prefer TBAs due to cultural beliefs about childbirth and mistrust of modern medicine.	Bohren et al., 2014; Sahoo and Pradhan 2021

6 Socio-cultural factors influencing TBA preference in the Global South

The desire for TBAs varies greatly among different locations, such as Africa, Asia, and Latin America, and is mostly influenced by sociocultural influences. The sociocultural elements impacting women TBA selection in the Global South are presented in Table 5. For example, deep-rooted cultural customs and beliefs in Nigeria frequently influence women to choose TBAs over other birthing methods (Uka 2020). TBAs are regarded as reliable individuals with traditional wisdom that has been passed down through the years in many Nigerian communities. Because TBAs and women have similar cultural backgrounds, languages, and values, which make birthing more comfortable and familiar, women frequently select TBAs. Furthermore, the rites and practices connected to TBA-assisted births have cultural importance and are ingrained in Nigerian communities' social fabric.

Sociocultural variables also affect the preference for TBA in India, especially in rural areas where traditional practices are common. TBAs are preferred by many Indian women because they provide treatment that is sensitive to cultural differences and follow traditional birthing practices. For example, TBAs called "Dais" in places like Rajasthan (Chaudhary et al., 2023) are highly respected for their ability to carry out customs and ceremonies that are significant to the family and community. The idea that TBAs can make childbirth more fortunate is reinforced by the fact that these rituals frequently include blessings

and prayers. TBAs can also be less expensive than traditional healthcare practitioners, which gives families from lower-income backgrounds access to them.

Similar sociocultural influences are at play in Latin America, while country-by-country variations exist in TBA utilisation incidence. Because of their cultural competency and knowledge of customary birthing procedures, TBAs are still the preferred choice for childbirth in some indigenous communities in nations like Guatemala (Perry et al., 2023). TBAs are preferred by many indigenous women because they uphold their traditional customs and offer care in their original tongues. In these areas, TBAs play a multifaceted function that is closely linked to social cohesiveness and cultural identity. They are not just birth attendants; they are also community leaders and spiritual advisors.

Table 5: Socio-cultural Factors Influencing Women's Choice of Traditional Birth Attendants (TBAs) in the Global south.

Continent	Socio-cultural Factor	Description	Example	Explanation
Africa	Traditional beliefs and practices	Respect for TBAs as community healers and knowledge-holders	In some part of Africa, TBAs are often seen as "spiritual midwives" with unique skills passed down through generations (Ekong 2021).	This traditional respect can lead women to prefer TBAs, even when medical facilities are available.
	Limited access to healthcare	Distance, cost, and cultural barriers to formal healthcare systems	In rural Tanzania, many women lack transportation or financial resources to reach hospitals, and may feel uncomfortable navigating unfamiliar medical settings (Mosley et al., 2020).	Limited access can push women towards familiar and accessible TBAs.
	Gender roles and power dynamics	Preference for female providers, especially within patriarchal societies	In some part of Nigeria, women may feel more comfortable discussing pregnancy and childbirth with female TBAs than male doctors	Preference for female providers can influence TBA choice.
Latin America	Indigenous cultural practices	Integration of traditional birthing methods with modern healthcare	In Guatemala, Mayan midwives (comadronas) combine traditional herbal remedies with prenatal check-ups at health centers (Gradilla and Vallengia, 2011; Dürr 2019).	Integration fosters trust and acceptance of TBA services.
	Negative experiences with formal healthcare	Mistreatment, discrimination, or lack of cultural sensitivity in hospitals	In Mexico, indigenous women have reported feeling disrespected and ignored by medical professionals, leading them to seek care from TBAs (Sacks et al., 2022).	Negative experiences can push women away from formal healthcare.
Asia	Religious beliefs and rituals	Integration of religious practices into the birthing process	In Indonesia, religion and custom may influence women's preference for specific birthing positions and rituals, which TBAs may be more likely to accommodate (Bhanbhro et al., 2020; Bennett, 2005)	Religious beliefs and custom can shape TBA preferences.
	Cost and affordability	Preference for low-cost or free birthing services, especially among marginalized communities	In India, TBAs often charge significantly less than hospitals, making them more accessible to low-income families (Basu 1990).	Cost concerns can drive women towards TBAs.

7. Implications for Maternal and Child Health in the Global South

7.1. Health disparities between rural and urban areas

The importance that TBAs play in maternal and child health throughout Africa, Asia, and Latin America may be linked to the global problem of health disparities between rural and urban areas. The dearth of professional healthcare institutions in Nigerian rural areas often leaves them more dependent on TBAs to provide healthcare services. In remote places, some expectant women typically consider TBAs as their first option due to inadequate infrastructure and a shortage of qualified healthcare experts. However, relying solely on TBAs may lead to drastically divergent health outcomes because they may lack the knowledge and resources necessary to handle issues following delivery. As a result, rural areas experience higher rates of maternal and neonatal mortality than do urban ones.

In Indonesia, inadequate healthcare options often lead women in remote areas to turn to TBAs because of physical constraints and unreliable transportation (Titaley et al., 2010). In rural areas, high rates of mother and infant mortality persist despite government efforts to promote institutional deliveries and ensure the availability of skilled healthcare personnel during childbirth. Despite 70% reduction in maternal mortality rate in India between 1997 and 2020 as reported by Meh et al. (2022). Among the countries in Latin America with the most obvious healthcare inequalities is Guatemala. TBAs are a significant source of healthcare for expecting moms residing in remote rural areas.

7.2. The role of community health education

In numerous locations, such as Africa (particularly Nigeria), and Asia (particularly India), community health education is essential for enhancing TBA skills and knowledge as well as women and children's health. In Nigeria, despite ongoing attempts to encourage competent birth attendance, TBAs still deliver birth on a regular basis. However, community health education programmes have played a crucial role in bridging the divide between conventional and contemporary medical care (Nutbeam 2000). These activities frequently entail instructing TBAs on how to identify warning signs during labour and delivery and, in the event of an emergency, directing expectant mothers to the proper hospital facilities (Aziato and Omenyo, 2018). Community health education has increased TBAs understanding of the need of safe delivery techniques, which has resulted in a decrease in maternal and newborn death rates in Nigeria.

In India, a nation where TBAs have traditionally had a major impact on childbirth, community health education initiatives have been essential in promoting safer practices for mother and child health. A significant percentage of TBAs have had training on clean delivery techniques, basic infection control procedures, and the importance of initiating breastfeeding as soon as feasible (Saravanan et al. 2008, 2011, 2012). These teaching courses have not only helped hospital births and encouraged collaboration between TBAs and professional medical staff, but they have also enhanced the quality of care that TBAs deliver. Community health education programmes have led to a drop in the incidence of maternal and newborn death in the corresponding regions.

TBAs are encouraged to embrace safer techniques while upholding cultural customs in Latin American nations where community health education is done, such as Guatemala. Clean delivery rooms, halting postpartum haemorrhage, and early problem detection have been given top emphasis by these measures, which motivates TBAs to send women to hospitals when needed (Baumhart 2018; Lerberg 2011).

8. CONCLUSION AND PERSPECTIVE

TBAs have significantly improved the health of moms and their children, especially in regions of Latin America, Asia, and Africa where access to high-quality healthcare is scarce. However, there are still a lot of challenges that are comparable throughout these many situations. The absence of professional medical training and restricted access to medical supplies for TBAs pose serious issues as they may result in problems and subpar birth outcomes. Maternal death rates are greater in rural sub-Saharan Africa due to the possibility that TBAs lack the resources and expertise necessary to handle obstetric crises. Some Asian countries are more accustomed to home births than others, therefore TBAs might not be as skilled at spotting and managing issues. Native American communities in Latin America have long placed a high importance on TBAs. However, if they are not accepted into the existing healthcare systems, it may be more difficult for them to obtain high-quality obstetric treatment.

Therefore, it is critical that TBA-related maternal health issues are handled as soon as feasible in order to enhance mother and child health outcomes in these settings. TBAs are frequently the first choice for women seeking maternity healthcare because of their significant cultural role. Thus, in order to lower the incidence of maternal mortality, TBAs must be prepared with the information and tools necessary to identify problems and direct women to the right medical institutions. Moreover, there is a pressing need for more countries to regulate the activities of TBAs in both urban and rural areas and establish community-based interventions accordingly.

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