



Acceptability and Feasibility for Scale-up of the New Birth Companion Role of Traditional Birth Attendants in Kakamega County, Kenya

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ABSTRACT

Reduction of maternal and newborn mortality is still a global public health challenge. The other challenge is redefining the roles of traditional birth attendants with a view of integrating them into the formal health system. To this end, the Linda Afya ya Mama na Mtoto Project implemented in Kakamega county re-oriented 345 former traditional birth attendants into the new role of birth companions. It was therefore fitting to establish perceptions of stakeholders on this new role. To establish perceptions of stakeholders on the birth companion role of former traditional birth companions. A cross-sectional qualitative design was applied in this study. Eighteen (18) in-depth interviews were conducted with health service providers, health managers, programme officers, and policy makers based on similar interview schedules. Ten focus group discussions were conducted with pregnant and lactating women, male spouses and community health workers. Raw data was transcribed and analyzed using Atlas Ti software. The following seven themes emerged: the policy environment; perceived benefits, acceptability, challenges, the issue of integration into the formal health system and sustainability. The policy environment was not conducive for integration into the formal health system. However, across the board, the new role was highly acceptable linked to numerous perceived benefits; remuneration and travel difficulties were considered major bottlenecks to sustainability. The new birth companion role of former TBAs is widely acceptable and can be feasibly sustained and scale-up. Birth companionship is both a health system and client-centred high impact intervention. Governments should institutionalize new birth companion role of former TBAs as a way of incorporating them into the formal health system given the evidence on benefits to the client and health system. Conduct studies on cost-effectiveness of various sustainability and incentivizing mechanisms.

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Introduction

In developing countries, maternal and newborn mortality alongside the disabilities related to childbirth are among the major public health policy challenges (WHO, 2012). The public's trust in TBAs has remained high especially because they are perceived to offer cheaper services many times paid in kind, provide tender loving care and belong to the community (Shaver, 2008; Olsen, 2009). Different opinions have been expressed in regard to the traditional birth attendants' ability to offer appropriate obstetric services (Olsen, Ndeki, Norheim, 2005). These range from advocacy for their training and inclusion into the formal health system (Mbaruku *et al.*, 2009; Fronczak *et al.*, 2007) to banning TBA assisted deliveries altogether (Agwanda, 2007).

Where TBAs have been integrated with the formal health system, coverage with skilled birth attendance has increased (Byrne, Morgan, 2016) alongside reduction of perinatal and neonatal deaths (Wilson, Gallos, Plana *et al.*, 2011). They are effective in improving the referral mechanism and links with the formal healthcare system (Chalo, Salihu, Nabukera *et al.*, 2005). This evidence has re-ignited the push for re-consideration of their role in maternal and newborn health;

few studies however, have focused on how to integrate this cadre into the formal health system

With about 30% of deliveries in Kakamega County conducted by unskilled birth attendants, reliance on delivery with the large number of TBAs is one reason for the high maternal mortality ratio and low coverage with skilled deliveries in Kakamega County (KNBS, 2014). Traditional Birth Attendants are untrained and lack the emergency care services of the formal health system's facilities, thus increasing the risk for maternal and neonatal morbidity and mortality (Olsen, Ndeki, Norheim, 2005).

Re-orientation of traditional birth attendants on the new birth companion role is one of the County's mitigation strategies. Yet there is insufficient evidence on effectiveness, need, acceptability and feasibility of TBAs' involvement in the formal health system including the birth companion role (WHO, 2012).

Most studies on TBAs have focused on effectiveness of training on improving maternal and child health resulting in the debates referred to in the previous paragraphs. Previous studies also identified diverse roles played by TBAs however, few if any studies have investigated this cadre performing the role of birth companionship.

This study set out to explore perceptions of selected stakeholders on the new birth companion role recommended in the Kenya Reproductive Health Policy (ROK-MOH, 2007).

Materials and Methods

With a population of 1.9 million, Kakamega County is among the most densely populated counties in Kenya (ROK-MOH, 2013). Maternal mortality ratio in this county was far higher than the national average: 800/100,000 against 362/100,000 national (KNBS, 2014). Over 30% of deliveries in this County were conducted by unskilled traditional birth attendants (KNBS, 2014). About 345 former traditional birth attendants in this County were re-oriented in 2015 to perform the new birth companion role of re-directing their clients to deliver in health facilities as well as providing them with emotional support in the form of encouragement, praise, reassurance, listening and a continuous physical presence during labour and child birth (Kungú et al., 2017).

A cross-sectional qualitative study design was adopted to elicit perceptions, acceptance and feasibility for scale-up of the birth companion role of former traditional birth attendants. Respondents included focus groups comprising pregnant and lactating women while Key informants included Policy Makers, Health Managers, Programme Officers, Health Service Providers, Birth Companions and Male spouses of pregnant and lactating women.

Research assistants with a social science background were used to conduct both the key informant interviews and focus group discussions working in pairs. One took the role of a moderator while the other was a note taker. Informed consent for the interview as well as consent to have the deliberations recorded was obtained from each participant. Key informant interview schedules with appropriate open-ended questions for each key informant were used to conduct the interview. Each interview was conducted in a language that was most appropriate for the key informant. Interview sessions lasted between 30 and 45 minutes. Each of these interviews was recorded.

Qualitative data from all FGDs and KIIs was transcribed verbatim, translated into English from spoken to written and cross-checked for accuracy. A few were quoted in the local language and translated. Each audio was then cross-checked for accuracy by listening to the audio while going through the transcripts to ensure no data was omitted. Field notes were used to complement the audio to assist documentation of expressions and contexts. The transcriptions were inductively and deductively analyzed to key themes, concepts and categories by use of Atlas TI software. These themes formed the basis for further data analysis and inference in form of quotes. These key themes formed the basis for further data analysis

Results: Perceptions on new birth companion role

The following seven (7) themes emerged from the qualitative analysis: i. Policy environment, ii. Acceptability of the new role, iii. Perceived benefits, iv. Challenges, v. Opinions on integration vi. Sustainability vii. Feasibility for scale-up.

i. Policy environment

The policy environment is not yet conducive for incorporating TBAs into the formal health system. Existing policies only mention that they should be birth companions without clear guidelines on the new role.

"The policy is not clear. Like the other time, long ago, we had traditional birth attendants Trained by Kenya Finland and given kits. The kits were taken back" MK, Nurse

Manager Matungu.

"The policy doesn't exist". County Nutrition Coordinator, KII Kakamega

ii. Acceptability of birth companions

The new of TBAs as birth companions is acceptable by both community members and health managers. Health service providers and managers said they welcomed their presence in maternity wards.

"We like it because they come with the mother and the mothers' know them so well. So we are happy with them being there. Also when we look at the staffing, the number is low. So when they are with the mothers and they know them from the community, to us we are happy" Maternity Nurse Matungu

Asked which cadre of staff the manager would wish to recruit for maternity services if funds were available, the manager would recruit both nurses and birth companions.

"If given funds, I will need a number of nurses but also to some extent, birth companions". Health Manager, Matungu Birth companions are highly acceptable by community members as elicited in the focus group discussions. It was unanimous that ALL women in labour required psychosocial support in both experimental and control locations.

"We are saying there is need for birthing women to have someone to encourage them so as to deliver normally". FGD respondent, Matungu.

"Support is especially required for the first delivery because you have no experience, you require psychosocial support". -FGD respondent, Khaunga.

"You require them to support with physical tasks like bathing, washing linen and feeding you because you may have no strength". FGD respondent, Khwisero

Male spouses also agree birth companions are needed

"The truth is that these women (birth companions) do a good job. The Government should remember them". Beneficiary's husband, Matungu. The control location respondents however had reservations. A maternity nurse said the following: *"Maybe to escort the clients from home to the hospital only"*. Maternity Nurse, Butere

iii. Perceived benefits

Working with birth companions has been associated with such benefits as supporting birth preparedness, increasing utilization of maternity services, providing psychosocial support during labour and childbirth, and are an extra hand in maternity

a) Birth preparedness

Birth companions begin engaging their clients early and therefore help prepare them for facility delivery

"They also do the preparation at home, we tell them when they come they should have Enough clothes, cotton wool and what is necessary to be used during and after labour". Rachael, Nurse Matungu

b) Increased facility utilization

Implementation health facilities recorded increased utilization of maternity services effectively averting neonatal and maternal deaths.

"We have also seen an increase in maternity admissions as seen on our chart. We were conducting less than 130 deliveries per month but when they came in maternity admissions now range between 250 and 300 per month". Maternity Nurse, Matungu *"Then the risks associated with eeh home deliveries like delayed referrals resulting in still births and maternal deaths have reduced. Actually our maternity deaths went down"*. Maternity Nurse, Bushiri HC

c) Improved birthing experiences

Beneficiaries of birth companions had this to say:

"I had a lot of fear during birth of my second born. The birth companion allayed my fears and really encouraged me to labour on. The birth experience was much easier with less pain than I anticipated" EB after giving birth to her third born assisted by a Birth companion

"My previous birth took a long time. This time round, I found it easier and quicker to deliver. Thanks to the comforting touch and nice talk by the birth companion" GB, 25 years, beneficiary

d) Human resource health

Asked about the attitude towards having birth companions in maternity, staff mentioned that their presence addressed and alleviated the staff shortage.

"You get one nurse against ten patients, one nurse against ten mothers, maybe you are delivering, there's an admission there. The birth companions help in observing and reporting any issues to the nurse. Actually when they come in the maternity, they also give this mother psychological support which we can't give because of the work load".

Rachael, Nurse Matungu.

"Birth companions help keep the health facility clean by mopping time and again". Maternity nurse, Khaunga

iv. Challenges of having birth companions

One major challenge with having birth companions in maternity is that they come along with some negative practices into the ward. This included massaging the uterus and provision of herbal medications to their clients. It was observed that some birth companions take it personal when counseled against such behaviour. On the other hand maternity nurses develop negative stereotypes one even one birth companions does what is not recommended.

"So the challenges we are facing now is that they come with herbs, some come with herbs in the maternity and they give silently, and they give at a figure; some money. Most of them also like massaging the uterus. When this happens, the nurses become scared and also develop stigma against specific birth companions". Maternity Nurse, Bushiri HC
High attrition was mentioned probably linked to remuneration.

"Another challenge is that some have dropped out since the project which was giving them something ended. But we still have some active ones" HM Khaunga HC
There is no remuneration

"We do more of a voluntary service. We are not paid. I have worked for three years now". Birth Companion, Khaunga
One health manager singled out the frequent industrial actions in the health sector as a potential threat.

"MOH should be able to control the frequent erratic health worker strikes which make TBAs return to their initial practices". KII respondent, Navakhola
A major operational challenge is congestion in the wards that may result from a large number of birth companions.

"And also another thing is the, maybe when they come like you receive five mothers against five TBA's, those are ten....in the maternity and because of the space you get there is a congestion". Maternity Nurse, Bushiri HC

v. Views on integration into the health system

All participants in the KIIs agreed that it was feasible to integrate the former TBAs into the formal health system. Suggestions included:

i. Converting them into community Health workers.

This view was divided. Proponents said there was an existing community strategy with supervisory mechanisms to be layered on. Opponents argued that their age and low education levels did not favour converting them into Community Health Volunteers.

ii. Most proposed they be trained to become birth companions.

However, there were concerns among some cadres especially health promotion Officers and Public Health Officers who thought they should only refer clients to hospital as opposed to having them provide psychosocial support to women in labour.

"It is not favourable since they cause a lot of harm than good as they are not health workers. So the policy should not entirely consider them as health workers". Health Promotion Officer, Butere

Proponents most of whom were clinicians, argued that these women had experience with handling birthing women and only required training on the new role and that successful conversion of some TBAs to this new role had been done in some Counties.

"Train and convert them into birth companions But remember to provide incentives. The MOH and Partners have recognized this important role and it is working in some counties". RH Coordinator, Kajiado

"TBAs can be integrated into the formal health system by engaging them as birth companions and be remunerated when they accompany women to delivery in hospital; the policy recognizes them as birth companions but not midwives". Program Officer, UNICEF.
TBAs themselves strongly desired to work in health facilities and feel esteemed when integrated.

"Nowadays I am considered as a staff at Mumias Mission Hospital; the community considers me as an important person; we are visited and known by big people; we are no longer shy to say what we do to benefit the community" IO, Ekeru
Birth companion

vi, Sustainability of the new birth companion role

Sustaining community resource personnel such as community health volunteers has remained a challenge. This is an even greater challenge for the new birth companion role of TBAs. Asked about this, key informants made such proposals as: Empower them by establishing group income generating activities

"I propose to establish birth companions clubs, members contribute a little every month, have them registered and support them to start income generating activities of their choice". MK Nurse Manager, Matungu
Put birth companions on government payroll or pay them using maternity fees

"The County government should include birth companions in its budget. NHIF can also be used to incentivize birth companions since maternity fee is channeled through it". MOH, Matungu
SDH
This proposal was echoed by community members

"Birth companions should be given salaries" FGD R7, Khaunga HC
Different views were given by community members on how to reward and sustain birth companions. These included both cash and in-kind rewards by beneficiary families and the Government.

"TBA/Birth companions should be offered soap and sugar by the mother who has delivered". FGD R5 Bushiri HC
"Give her a small sheep!" FGD R7 Bushiri HC

"Every family should offer her a chicken worth about 500 or 600 shillings. That token should be given free without coercion" FGD R6 Matungu

Vii. Feasibility for Scaling-up the birth companion roles

All the 18 key informants agreed the new birth companion role was evidence based, culturally acceptable, easy to perform and there were existing opportunities for scale-up. Key informants mentioned barriers to scale-up as lack of policy direction on the intrapartum roles of birth companions, negative attitude and stereotypes against traditional birth attendants on the part of some cadres of health service providers, fear of congesting health facilities, health worker industrial actions, lack of 24-hour coverage of maternity services and lack of a remuneration mechanism. Facilitating factors included their willingness to change roles, availability of the birth companion manual, availability of the community strategy as a management structure, possibility of converting them into a community health worker category, opportunities for remuneration using maternity funds and the overwhelming acceptability of birth companions.

Discussion

Introduction

Re-orientation of former traditional birth attendants into birth companions in Kakamega County was conducted by the Nutrition International funded Community Based Maternal and Newborn Health and Nutrition-CBMNHN Project christened the “Linda Afya ya Mama Na Mtoto Project”. A total of 345 former TBAs became birth companions (Kung’u *et al.*, 2017). The new role entailed re-directing their clients to deliver in health facilities and providing continuous emotional and physical support. Emotional support during labour and childbirth is a critical component of the first stage of labour (Khesheh, 2010; Mottram, 2008). This study set out to establish acceptability and feasibility for scaling-up the new birth companion role of former TBAs in line with the World Health Organization’s task shifting recommendations (WHO, 2010).

Summary of findings

The study found that the policy environment was not conducive for incorporating former TBAs into the health system. This was evident from divergent views of key informants. The birth companion role was acceptable across board as perceived by health workers, health managers, policy makers and members of the community. The acceptance was linked to numerous perceived benefits of birth companions including promoting birth preparedness, they are viewed to be additional human resource and therefore provide psychosocial support, physical support and link clients to maternity staff and their families. In addition, birth companions support in keeping the health facility clean among other benefits. There was increased uptake of antenatal care Iron and folic acid supplementation and skilled deliveries in the proximal health facilities. The new roles’ main challenges included lack of remuneration, distance, lack of transport and the frequent prolonged health worker strikes that may condition this cadre to conduct deliver as a stop-gap measure thereby returning to their previous roles. Varied suggestions were made to ensure sustainability. Key among them were: to put them on the government payroll, beneficiary families to pay in kind like giving chicken, a goat or sheep for every client served, registering them into community based organizations and supporting these to establish income generating activities and paying them using NHIF funds or maternity re-imburement that is given to health facilities.

These findings agree with previous ones that concluded that birth companions played significant roles and provide profound benefits if integrated into the health system (Bryne

et al., 2016). The study has given evidence that former TBAs are effective in improving quality of the first stage of labour by providing psychosocial support to women in labour. This agrees with previous birth companion and TBA studies (Hodnett, 2013; Koyombo, 2013).

Interpretation of findings

Birth companions increased facility utilization of MNHN services, provided additional human resource in maternity and contributed to improving quality of the first stage of labour. This findings resonate well with previous studies on birth companions and traditional birth attendants (Decio, 2014; Koyombo, 2013; Hodnett, 2013; Tomedi, Tucker & Mwanthi, 2013; Byrne & Morgan, 2011). By improving psychosocial outcomes, the new birth companion role contributes not only to normalizing labour and delivery but also to a reduction in unwarranted medical and surgical interventions that at times have adverse effects on maternal and newborn survival (Hodnett, 2013).

In Kenya, although the Linda Afya ya Mama na Mtoto Project (CBMNHN) supported development of a birth companion manual, there is still lack of clarity in existing policy documents on the intra-partum roles of former TBAs as picked up from varying views of key informants (Kungú *et al.*, 2017; Taleb *et al.*, 2015).

It is both acceptable and feasible to integrate former traditional birth attendants into the formal health system so long as the policy environment is addressed. This acceptance by policy makers, health managers, health service providers and community members is a great opportunity for institutionalizing the birth companion role of TBAs putting to rest the raging debates on their integration into the formal health systems (Kungú *et al.*, 2017; Taleb *et al.*, 2015; Ribeiro, 2014; Koyombo, 2013; Bhutta, 2013).

The study established various challenges including transport, distance, preference for massaging/palpation, cultural, lack of 24 hour service, and now health worker strikes that may compel them to offer delivery care services agreeing with previous studies (Byrne *et al.*, 2016; Taleb *et al.*, 2015; Koyombo, 2013). Integration of former TBAs into the formal health system has to be preceded by anticipating and putting in place mitigation mechanisms.

Remuneration and/or incentivizing challenges have also previously been cited as impediments to sustainability (Byrne *et al.*, 2016; Decio, 2014; Bhutta *et al.*, 2014). National and County Governments that will opt to integrate TBAs into the formal health system must devise feasible sustainability mechanisms that may include empowerment, in kind and cash payments to birth companions. Inclusion of birth companion incentives in government budgets could probably be the most feasible (Kung’u *et al.*, 2017). This study was not without limitations. Because of time and financial constraints, the study was confined to Kakamega County limiting generalization of results. Health service provider perceptions appeared to be related to the professional backgrounds of respondents.

Conclusions

1. The new birth companion role of former TBAs is widely acceptable and can be feasibly sustained and scaled-up
2. Birth companionship is both a health system and client-centred high impact intervention

Recommendations

1. Governments should institutionalize new birth companion role of former TBAs as a way of incorporating them into the formal health system given the evidence on benefits to the client and health system.

2. Conduct studies on cost-effectiveness of various sustainability and incentivizing mechanism

Authors' contribution

AO, OJ and GP all provided valuable technical support in the design of the study protocol and tools, implementation and monitoring of this piece of work. They also reviewed results and the entire write-up. In addition AO provided oversight in the field.

CN conceived the study, developed the study protocol, tools, trained research assistants, oversaw the entire field work, developed tab plans, analyzed both quantitative and qualitative data, interpreted and drafted the manuscript.

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