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PERCEPTIONS AND ATTITUDES OF PREGNANT WOMEN REGARDING CONTEMPORARY AND TRADITIONAL MIDWIVES, AND THE PERCEPTIONAL INFLUENCE ON HEALTH SEEKING BEHAVIOUR

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ABSTRACT:

This qualitative research was carried out in a few selected rural communities located within the Birim South District between the months of March and June of 2017, with the primary objective of gaining insights into the Ghanaian perspective of pregnant women's attitudes and perceptions regarding modern and traditional midwives, as well as the perceptional impact on health seeking behaviour and status. To the best of our knowledge, this is the first research that has ever been conducted in Ghana that has offered empirical data relating to the aforementioned topic. According to the findings of the research, expectant mothers have positive views and impressions regarding traditional midwives, which are based on their own personal experiences, ideas, and philosophies. Therefore, pregnant women only feel the need to seek the help of contemporary midwives when they anticipate having substantial issues during labour. The majority of the time, traditional midwives are the ones who monitor the births of pregnant women. In light of these findings, precisely two major policy initiatives are required. First, it is necessary to implement interventions to influence people's behaviours via education, community sensitization, and awareness. This should target members of the family, particularly husbands and mothers-in-law, as they are the primary decision makers in the home. This will significantly contribute to changing the traditional attitudes and beliefs that pregnant women have towards contemporary midwives. Second, based on the support that was provided and the desire that was shown by the participants in the research, a successful intercultural midwifery system will assist in increasing the use of both our midwifery and health care systems. Both traditional and contemporary forms of midwifery must collaborate in order to

achieve a healthy and safe delivery. We think that coordination among healthcare practitioners is quite important, and we believe that this is particularly true in more remote regions, where there are fewer contemporary midwives available.

Keywords: Traditional midwife, Modern midwife, Intercultural midwifery, system Behavioral change

INTRODUCTION:

Historically, traditional communities who had restricted access to modern medical care were the ones most likely to practise midwifery, which consists of aiding pregnant women through the process of birthing via the use of non-medical practises (Torri, 2012). In the past, giving birth was seen as a natural and social procedure. Neighbors would gather around a pregnant lady and provide their support as she navigated the transition between unfamiliar and more familiar territory. The process of giving birth took place in a setting that was purely feminine and private; female caregivers assisted pregnant women all the way through the labour process (Andrissi, Petraglia, Giuliani, Filiberto, et al., 2015). On the other hand, therapeutic pluralism is now a regular practise in many areas of the globe. This means that diverse methods of treatment (both traditional and contemporary) for women who are giving birth are coexisting alongside one another and are being employed concurrently by women (Brown, 2008; Wiley, 2008). This may be regarded as the presence within the same community or group of a variety of distinct health care options with various origins and treatment hubs reflecting different systems of medical practise and aspirations for the future (Kempe, Theorell, Noor-AldinAlwazer, Kyllike, & Johansson, 2013; Pesek et al., 2009).

The World Health Organization (WHO) recognises that professional midwives can safely handle the majority of pregnancies and have the ability to refer complex complications to a doctor, and that well-trained professional midwives should continue to handle childbearing responsibilities. The WHO also recommends that professional midwives continue to manage childbearing responsibilities (Hazemba, 2003). On the other hand, the United Nations defines a traditional midwife, which is also known as a traditional birth attendant (TBA), as a person who helps mothers while they are giving birth and who acquired her skills either by giving birth to her own children or by serving as an apprentice to other traditional birth attendants (WHO, 1992).

According to the findings of Ghana's Demographic and Health Survey, between 1993 and 2003, the proportion of births attended by medical professionals in Ghana's richest quintile increased from 85 percent to 90 percent, while the proportion of births attended by medical professionals in Ghana's poorest quintile decreased from 25 percent to 19 percent during that same time period. At the national level, 45% of deliveries were attended by a medical practitioner (compared to 79% in urban regions and 33% in rural areas), 31% were attended by traditional birth attendants (TBAs), and 25% were unsupervised. There were also considerable differences across the regions. The three northern areas have the greatest rates of maternal death as well as the lowest rates of medically monitored births (World Bank, 2009). Health centres, health posts, mission clinics, and private midwifery homes are all places that provide basic obstetric and prenatal care to expectant mothers. Each health centre or post provides services to a population that is around 20,000 strong. TBAs continue to help with childbearing in rural regions, despite the fact that they are trained to send more difficult situations to other professionals (Witter, Arhinful, Kusi, &ZakariahAkoto, 2007).

There have been a number of studies that have been carried out on the topic of pregnant women's usage of the services of both contemporary and traditional midwives. These studies have primarily focused on the field of determining factors of traditional and modern midwifery use, socio-demographic and economic characteristics of pregnant women who use traditional and modern midwifery, barriers to modern midwifery use, and integration of modern and traditional midwifery systems in Ghana (Witter et al., 2007), Africa (Adegooke, Ogundeji, Taiwo, Malcolm, & Ann, 2010; Ngoma &Himwiila, 2009), (Cuzzolin et al., 2010; Onta et al., 2014). However, one area of both modern and traditional midwifery literature that does not appear to be adequately explored, particularly in Ghana, is the actual pregnant women's attitudes and perceptions of the traditional and modern midwifery system, and more importantly, the impact that their perceptions have on whether or not they seek health care and their overall health status.

MATERIALS AND METHODS:

Between the months of March and June of 2017, we carried out this case study using an entirely qualitative line of inquiry. This research used an

interpretivist paradigm and a subjectivist epistemology (Angen, 2000), which means that the primary experiences and belief systems of respondents were given significant weight in the analysis. This method guaranteed that there was sufficient conversation between the researchers and the respondents, which resulted in a significant amount of joint effort (Guba & Lincoln, 1994). The Eastern Region is well-known for its healthcare and therapeutic diversity; yet, despite the fact that traditional and contemporary midwives practise side-by-side in this region, the traditional midwives are more prevalent. The choice to pick the particular settlements that make up the Birim South District, namely Akim-Achiase, Aperade, and Asawase, was predicated on the existence of two fundamentally significant factors. First, these towns have lately been witness to an almost total desertion of the use of modern midwifery by pregnant women. This has led to substantial support for the closure of traditional midwifery by medical professionals working in the region. For instance, the Director of the Ghana Health Service (GHS) in the area in 2016 reported a decrease in the usage of contemporary midwives by 35 percent, along with an increase in the percentage of births that were not monitored by 56 percent in the district (Ghana Health Service, 2016). Again, the location of the area inside a semi-deciduous forest terrain, which supplies a broad range of medicinal plant items for both traditional and alternative therapeutic reasons, has contributed to the successful practise of traditional midwifery. Because of this, the region and the communities within it were regarded to be a suitable place for a research that aimed to investigate the attitudes and opinions of pregnant women about traditional and contemporary midwives.

DATA ANALYSIS:

Transcriptions of audio recordings were done in both the "Twi" dialect and the English language. The "Twi" transcriptions were then separately translated by each of the writers into the English language. In order to validate the findings, verify their dependability, and maintain a high level of quality control, the transcripts were compared to the audio recordings and the handwritten field notes. For the purpose of avoiding any loss of data, this was carried out right after the process of collecting the data. The strategy of a posteriori inductive reduction was used throughout the research to come up with consistent themes (Glaser & Strauss, 1967). The information was put through a thematic and

content analysis, in which coding and analysis were used to determine overarching themes and underlying subthemes. As a consequence of this, we categorised and organised the data based on the fundamental ideas, themes, and emerging categories. Comparing the themes with the replies helped promote rigorous and transparent research by identifying common patterns, similarities, and contrasts between the two sets of data. In addition, this method of data analysis provided the possibility to recognise, investigate, and report on patterns contained within the data. It also assisted in the organisation of the data and described it in extensive detail (Braun & Clark, 2006). The findings of the research were presented according to a variety of different topics, and significant quotes from the participants' subjective points of view were included.

Trustworthiness:

In this study, trustworthiness was ensured by placing a strong emphasis on credibility, transferability, confirmability, and dependability. This was accomplished through the use of purposive sampling, member checks in which summaries of the study results were shared among those involved, and the participants affirming that the findings reflect their expressed views, feelings, and experiences; prolonged engagement in which each interview session lasted approximately an hour; external auditing and peer review; and prolonged engagement in which each interview session lasted approximately an hour (Creswell, 1998; Lincoln & Guba, 1985).

Ethical Approval:

The Kwame Nkrumah University of Science and Technology's Department of Geography and Rural Development approved our request to conduct this research and gave us their blessing to do so. Oral assent to take part in the research project served as the participants' means of providing their informed permission for the study. Participation in the research was entirely voluntary, and no identifying or sensitive information was collected in order to protect the respondents' privacy, maintain their dignity, and safeguard their safety and well-being.

RESULTS:

The results of the research are the result of an examination of the accounts provided by the sample that was recruited for the study. A significant idea that emerged from the research was the expectant women's favourable

views and opinions regarding traditional midwives and their frequent usage of traditional birth attendants (TBAs). In addition, eight interacting sub-themes were recognised, and it turned out that many of the participants placed a significant emphasis on these areas. Previous experiences, interpersonal relationships, culturally sensitive service, values, and customs, holistic and natural treatment, availability, accessibility, and affordability, autonomy, participation, and family involvement, regular use of traditional midwifery services, and support for intercultural midwifery were some of the factors that were taken into consideration.

Table 1: Sample characteristics

Variable		N (30)
Age	18–24	7
	25–35	19
	36–45	4
Education	None	3
	Basic	22
	Secondary	3
	Vocational	2
Marital status	Single	2
	Married	23
	Divorced	3
	Widow	2
Employment status	Institutionally employed	2
	Self employed	21
	Unemployed	7
Household size	1–3	2
	4–6	17
	> 6	11
Health insurance status	Yes	24
	No	6
Average monthly income (Gh¢)	< 250	15
	250–350	9
	> 350	6
Religious affiliation	Christianity	25
	Islam	5
Ethnicity	Akan	20
	Others	10

Availability, Accessibility and Affordability:

It was discovered that one of the primary factors affecting pregnant women's attitudes and views toward traditional and contemporary midwives is the availability, ease of accessibility, and cheap cost of traditional midwives' services. In contrast to their contemporary counterparts, traditional midwives were described by the people who took part in the study as being accessible at all times, simple to locate, and able to be contacted for very little or no financial outlay. Modern midwives, on the other hand, were described as being limited in

their availability and as being almost entirely unreachable. Access to contemporary midwives is sometimes restricted for persons living in rural areas since they are located in the district capital and many other major cities within the district. For instance, it was discovered through the course of the interview that some traditional midwives in the prefecture under investigation are mobile. This means that they are able to move from their residence to the residence of the pregnant women when they are called upon, regardless of the time of day, night, or dawn, because they live in the same neighbourhood as the pregnant women. They went on to explain that the service provided by contemporary midwives is rather expensive, particularly in cases when the client does not have health insurance and if problems arise.

Regular use of Traditional Midwives Service:

It was found that the views and attitudes that the participants had had an effect on their choice of medical treatment, which was something that was noticed. It is said that the majority of the participants have switched from using modern midwives to using the services of traditional midwives, and that they will only seek treatment from modern midwives on the recommendation of the traditional midwives, particularly in the event that serious complications arise. As a direct result of this, the majority of the participants turn to conventional midwives as their first point of contact. Concerning the influence on health status, a sizeable proportion of the participants were certain that they and their newborn infants were in excellent health, and they credited the care that they received from traditional midwives with making this possible.

DISCUSSION:

The current study used a strictly qualitative method to research in order to investigate Ghanaian pregnant women's attitudes and beliefs towards contemporary and traditional midwives. Also investigated is the effect that individuals' perceptions have on their health-seeking behaviour and status. This is the first known research that gives evidence in this vital field of investigation, but a neglected issue in the health care literature in Ghana, to the best of our knowledge. Participants in this study had favourable thoughts and attitudes regarding traditional midwives, which was encouraging for the researchers. However, their perceptions and attitudes reflected their personal experiences and stemmed from what they perceived to have been previous unpleasant

experiences with modern midwives, good interpersonal relationships, culturally-sensitive service, holistic and natural treatment, availability, accessibility, and affordability, as well as the autonomy that was granted by traditional midwives. The interaction of these ideas has led to the widespread practise of traditional midwifery among women who are pregnant. [Citation needed] Despite this, the participants demonstrated a significant desire and preparedness to promote future intercultural midwifery in Ghana. Education, community sensitization and awareness, and behavioural change interventions are all important components of a strategy to dramatically alter the traditional attitudes and beliefs that people have towards contemporary midwives. According to Onta et al. (2014), such interventions should primarily target members of the family, particularly husbands and mothers-in-law, since these individuals often make crucial choices regarding the choice of birth location.

According to the findings of this research, knowledge with the cultural norms and practises of the community is related to pregnant women's choice for traditional midwives. Women who were expecting children saw traditional midwives as members of their own community, but contemporary midwives were seen as outsiders who were unfamiliar with the local cultural norms and beliefs around childbirth and midwifery. Again, the socio-cultural notion that difficulties during pregnancy are caused by spirits or witchcraft drives the women's desire for traditional midwife services. This belief is influenced by the socio-cultural view that traditional midwives are more trustworthy. This suggests that in the modern system of midwifery, which is strictly scientific and devoid of "religiousness, culturallity," and spirituality, pregnant women who are attached to cultural values are more likely to have negative attitudes and perceptions about it. This is because the modern system of midwifery is scientifically based and lacks "religiousness, culturallity," and spirituality. It is interesting to note that previous studies conducted in various rural areas in Ghana and elsewhere have confirmed women's favourable perceptions of traditional midwives and their preference for using them because they provide psychological support and services that are culturally acceptable.

CONCLUSION:

The current research investigates the attitudes and views that pregnant women in rural Ghana have about contemporary and traditional midwives, as

well as the effect that these perceptions have on health-seeking behaviour and social status. In order to emphasise the most important takeaway from this paper: The research found that pregnant women in rural Ghana had positive attitudes and views regarding traditional midwives, which are reflective of the women's personal experiences and beliefs. The study presented empirical data to support this finding. Women who are pregnant often have their births overseen by traditional midwives since they do not consider it necessary to engage the services of contemporary midwives unless there is a major issue that arises during the process of giving birth. In light of these findings, precisely two major policy initiatives are required. First, there should be interventions focused on changing people's behaviours via education, community sensitization, and awareness. These kinds of changes will significantly aid in shifting the traditional attitudes and ideas that pregnant women have about contemporary midwives. These types of treatments focus mainly on family members, particularly husbands and mothers-in-law, as they are the primary decision makers in the home. In conclusion, taking into account the support that was provided and the willingness that was demonstrated by the participants in the study, an effective intercultural midwifery system ought to be implemented in order to assist in maximising the usefulness of our midwifery and health delivery systems. Both traditional and contemporary forms of midwifery must collaborate in order to achieve a healthy and safe delivery. Education of significant people is necessary, but teamwork among healthcare practitioners is crucial, particularly in rural regions where there is a shortage of contemporary midwives. This is especially important in rural areas.

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