

INVESTIGATING THE ROLE OF TRADITIONAL BIRTH ATTENDANTS IN DISSEMINATING HEALTH COMMUNICATION MESSAGES IN AWKA NORTH LGA

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Abstract

This study investigated the role of Traditional Birth Attendants (TBAs) in disseminating maternal health communication messages in Awka North Local Government Area (LGA) of Anambra State, Nigeria. Despite persistent challenges in Nigeria's maternal health outcomes, TBAs remain central to community-level maternal care due to their accessibility, cultural alignment, and the trust they command. The study adopted a mixed-method research design involving a survey of 275 women of reproductive age and 25 registered TBAs, making it a total of 300, which is the sample size of the study, while in-depth interviews had 14 participants which include 2 TBAs and 12 women that were purposively selected. Quantitative data were analyzed using descriptive statistics and mean scores, while qualitative data were thematically analyzed using Yin's explanation-building technique. Findings revealed that TBAs commonly disseminate messages on antenatal care, nutrition, danger signs in pregnancy, immunization, and family planning, with antenatal care emphasized most. TBAs mainly rely on personal experience and use culturally grounded communication methods such as face-to-face counseling, storytelling, proverbs, and the Igbo language. Women perceived TBA health messages as clear, culturally relevant,

and influential in shaping their maternal health decisions. However, major challenges identified include lack of formal training, poor access to educational materials, limited collaboration with health workers, and cultural resistance. The study concludes that TBAs play a vital yet under-supported role in maternal health communication. It recommends structured training, provision of educational materials, and improved collaboration between TBAs and the formal health sector to strengthen maternal health outcomes in rural communities.

Keywords: Investigation, Role, Dissemination, Traditional Birth Attendants, Health Communication messages, Maternal Health, and Awka North LGA.

Background of the Study

Maternal health remains a major public health challenge globally and particularly in Nigeria. Despite progress since 2000, reductions in maternal mortality have slowed, and the burden remains high. According to the World Health Organization (2025), an estimated 260,000 women died worldwide in 2023 from pregnancy- or childbirth-related causes, and progress toward the Sustainable Development Goal target of fewer than 70 maternal deaths per 100,000 live births remains insufficient without accelerated interventions. Nigeria accounts for a disproportionate share of these deaths, continuing to record high maternal mortality ratios compared to global averages (Dogbanya, 2025). These figures reflect persistent systemic challenges, including inadequate access to skilled birth attendants, weak referral systems, shortages of trained personnel, limited emergency obstetric services, and recurring health system disruptions.

At the community level, the utilization of facility-based maternal services remains uneven. Evidence suggests that between 60% and 80% of deliveries in Nigeria occur outside formal health facilities, with many attended by Traditional Birth Attendants (TBAs) (Otorokpa, 2021). Contributing factors include poor health infrastructure, transportation barriers, financial constraints, and negative experiences within formal healthcare settings. TBAs are community-based caregivers who assist women during pregnancy and childbirth using indigenous knowledge acquired through apprenticeship. In many rural areas, they serve as the primary maternal care providers due to their accessibility, affordability, and cultural alignment with local beliefs. Their embeddedness within communities fosters trust, personalized care, and emotional support, making them a preferred option for many women despite recognized medical risks (Sawyer, 2024).

However, reliance on TBAs presents both risks and opportunities. Many lack formal medical training and operate without modern equipment or emergency obstetric capacity, increasing the likelihood of complications such as hemorrhage and infection. While their practices may be hazardous without proper integration into the formal health system (Amutah-Onukagha et al., 2017), TBAs remain influential community figures who can effectively disseminate health-promotion messages, encourage early antenatal care, and facilitate referrals. Recent interventions advocate pragmatic engagement strategies that focus on training, supervision, and collaboration rather than exclusion (Agwu et al., 2025). Given these realities, examining the role of TBAs in disseminating maternal health communication messages in rural areas such as Awka North LGA is timely. Understanding what they communicate, how they communicate it, and how their messages influence health-seeking behaviors is essential for designing inclusive maternal health strategies that integrate trusted community actors into broader public health programs.

Statement of the Problem

In the rural areas, many residents, especially pregnant women and nursing mothers, continue to rely heavily on Traditional Birth Attendants (TBAs) for maternal and child healthcare services. These TBAs, often with little or no formal training, have long served not only as care providers but also as trusted voices within their communities.

Previous studies have largely dwelt on Traditional Birth Attendants' maternal health services, yet limited research has examined their structured role in maternal health communication (Abdulwahab et al., 2023 and Sibley, Sipe, & Barry, 2022). This study fills this gap by providing evidence on how TBAs in Awka North disseminate messages on antenatal care. Hygiene, immunization, breastfeeding, family planning, and maternal and infant mortality prevention, and whether these messages align with public health goals and local cultural practices.

Objectives of the Study

The research objectives are to:

- I. examine the types of health communication messages disseminated by Traditional Birth Attendants (TBAs) in Awka North LGA;
- II. investigate the methods and channels used by TBAs to deliver health communication messages to women in Awka North LGA;
- III. assess the perceptions of Awka North women on the effectiveness of TBAs' health communication messages and ;
- IV. Identify the challenges and limitations TBAs face in disseminating health communication messages in Awka North.

Research Questions

The following research questions were formulated based on the objectives of the study

- I. What are the types of health communication messages disseminated by traditional birth attendants (TBAs) in Awka North LGA?
- II. What are the methods and channels used by TBAs to deliver health communication messages to women in Awka North LGA?
- III. What are the perceptions of Awka North Women on the effectiveness of TBAs' health communication messages?
- IV. What are the challenges and limitations TBAs face in disseminating health communication messages in Awka North LGA?

Literature Review

Concept of Health Communication and its importance in maternal health

Health communication refers to the strategic use of communication processes and tools to inform and influence individual and community decisions that enhance health outcomes (Schiavo, 2020). It includes interpersonal, group, and mass communication strategies aimed at shaping health-related knowledge, attitudes, and behaviors. In the context of maternal health, effective communication is critical because many maternal deaths are preventable through the timely adoption of safe practices such as antenatal care, skilled birth attendance, and postnatal care (WHO, 2023). Communication ensures that women and families are aware of danger signs in pregnancy, understand the importance of facility delivery, and are motivated to seek skilled care when complications arise. A recent study shows that maternal health outcomes improve significantly in communities where culturally sensitive and accessible health communication strategies are adopted, as women are more likely to comply with antenatal visits, utilize skilled birth attendants, and adhere to postnatal care recommendations (Dada, Tunçalp, Portela, Barreix, & Gilmore, 2021).

In rural climes, where health services are limited and reliance on traditional systems is high, health communication becomes even more important because it bridges the gap between biomedical health systems and community-based practices. When effectively implemented, it not only promotes maternal survival but also empowers women and families to make informed reproductive health decisions, thereby advancing progress toward the Sustainable Development Goals on maternal health (UNICEF, 2022; WHO, 2023).

Role of Traditional Birth Attendants (TBAs) in the Community Healthcare

Traditional Birth Attendants (TBAs) are community-based maternal health providers who acquire skills through apprenticeship rather than formal medical training and often serve as the first point of contact for pregnant women due to their accessibility, affordability, and trusted status within local communities. Beyond assisting childbirth, they provide maternal and child health education, psychosocial support, and cultural mediation, particularly in areas where formal healthcare services are limited or inaccessible (Otorokpa, 2021). TBAs frequently act as intermediaries between communities and formal health providers, helping women navigate language, cultural, and logistical barriers while preserving local birthing traditions (Onye, 2024; Akute & Ige, 2023). However, their lack of standardized training, protocols, and emergency obstetric capacity poses risks to maternal and neonatal outcomes. Consequently, scholars advocate their structured integration into the formal health system through training, supervision, and referral networks to strengthen safe maternal care delivery. Situated within the Community-Oriented Primary Health Care model promoted by UNICEF (2022), TBAs are viewed not as substitutes for skilled professionals but as valuable cultural mediators who can enhance access to essential services and promote culturally sensitive maternal health communication.

Empirical Review

Adatara, Afaya, Baku, Salia, and Asempah (2018) conducted a qualitative exploratory study examining the experiences and roles of Traditional Birth Attendants (TBAs) in rural Northern Ghana. Using in-depth, unstructured interviews with 10 purposively selected TBAs from five communities in the Bongo District, the researchers identified six key roles performed by TBAs: conducting home deliveries, providing nutrition education during pregnancy and lactation, arranging transportation and accompanying women to health facilities during labour, offering psychological support and counseling, and delivering services largely without monetary compensation. The findings highlight TBAs' multifaceted contributions to maternal healthcare in underserved settings and underscore the need for stronger collaboration between skilled birth attendants and TBAs to ensure culturally acceptable and improved maternal health outcomes in rural communities.

A study by Oluwole, Oluwadumila, Okafor, and Temitayo-Oboh (2024) titled Perception and reasons for the choice of informal provider among

women receiving antenatal care services from traditional birth attendants in rural communities of Lagos state, Nigeria. The study assessed the perception, reasons for use, and utilization of only TBA services in current pregnancy among rural-dwelling pregnant women in Lagos, Nigeria. A descriptive cross-sectional study was conducted among 347 pregnant women recruited from TBA facilities in Ikorodu Local Government Area. Data were collected using interviewer-administered questionnaires and analyzed with SPSS version 25. Bivariate and multivariate analyses were conducted with a significance level set at $p < 0.05$. All respondents had a positive perception of TBAs. A majority (70.3%) used only TBA services, while 29.7% combined TBA and formal healthcare services. Reasons for choosing TBAs included recommendations from previous users (81.6%), welcoming staff (77.2%), perceived spiritual protection (75.2%), and past use (68.6%). Predictors of exclusive TBA use included lower education levels and lack of health insurance. The study recommends continuous training and effective monitoring of TBAs by government and healthcare stakeholders to improve maternal outcomes.

Another study by Kassie, Wale, & Girma, (2021) on The role of traditional birth attendants and problem of integration with health facilities in remote rural community of West Omo Zone, The study explored the role of traditional birth attendants in fetomaternal care during pregnancy, childbirth, and the postnatal period, and integration with health professionals in the West Omo Zone, southern Ethiopia. A qualitative descriptive design was used with triangulation of methods and data sources. The study conducted in-depth interviews with traditional birth attendants, key informant interviews with health care professionals and community or religious leaders, and two focus group discussions with multiparous pregnant women. The result showed that Traditional birth attendants stated that they used herbal remedies to treat nausea and vomiting, decrease pain during labor, and increase pregnant women's desire to push. The absence of incentives for their work, shortage of logistics, and lack of training were some of the challenges to the continuity of their roles. Traditional birth attendants continued their roles despite the existing challenges. There was no integration between TBA and the formal health care system. The need for training traditional birth attendants has been emphasized by all study participants and its impact on reducing fetomaternal death was recognized by health care professionals. Therefore, the federal Ministry of Health should work better for the development of TBAs to scale up their skills across all regions in the country.

Theoretical framework

The study is grounded in the Health Belief Model (HBM) and Social Cognitive Theory.

The Health Belief Model (HBM), developed in the 1950s by Irwin M. Rosenstock, explains health behavior through individuals' perceptions of susceptibility, severity, benefits, barriers, cues to action, and self-efficacy. It suggests that people are more likely to adopt preventive behaviors when they perceive a health threat as serious, believe action will be beneficial, encounter minimal barriers, and feel capable of acting (Jones et al., 2022). Widely applied in maternal health and vaccination research, the HBM is particularly relevant in culturally influenced settings. In this study, it helps explain how Traditional Birth Attendants (TBAs) serve as "cues to action," shaping women's perceptions of pregnancy risks and the benefits of antenatal care, skilled delivery, and immunization through culturally grounded communication. Complementing this, Social Cognitive Theory (SCT), proposed by Albert Bandura (1986), emphasizes reciprocal determinism, observational learning, self-efficacy, and reinforcement in shaping behavior. SCT suggests that individuals adopt behaviors by observing trusted role models, making it useful for understanding how TBAs influence maternal health decisions in Awka North LGA. Through modeling, demonstrations, and interpersonal communication, TBAs reinforce community norms and enhance women's confidence to engage in recommended maternal health practices despite environmental constraints such as limited healthcare access.

Methodology

The study adopted a mixed-method design combining survey and in-depth interviews to generate data for comparative analysis. The population comprised 27 registered Traditional Birth Attendants (TBAs) and 28,380 women of reproductive age (18–45 years) in Awka North LGA, totaling 28,407 according to the local primary health center. A sample size of 300 was selected for the survey based on Camrey and Lee's (1992) guideline, which considers 300 adequate for studies involving large populations. Using a multi-stage sampling technique, six communities—Amanuke, Ugbene, Achalla, Urum, Isu-Aniocha, and Ugbenu—were randomly selected from ten, followed by the selection of two villages from each community, yielding twelve villages. Twenty-five TBAs were purposively selected, while proportional sampling determined the distribution of women respondents across

villages. Fourteen participants (2 TBAs and 12 women) were interviewed for the qualitative component. Questionnaires were administered using convenience sampling, achieving a 100% return rate. Data collection instruments included a 28-item questionnaire and an interview guide. Ethical standards were upheld through informed consent procedures. Instrument validity and reliability were ensured through a pilot study ($n = 20$) and Cronbach's alpha, which indicated strong internal consistency.

Data Presentation and Analysis

Demographic information of TBAs

On the age distribution of the TBAs, majority of the respondents are between 39–48 years, suggesting that most practitioners were middle-aged women. On educational attainment, the majority had primary education, while one-fifth reported no formal schooling, and nearly one-quarter had completed secondary education; none had tertiary-level education. In terms of practice experience, most respondents had 15 to 20 years of experience, indicating that the majority were long-serving TBAs in their communities.

Research Question One: What are the types of health communication messages disseminated by traditional birth attendants (TBAs) in Awka North LGA?

Table 1: Types of Health Communication Messages

Variable	Response	Frequency	Percentage
What maternal health topics do you teach?	Antenatal care	10	40
	Nutrition	4	16
	Family planning	2	8
	Immunization	3	12
	Danger signs in pregnancy	6	24
	Total	25	100

Table 1 contained the types of health communication messages disseminated by the TBAs. The result shows that most TBAs mainly teach antenatal care, followed by danger signs in pregnancy. Fewer TBAs focus primarily on nutrition, immunization, or family planning. This suggests that TBAs contribute substantially to promoting antenatal care and some risk awareness.

Table 2: Frequency of Teaching Maternal Health Topics

Variable	Frequency (Fi)	Weight (Wi)	(Wi×Fi)	Mean (X)
Regularly	14	4	56	2.24
Occasionally	8	3	24	0.96
Rarely	3	2	6	0.24
Never	0	1	0	0.00
Total	25		86	3.44

The mean score of 3.44 indicates that TBAs “frequently” teach maternal health topics to pregnant women. This suggests that health communication is a regular part of their engagement with the women.

Research Question Two: What are the methods and channels used by TBAs to deliver health communication messages to women in Awka North LGA?

Table 3: Source of Health Information for TBAs

Variable	Response	Frequency	Percentage
Where do you get your health information from?	Personal experience	11	44
	Health workers	8	
	Radio/TV	4	32
	Health Workshops	2	
	Total	25	16
			8
What methods do you use to share health messages?	Face-to-face	14	56
	Group talks	4	
	Storytelling	3	16
	Songs/Proverbs	3	
	Home visits	2	12
	Total	2	
		2	8

		25	100
What language do you use to communicate?	Igbo language	19	76
	English		
	Both	1	4
	Total	5	20
		25	100

Responses from Table 3 showed that the majority of TBAs rely primarily on personal experience as their main source of maternal health information, while face-to-face remains the dominant method used by TBAs to deliver health messages, showing a strong preference for personal interaction. On the language used to communicate, the Igbo language leads, indicating cultural familiarity and ease of message comprehension.

Research Question Four: What are the challenges and limitations TBAs face in disseminating health communication messages in Awka North LGA?

Table 4: Major Challenges Faced by TBAs When Sharing Health Messages

Variable	Response	Frequency	Percentage
What challenges do you face when sharing health messages?	Lack of training	10	40
	Poor access to materials	6	24
	No support from health workers	4	16
	Low literacy of women	3	12
	Cultural resistance,	2	8
	Total	25	100
Have you received any	Yes		
	No	7	28

formal training on maternal health?	Total	18	72
		25	100

The majority of TBAs identified lack of formal training as the major challenge affecting their ability to disseminate maternal health messages. Regrettably, This suggests a gap in formal integration into the health system.

Table 5: Frequency of Interactions with Health Workers

Variable	Frequency (Fi)	Weight (Wi)	(Wi×Fi)	Mean (X)
Regularly	3	4	12	0.48
Occasionally	4	3	12	0.48
Rarely	2	2	4	0.16
Never	16	1	16	0.64
Total	25		44	1.76

The mean score of 1.76 on Table 5 indicates that, on average, TBAs in Awka North rarely communicate with health workers. This result suggests a limited collaboration and communication between TBAs and formal health systems.

Table 6: Challenges in Communicating with Health Workers

Variable	Response	Frequency	Percentage
What are the challenges in communicating with health workers	Lack of mutual recognition	6	24
	Limited time or availability of health workers	7	28
	No formal platform or opportunity for collaboration	9	36
	Poor attitude of health workers		

	Total	3	12
		25	100

Responses in Table 6 suggests that the majority of the TBAs feel excluded from structured engagement with formal health systems.

Demographic Information of the Women in their Reproductive Age

Out of the 275 respondents, the majority were aged 26–32 years, followed by 33–40 years, indicating that most participants were within the prime reproductive age range. The married category formed the largest proportion, consistent with the expectation that marital status is associated with higher maternal health engagement in rural communities. Regarding education, most respondents had primary education, while had secondary education, and attained tertiary education; only had no formal education. This distribution suggests that while basic literacy is common among the respondents, higher educational attainment remains limited, which may affect the reception and interpretation of health communication messages.

Research Question Three: What are the perceptions of Awka North Women on the effectiveness of TBAs' health communication messages?

Table 7: Perceptions of Awka North Women on Effectiveness of TBAs' Health Communication Messages

Variable	SA	A	SD	D	(Wi× Fi)	Mean
The health messages from TBAs are clear and easy to understand	110	95	45	25	840	3.05
The health messages from TBAs help me make better decisions about my health during pregnancy.	100	105	50	20	835	3.04
I trust the health information shared by TBAs.	90	115	50	20	825	3.00
TBAs communicate health messages in a way that suits my cultural and personal values.	138	109	20	8	927	3.37

The rating for the first variable resulted in a mean score of 3.05. This showed that the respondents found TBAs' health messages easy to understand. The rating for the second variable produced a mean score of 3.04. This revealed that TBAs' messages positively influenced respondents' maternal health decisions, reflecting the utilization of the information shared. The data from the third variable resulted in a mean score of 3.00. This finding indicates that women of reproductive age expressed moderate to high confidence in the accuracy of TBAs' health advice, this highlights the credibility of the TBAs within the community. The data from the fifth variable produced the highest mean score of 3.37 showing that TBAs are especially effective in combining health messages with local beliefs and values.

Presentation of In-Depth Interview of Traditional Birth Attendants (TBAs)

Two informants were interviewed from the 27 registered TBAs in Awka North. The two interviewees were assigned letters A and B. The interview guide covered the following four themes:

- Maternal health topics taught
- Communication and message delivery methods
- Challenges in maternal health education
- Support and Collaboration With Health Workers

Maternal health Topics Taught

The two respondents consistently reported teaching core maternal health topics such as antenatal care, nutrition, danger signs in pregnancy, and newborn care. These responses suggest that TBAs focus on fundamental maternal health issues, balancing both health-related and culturally rooted knowledge.

Communication and message delivery methods

TBAs within the six select villages described their communication style as personal, practical, and rooted in face-to-face interactions. Many noted that they use Igbo language, storytelling, and practical demonstrations to make messages clearer for pregnant women. Home visits were also highlighted as an important approach, allowing messages to be delivered in private and relaxed settings. Similarly, the respondents reported that the most effective communication methods are face-to-face counselling and group discussions.

TBAs explained that these methods work because they allow women to ask questions freely and because many women prefer explanations that relate directly to everyday life. In several villages, TBAs stated that

culturally familiar techniques help women remember important health information.

Challenges in maternal health education

TBAs identified cultural resistance and lack of formal training as significant challenges that limit their ability to deliver accurate maternal health messages. They also complained about poor access to educational materials, such as posters or updated health information.

Support and Collaboration with Health Workers

Many TBAs complained about poor recognition of their role in maternal health and a lack of collaboration from health workers. They emphasized a desire for more training, official identification, and stronger partnerships with the formal health system. This theme demonstrates a gap between community-based TBAs and the formal healthcare system.

Presentation of In-Depth Interview of The Women in the select villages

Twelve informants were interviewed from the six select villages namely; Amanuke, Ugbene, Achalla, Urum, Isu- aniocha, and Ugbenu. The 12 interviewee were represented with number 1,2,3,4,5,6,7,8,9,10,11,12. The interview guide covered the following four themes drawn using Yin's explanation building technique:

- Experience receiving health messages from TBAs
- Perceived effectiveness of TBAs health messages
- Influence of TBAs messages on health decisions
- What makes TBAs' communication method work better

Experience Receiving Health Messages from TBAs

Respondents across the six villages consistently reported receiving health messages from TBAs in a culturally comfortable and familiar environment, supported by motherly tone, personalized attention, trust, and the use of Igbo language.

Perceived effectiveness of TBAs health messages

Women across the six villages generally perceived the health communication messages delivered by TBAs as effective, largely because the information was clear, easy to understand, and presented in practical ways that related directly to their daily experiences. Respondents repeatedly emphasized that TBAs explain maternal health issues in simple language, often using stories, demonstrations, or

personal examples. However, some respondents acknowledged gaps in medical accuracy of TBAs.

Influence of TBAs messages on health decisions

Across the six villages, the women described multiple instances where the health messages provided by TBAs directly influenced their decisions during pregnancy and childbirth. Many respondents noted that they acted on the advice because TBAs explained the importance of certain practices in ways that were easy to understand and immediately relevant to their situations. Collectively, these accounts showed that TBA messages do not merely inform women but actively shape their health-related decisions, behaviours, and response to potential pregnancy risks.

What makes TBAs' communication method work better

Respondents across the six villages identified several factors that make TBA communication particularly effective within their communities. A recurring point was the use of the Igbo language, which women described as essential for understanding health information clearly. Accessibility also emerged as a significant factor. Many women noted that TBAs are readily available often living within the same village and can be approached at any time for guidance. This closeness fosters frequent interactions, allowing TBAs to reinforce messages through repeat visits, demonstrations, or follow-up discussions.

Discussion of Findings

The first research question sought to find out the types of health communication messages disseminated by traditional birth attendants (TBAs) in Awka North LGA. The findings from both the survey and in-depth interviews reveal that Traditional Birth Attendants (TBAs) in Awka North LGA predominantly disseminate health communication messages centered on antenatal care, danger signs in pregnancy, nutrition, immunization, and family planning, with antenatal care emerging as the most frequently taught topic.

This aligns with the literature review, which emphasizes the critical role of health communication in promoting maternal survival through awareness of safe practices (Schiavo, 2020; WHO, 2023). The in-depth interviews further support this, as women consistently recalled receiving advice on antenatal visits, nutrition, and early warning signs, often delivered in culturally related formats such as use of indigenous language storytelling and proverbs. Empirical studies like Adatara et al. (2018) and Oluwole et al. (2024) similarly found that TBAs serve as key educators in rural maternal health, offering guidance on nutrition, hygiene, and emotional support.

Relating to the Health Belief Model (HBM) these findings, suggest that TBAs act as “cues to action” by shaping women’s perceptions of susceptibility and severity of pregnancy risks, thereby encouraging preventive behaviors. Likewise, Social Cognitive Theory (Bandura, 1986) explains how TBAs, as trusted community figures, model health behaviors and reinforce maternal health norms through interpersonal communication, suggesting that TBAs in Awka North play a vital role in maternal health education.

The second research question aimed to find out the methods and channels used by TBAs to deliver health communication messages to women in Awka North LGA. The findings from both the survey and in-depth interviews indicate that Traditional Birth Attendants (TBAs) in Awka North LGA primarily rely on culturally embedded and interpersonal methods to deliver health communication messages. Face-to-face interaction emerged as the dominant channel, followed by group talks, storytelling, songs, proverbs, and home visits. The use of the Igbo language by TBAs further enhances message clarity and cultural resonance, making health information more accessible to rural women. In-depth interviews confirmed that women appreciate these methods, citing the familiarity, empathy, and simplicity of TBAs’ communication style.

The Social Cognitive Theory supports these findings by highlighting the role of TBAs as behavioral models who influence maternal health practices through observation and reinforcement. Similarly, the Health Belief Model explains how TBAs act as cues to action, shaping women’s perceptions of health risks and benefits. Overall, while TBAs’ communication methods are effective in engaging rural women, their impact could be significantly enhanced through formal training and integration into the health system.

The purpose of the third research question is to investigate the perceptions of Awka North Women on the effectiveness of TBAs’ health communication messages. The findings from both the survey and in-depth interviews reveal that women in Awka North generally perceive the health communication messages delivered by Traditional Birth Attendants (TBAs) as effective and culturally appropriate. Quantitative data show that the majority of respondents agreed or strongly agreed with statements regarding the clarity, usefulness, trustworthiness, and cultural relevance of TBAs’ messages. Notably, the highest-rated item was the cultural alignment of TBAs’ communication. This perception was echoed in the in-depth interviews, where respondents described TBAs as empathetic, relatable, and respectful communicators who use local language and storytelling to convey

health advice. These findings align with the submissions of Dada et al., 2021, and Schiavo, 2020, that highlights the importance of culturally sensitive communication in improving maternal health outcomes. The Social Cognitive Theory supports these findings emphasizing the role of TBAs as community role models whose communication style reinforces positive health behaviors. The perceptions of Awka North women suggest that TBAs are not only trusted sources of maternal health information but also effective communicators whose messages echo deeply within the community.

The fourth research question aimed to identify the challenges and limitations TBAs face in disseminating health communication messages in Awka North LGA. The findings from both the survey and in-depth interviews reveal several challenges and limitations faced by Traditional Birth Attendants (TBAs) in disseminating health communication messages in Awka North LGA. The most frequently cited challenge was the lack of formal training, followed by poor access to educational materials, limited support from health workers, low literacy levels among women, and cultural resistance. These constraints are compounded by the fact that TBAs reported having no formal training in maternal health, which significantly affects the depth and accuracy of the messages they deliver.

Additionally, the frequency of interaction with health workers indicates that TBAs rarely engage with formal health professionals. The Health Belief Model (HBM) helps explain how these limitations reduce TBAs' ability to serve as effective cues to action, while Social Cognitive Theory highlights the importance of environmental support in shaping health behaviors. Without adequate training and institutional support, TBAs struggle to deliver consistent, evidence-based health messages, despite their strong community presence.

Conclusion

Traditional Birth Attendants in Awka North LGA serve as influential maternal health communicators. Their culturally grounded, interpersonal communication methods foster trust, comprehension, and behavioral influence among rural women.

However, their impact is constrained by limited training, weak institutional support, and poor collaboration with formal healthcare providers.

Strengthening TBA capacity through structured integration could significantly enhance maternal health communication outcomes in rural Nigeria.

The study was limited by its focus on a single rural Local Government Area and reliance on self-reported survey and interview data, which may restrict the generalizability of findings to other settings.

Future studies should be conducted to include multiple local government that will adopt a longitudinal study to examine how structured training and formal health system integration influence TBA communication effectiveness and maternal health outcomes.

Recommendations

The study recommends as follows;

1. Implement structured maternal health training programs for TBAs.
2. Establish formal collaboration platforms between TBAs and health workers.
3. Provide culturally appropriate educational materials.
4. Integrate TBAs into community outreach and referral networks.

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