

Apostolic traditional Birth Attendant (AtBA) management of perinatal complications

An exploratory qualitative study in Mashonaland Central, Zimbabwe

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BACKGROUND

- Risks of maternal and neonatal mortality as well as MTCT of HIV are greatest when deliveries occur outside of institutional settings and without skilled attendance.
- Membership to the Apostolic faith has been reported to be a major predictor of non-use of maternal healthcare services in Zimbabwe.¹
- In Zimbabwe, 38% of women identify as Apostolic.²
- Within the Apostolic system maternal healthcare services are provided by Apostolic traditional Birth Attendants (AtBA), though little is known about the beliefs or practices of this traditionally hard-to-reach group.

OBJECTIVE

- We examine how AtBAs in Mashonaland Central respond to common prenatal, intrapartum, and postpartum complications.

METHODS

- The explorative qualitative study was conducted from February to October 2013 in Mashonaland Central Province, Zimbabwe.
- Theoretical underpinnings included harm reduction theory and appreciative inquiry.
- Eight AtBAs were recruited for participation using purposive sampling.
- Data collection was conducted at the homes or birth camps of the AtBA participants.
- Semi-structured interviews and story telling vignettes³ were used to capture participants' experiences, knowledge, and critical thinking in regards to common perinatal complications.
- Vignettes included discussions regarding perinatal complications including:
 - bleeding during pregnancy
 - postpartum haemorrhage (PPH)
 - HIV testing and treatment
 - Prevention of mother to child transmission of HIV (PMTCT)
 - Pre-eclampsia /eclampsia
 - neonatal asphyxia
 - prematurity, and
 - post-partum/neonatal sepsis.
- Observation of AtBAs during care provision added depth to vignette descriptions.
- Results were analysed using thematic content analysis.
- The study was registered with the Medical Research Council of Zimbabwe and AtBAs participated following informed written consent.

RESULTS

Cause of complications and illness

- AtBAs attributed both spiritual and biological reasons as causes for perinatal complications.

Cross-cutting beliefs among all AtBAs included:

- Holy spirit** guiding force in faith healing
- Witchcraft/evil spirits** role in ill health
- Visions** guided by Holy Spirit
- Prayer and holy water** for healing
- Cleansing and confession of sins** as route to healing/good health
- Spiritual health primary**; physical secondary

"We have spiritual guidance. The Holy Spirit shows us the problems and provides solutions to problems".

"This is a spiritual thing if you believe in something it happens. Its faith-based".

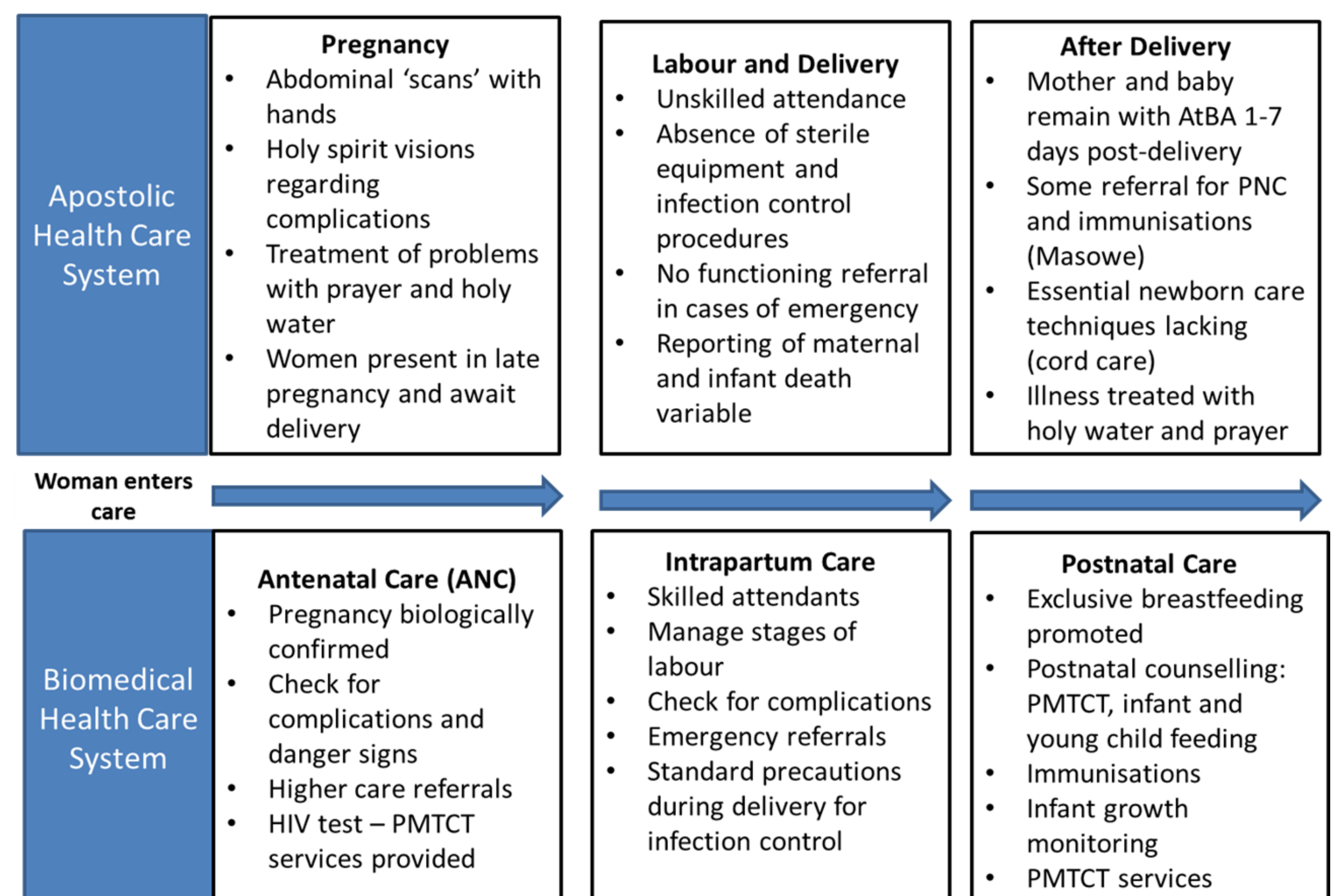
Management of complications

- Similarities and differences were found between conservative and moderate AtBA groups in management of complications and their ability and willingness to engage with the formal health care system.
- HIV prevention and care practices for PMTCT and treatment of complications during ante, intra and postpartum care were found lacking.

RESULTS continued

- Care described by AtBAs approximated biomedical care cascade in form and services, however notable gaps in infection control, emergency referrals, and prevention and treatment of HIV with ARVs were noted (Figure 1)

Figure 1. AtBA and formal health care system comparison



CONCLUSIONS

- Many practices described by AtBAs in the management of perinatal complications appear to be inadequate in terms of infection control and at improving chances of survival.
- PMTCT focuses on medications to prevent HIV transmission; however, adherence to evidence-based procedures and standard precautions during delivery can minimize exposure of blood and secretions to the neonate thereby reducing the chance of transmission.
- Short term harm reduction interventions to improve infection control practices of AtBAs may improve PMTCT when medications are seen as unacceptable.
- Long term strategies should involve formal engagement and attempts at collaboration between Apostolic communities and the formal health care system.

Exploring the Forgotten Variable



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LIMITATIONS

- As an exploratory qualitative study, these findings are not intended to be representative to all health care settings in Zimbabwe.
- We acknowledge that the Apostolic faith is comprised of a heterogeneous mix of inter-faith groups, with different doctrines and rules regarding engagement with the formal health system.

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- Adapted from the Home Based Life Saving Skills curriculum developed by The American College of Nurse-Midwives 2010