

# Exploring the Forgotten Variable:

## Engaging, listening and learning from Apostolic traditional birth attendants (AtBAs)-A qualitative exploration from Mashonaland Central, Zimbabwe

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### BACKGROUND

- In Zimbabwe 15.9% of women attending ANC are HIV positive<sup>1</sup> and 38% of women of child bearing age identify as Apostolic.<sup>2</sup>
- Prevention of mother to child transmission of HIV requires uptake of maternal health services across the 'PMTCT cascade'.
- Membership to the Apostolic faith has been found to be a major predictor of non-use of maternal healthcare services.<sup>3</sup>
- As part of efforts to emphasise necessity of skilled attendance at health facilities at the time of birth, no formal training or capacity building of traditional birth attendants, including Apostolic traditional birth attendants (AtBAs), has occurred over the past two decades.
- Despite providing services to a large number of women, little has been documented about the beliefs, practices and roles of AtBAs in providing maternal, newborn and child health care at the time of delivery.

### OBJECTIVE

This qualitative exploratory study aimed to describe the role of Apostolic traditional birth attendants (AtBAs) in supporting maternal, newborn and child health care in Apostolic communities in Zimbabwe.

### METHODS

- The study was conducted between February to October 2013 in Mashonaland Central Province.
- Thirty-seven (37) AtBAs were identified within the province. Eight AtBAs were sampled for participation from 5 Districts.
- Data collection took place at the homes or birth camps of the AtBA participants following written informed consent.
- Semi-structured interviews, story-telling vignettes, and non-participant observations were conducted with each participant over 4 days using an ethnographic approach.
- Results were analysed using thematic content analysis.

### RESULTS

#### Institutional arrangements

- All AtBAs identified were women.
- Only one AtBA had previous training as community health worker.
- Two main Apostolic faith groups were identified and found to share many common practices.

#### Provision of care across the PMTCT cascade

- AtBAs reported to conduct an average of 10-20 deliveries per month.
- Prenatal/intrapartum/postnatal care and complications were managed primarily through prayer and the administration of holy water, and were said to be directed by the Holy Spirit.
- Among conservative groups, HIV was reported to be cured through baptism or through the confession of sin. More moderate groups reported combined use of spiritual (prayer) and biomedical (ART) treatment for HIV.
- Effective infection control practices and equipment during labour and delivery were absent (Picture 1).



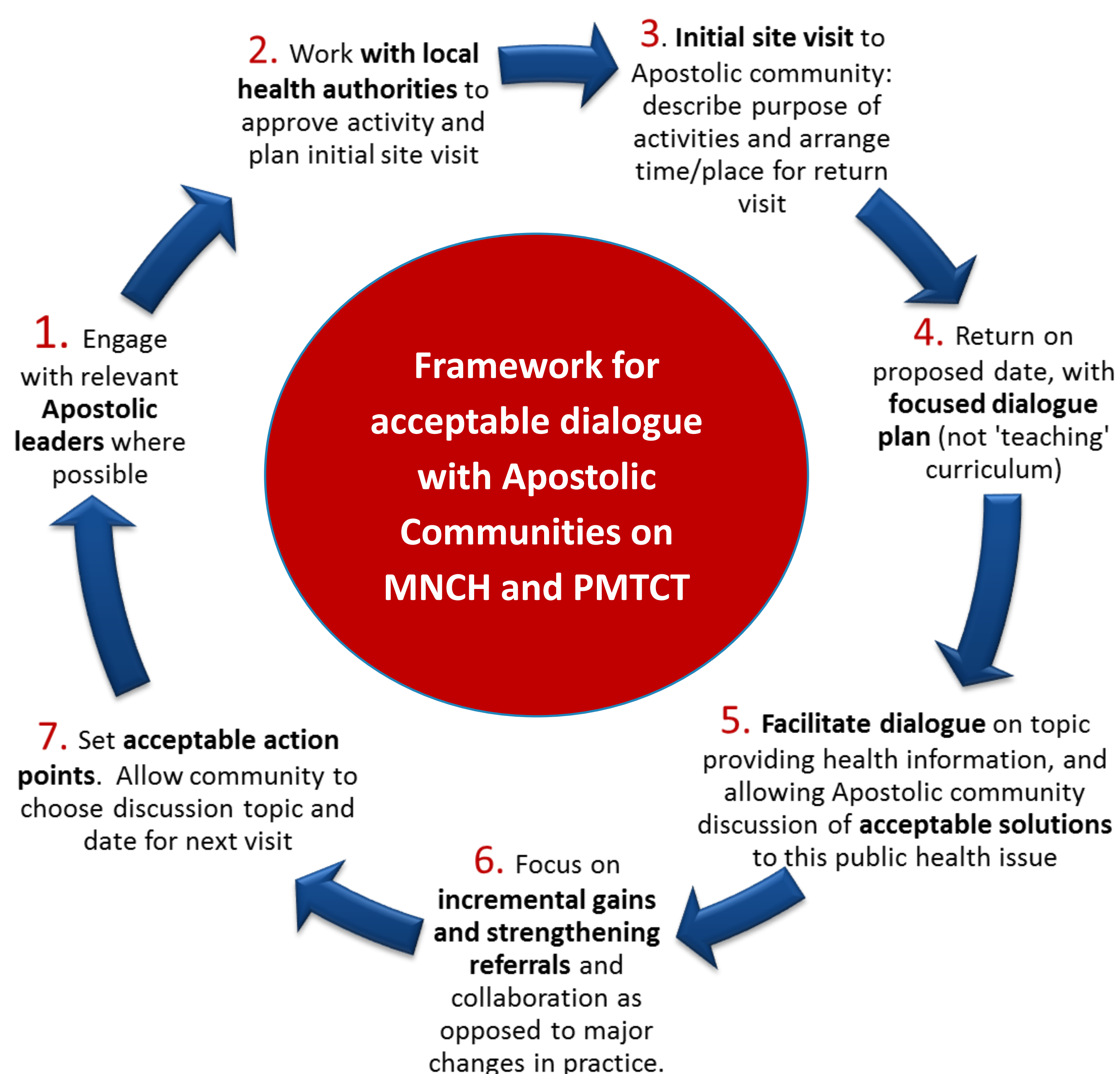
Picture 1. AtBA study participant holding the baby that she just delivered. Note the tarp on the floor this was the birthing surface the baby was delivered on.

### RESULTS continued

#### Willingness to collaborate

- Groups differed in their willingness to collaborate with the formal health care system and their acceptance of medications.
- Conservative groups indicated approval of church leaders would be required prior to collaboration with health authorities.
- Research procedures revealed an acceptable framework for engagement with AtBAs and Apostolic communities on issues related to MNCH and PMTCT

Figure 1. Framework for acceptable engagement with Apostolic communities



### CONCLUSIONS

- Achieving the coverage and uptake levels of maternal health services required to reach the goal of elimination of new pediatric HIV infections will require "re-engagement" with AtBAs and other traditional care providers in Zimbabwe.
- Acceptable and feasible interventions that improve referral and linkages between formal and spiritual health systems should be developed and tested.
- Opportunities exist for greater collaboration with AtBA within acceptable frameworks for engagement.
  - Short term:** Pragmatic harm reduction interventions using evidence-based approaches to minimize death and disease (i.e., infection control).
  - Mid term:** re-visiting modes of referral, advocacy and collaboration between Apostolic leaders, AtBAs and formal health system.
  - Long term:** acceptable behaviour change for uptake of PMTCT and HIV services within communication for development frameworks.
- Future research should seek to demonstrate impact of Apostolic Engagement upon the health outcomes of Apostolic women and children, including PMTCT.

### 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.

### REFERENCES

- <sup>1</sup>Ministry of Health and Child Care. National Survey of HIV and Syphilis Prevalence among Women attending Antenatal Clinics in Zimbabwe 2012. Harare: MOHCC; 2013.
- <sup>2</sup>Zimbabwe National Statistics Agency (ZIMSTAT). Zimbabwe Demographic and Health Survey (2010-2011 ZDHS). Harare: ZIMSTAT, March 2012.
- <sup>3</sup>Maguranyanga, B. (2011). Apostolic religion, health and utilisation of maternal and child health services in Zimbabwe. Research report. Collaborating Centre for Operational Research and Evaluation, UNICEF, and M Consulting Group.

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