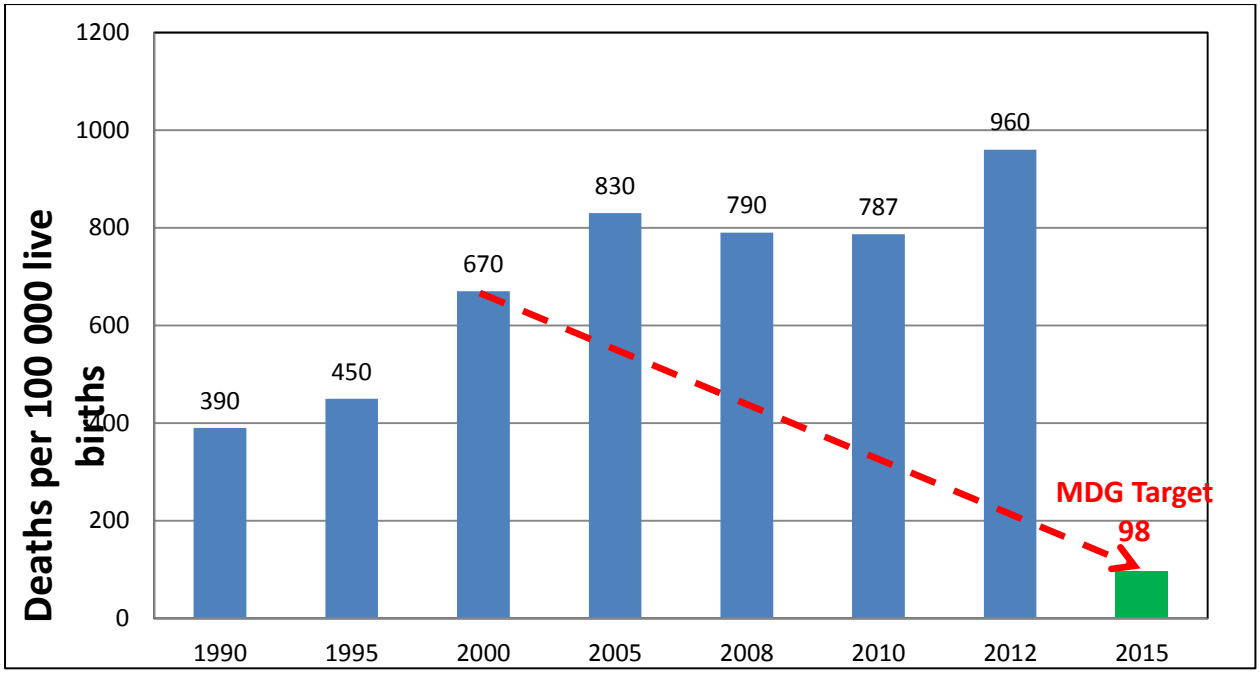
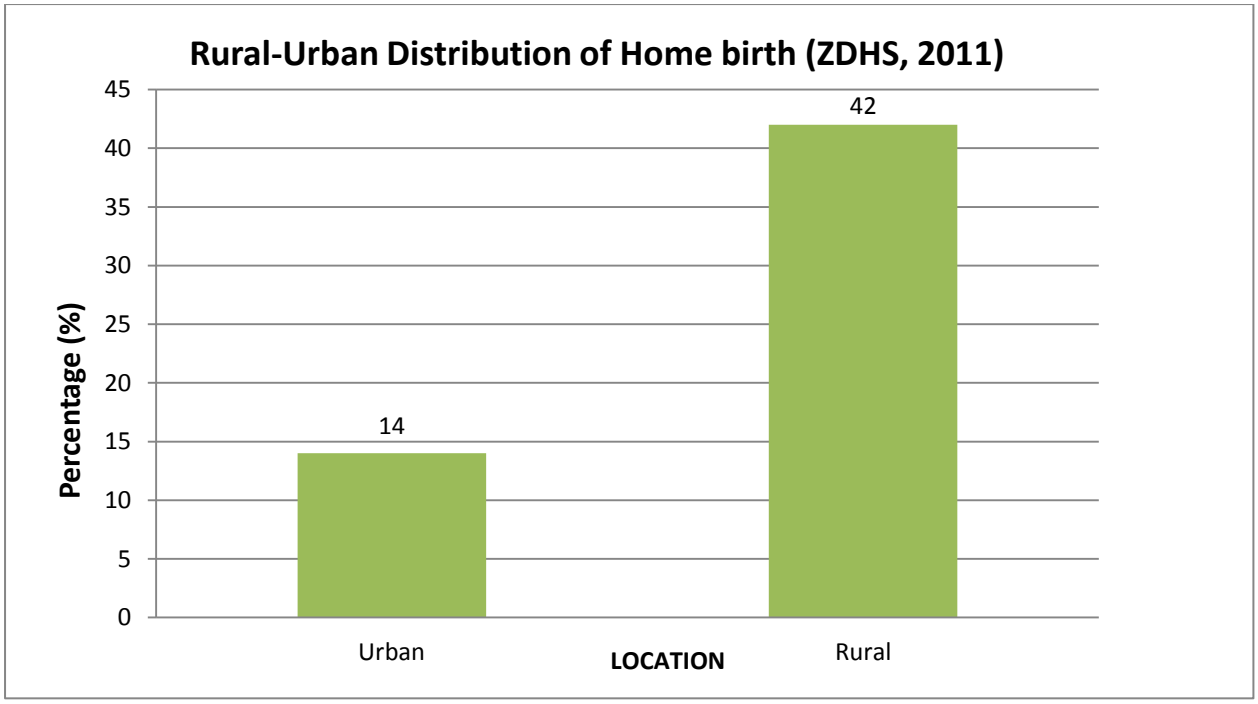
EXTENDED ABSTRACT

Background: Historically, traditional birth attendants (TBAs) have been assisting women during childbirth, providing local women with delivery and pregnancy monitoring services, and giving them and their babies care after childbirth. In Zimbabwe, the field of maternal health care has been entrusted to TBAs who are part of the Zimbabwe Traditional Healers Association (ZINATHA). Their midwifery roles range from taking care of pregnancy and childbirth to treating infertility and to playing an advisory role in family matters (Chavhunduka 1994, Hanson 1996). However, the TBA and her appropriate role in Safe Motherhood Initiatives have been hotly debated for decades (Bergstrom & Goodburn, 2001; Sibley & Sipe, 2006; Velimirovic & Velimirovic, 1978). Prior to the 1990s, international maternal child health policy focused on training TBAs in practicing hygienic delivery methods and referring complications. Thus, immediate post-independent Zimbabwean government recognized TBA practice and valued TBAs services and contributions to maternal and child health. The launch of the safe motherhood program, in 1983, witnessed an estimated 15 000 TBAs trained to improve maternal health outcomes (MoHCW 1997). In the 1990s, when arguably the TBA training strategy did not result in significant drops in maternal mortality, international policy shifted to supporting initiatives encouraging deliveries with skilled birth attendants, defined as health professionals who have been trained to proficiency in midwifery skills (Starrs, 1998). However, in the decade since this policy shift, evidence shows that achieving safe motherhood is not merely a question of having skilled attendants at birth, but also of the quality of the services provided and access to emergency care (Van Lerberghe & De Brouwere, 2001; Bergstrom, 2001; Buekens, 2001). This global policy shifts towards skilled attendance and institutional delivery has also been accepted in Zimbabwe. In Zimbabwe, access to quality formal birthing services is quite low, a condition that is blamed for the country's current high maternal mortality figures and many women suffering from short and long term maternal related morbidities. See figure 1 below showing Zimbabwe's maternal mortality trend



Post independent Zimbabwe has been embroiled in a protracted multifaceted crisis which has had detrimental effects for social service provision in the country particularly health and education sectors. The country's health system has been in decline characterized by the systematic decrease in coverage of most basic services and a rising maternal and child mortality rate. Rural-urban disparities in access to health care continue to grow. The increasing exodus of staff, high hospital fees, and shortage of essential drugs have forced any more people to seek traditional health care [For the majority of Zimbabweans, physical (such as distance, transport, and restricted opening hours) and sociocultural barriers exist and are more pronounced for people in rural areas, the poor, and those belonging to particular religious communities. Moreover, TBAs have generally been silenced in mainstream discourses of maternal health services in Zimbabwe. This paper is aimed at explaining the continued relevance of TBAs is maternal services in present day Zimbabwe, thus building a case for their mainstreaming in the formal health care system. Home births are predominant in rural more than in urban areas. Home births obtaining in Zimbabwe differ from those typical of the developed nations in that for women in developed nations home births are attended by trained professionals. But homebirths in Zimbabwe are attended by TBAs. Though largely construed as a rural area phenomenon, home birthing supervised by TBAs has found its way into the urban landscape and continue unabated in the rural areas. The concept of user fees in particular has entailed that institutional deliveries and the associated costs are beyond the reach of many. Figure 2 illustrates the distribution of home births in Zimbabwe by geographical location.



Methods: A descriptive exploratory research design was adopted in which two methods were applied. First was the extensive review of existing literature. Second, qualitative in-depth interviews with four TBAs and an FGD with women who have ever delivered at home attended by TBAs were conducted to explore in detail the continued relevance of TBAs in maternal service provision. This fieldwork was conducted in rural Zaka district of Masvingo province, Zimbabwe.

Results: Zimbabwean women particularly in the rural areas continue to utilise the services of TBAs during pregnancy and in childbirth. Reasons for most TBA assisted home deliveries include poverty, distance to health facilities, inadequate services and medical supplies, lack of competent personnel in reproductive health at the health facilities, and above all respect for the cultural practices related to birthing. All these factors are contributing to women's preferences to go to TBAs for child delivery than to formal health facilities Costs associated with hospital deliveries, quality of care and patient management in the hospitals (human resources challenges), access (geographical distance) to the hospitals, as well as infrastructural challenges were highlighted as major reasons for the continued reliance on TBAs by expecting mothers.

Conclusion: There is evidence in the findings to support the continued relevance of TBAs in maternal service provision in rural Zimbabwe. Human resources and infrastructural challenges were reiterated as important issues considered in deciding on the place of birth. Papen [2008] argues that pregnancy represents a highly constructed social world that has been designed for women to adhere to. Indigenous beliefs and practices are informed by the cultural traits passed from one generation to the next. These practices are innate and deeply rooted and embedded in these societies and thus define the people's life world. TBAs were shown to respect women's socio-cultural values and beliefs and thus render them the preferred option for many women. Given especially TBAs' socio-cultural relevance and inhibitive healthcare costs in a constrictive there is thus need to mainstream TBAs in Zimbabwe's maternal health service provision.

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