Walking together: The experience of traditional and skilled birth attendants in rural Kenya
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Walking Together

Every two hours a woman in Kenya dies from complications associated with her pregnancy or delivery, and every day seventy babies die on the day they are born. Almost all these deaths are preventable if women and their families have access to safe, effective, obstetric care that respects their needs.

The burden of these deaths is greatest in remote communities, such as the semi-nomadic pastoralist communities of Laikipia and Samburu counties. For centuries, women in these communities have given birth at home, either alone, attended by relatives or by traditional birth attendants (TBAs). TBAs are well respected and trusted women from local communities who acquire their skills through experience or by working with other TBAs. However, they are not trained or equipped to provide high quality health care, especially in the event of birth complications, and the Government of Kenya discourages home births assisted by TBAs.

To reduce the numbers of women and babies dying at the time of birth, the Government wants all deliveries to take place in health facilities under the care of skilled birth attendants (SBAs). SBAs are accredited health professionals such as doctors and nurses, who have been trained to safely manage normal and complicated births. To achieve this goal the Government has placed SBAs in health facilities in remote communities, yet the majority of women continue to deliver at home. The transition from homebirths with TBAs to health facility births with SBAs faces many challenges, but the situation is gradually improving as women and their families begin to recognise the value of facility based deliveries, and staff at health facilities come to understand the importance of respecting pastoralist women’s wishes at the time of delivery.

The purpose of this booklet is to honour the important contribution of both SBAs and TBAs who provide care for women and babies in the remote pastoralist communities of Laikipia and Samburu, by describing their lives, acknowledging the challenges they face, and highlighting their willingness to work more effectively together in order to improve the health of women and babies at the time of childbirth.

These are their stories.
“I have delivered babies who are now fully grown – and when I see them, this makes me feel very happy.”

Mrs Antonella Leakono

A nurse working in Longewann group ranch, Samburu
I was originally inspired to become a nurse after my father became very sick and passed away because he was unable to reach a hospital to receive the care he required. For me, nursing is a calling – this means a real willingness to help other people when they are vulnerable. A good nurse is humble, patient, and empathetic. She is able to put herself in the shoes of others in order to help them. To give women a good quality birthing experience, nurses need to keep the environment very clean, and always use sterile medical equipment. It’s very important that we speak in a kind voice and explain to the woman what is happening at the different stages of her labour and delivery, and to ensure that she is not left alone. Sometimes I give her a gentle back massage to relieve the pain. The woman should truly feel that the nurse is together with her. Also, the nurse can be a role model for the community by delivering her own babies in a hospital.

I have been living and working in Longewan for five years now, and I feel very safe and comfortable here. I really enjoy helping women to deliver their babies, to begin breastfeeding, and then seeing them go back to their own home. I have delivered babies who are now fully grown – and when I see them, this makes me feel very happy. However, I have had to make some sacrifices and face some challenges for my work. I am originally from Suguta Marmar, which is 35 kms from Longewan, and my family, including my four children, all live in Suguta. Sometimes I find it quite difficult being separated from them, but then I remind myself that my work as an SBA is my calling. Another really big challenge is working all alone. This is especially difficult when a woman experiencing complications of labour is brought into the health facility. I have to provide all the technical care by myself, and also make decisions about what is best for the woman and the baby, whereas in larger hospitals these important responsibilities are shared by teams of doctors and nurses. If the woman has to be transferred to a bigger hospital, I usually escort her all the way. Occasionally I have to close the dispensary because I am travelling or because I am sick – and this can create tension in the community if women come to the dispensary seeking care and find no nurse in attendance. Sometimes I have to work even when I’m sick because people are depending on me.

Even though the government has a policy that all deliveries should be attended by an SBA, many women are still delivering at home with a TBA, mainly because they don't understand that it’s much safer for women to deliver in a health facility, and because of cultural traditions. I have developed good relationships with the TBAS in my area, and encourage them to bring pregnant and labouring women to the health facility. It’s good if the TBA stays for the delivery, as she is able to offer additional support to the mother, and can help with some of the tasks such as looking after the baby. I enjoy working with the TBAs and recognise that they are well known and trusted by the women in their communities. They can play an important role by linking women with the health facility, as well as supporting them during delivery and afterwards.
“One reason why I enjoy being a TBA is because I really like young children and babies.”

Mrs Alice Lesororo

A traditional birth attendant in Longewan group ranch, Samburu
I live in Lengewa homestead, which is part of Longewan group ranch. I am forty years old and have eight children – four boys and four girls. My family depends on farming; I grow maize and beans and I also have cows, but others in the area burn firewood to make charcoal as a way to get money. Sometimes life in this place is difficult as there are many swamps, which make farming a challenge.

On most days when I wake up, I sweep the floor and attend to all my other house duties. I have to fetch firewood and water and then come back home to take care of the children. I love doing work on the farm, as well as in the home. I also have a small hotel where people stay on their way to the markets, so I am busy with this work as well. When I have a bit of free time, I like to do bead work and knit sweaters to give to the children.

I became a TBA in 1993, when I was quite young. It was in 1993. I found a woman who was home alone. She was in labour at the time. I said to myself that I must help her – this was the calling I had inside me. We were the only two in the compound and I helped her to deliver. One reason why I enjoy being a TBA is because I really like young children and babies. But TBAs face many challenges as well. Sometimes when I go to deliver a baby, the woman does not have even the most basic items such as a razor or gloves; some women bleed a lot, so we need gloves. Also, I haven’t received any training on delivering babies, which makes it difficult, particularly if the woman is having problems with the birth. To be a TBA you have to be brave at heart and be able to handle some unpleasant situations such as bad smells and bleeding. You have to be strong to be able to deliver a baby. This is my calling in life and I am not scared.

We haven’t had access to doctors or nurses until recently, so some of us had to become TBAs to make sure women and their babies are safe. But for the past two years, women from this place have started going to the health facility to deliver. This is a good thing as women can get all the assistance they need. But there are some that still prefer to give birth at home. I suppose the place of delivery depends on what women prefer. Some women live in very remote areas, so can’t get to the health facility.

Now when I am called to a delivery, I try to take the woman to the hospital. But if I am called at night, I have to help the woman myself to ensure that mother and baby are alive and well. I don’t get paid to be a TBA; I do it to help the community. I feel very satisfied when I have helped to save the life of both the mother and the baby – I feel like I have done a good job. I will keep doing this job until I die, but I think in the next ten years the number of traditional births will gradually decrease. People are becoming more educated and the health facilities are closer than they used to be. My daughter has completed form four and she is educated. It is my dream that she will become a nurse or a doctor.
“I have to make sure that the woman is comfortable, that she delivers in a safe way, and that the baby is alive.”

Mrs Martha Maleson

A nurse working in Chumvi group ranch, Laikipia
I am a Samburu woman from Wamba – I came to Chumvi as a nurse in 2004, about ten years ago. The first year here was very hard for me because Chumvi is an isolated place, and there was no transport – we had to travel by foot. During the second year I got married, so I became more comfortable and now my home is here among the Maasai. I have two sons, one is seven years and the other two years. I like my life here, although it can be quite hard. The community depends on livestock for their livelihood, and sometimes there is drought. This means no grass and no water for the cattle, so they have to take them far away to find enough grass and water, otherwise the cattle will die. The rains bring happiness to the people and the cattle.

I went to school at the Wamba Mission and lived among the sisters. During school holidays I would help them make up packets of medicine. They helped me to attend secondary school, so I developed a passion to be like the sisters I was living with – to be helping people. As soon as I completed school, I didn’t even wait for my results, I started my nursing training straight away because I knew that was what I wanted to do. Becoming a nurse is a vocation – it’s not something everyone can do – it’s tough at times. We encounter people with lots of different problems – it’s like uncovering someone’s life. People share their stories without fear, and we keep the information confidential. All this requires a lot of patience and compassion, but it’s a great job.

Pregnant women come and see me for check-ups, including blood tests such as an HIV test. We ask the woman to make some plans for her delivery: deciding on a birth companion, how much money she will need for certain supplies, the transport to bring her to the hospital, and even what plans she has for after the delivery. I tell her about the foods to eat, how much work she should be doing, and the medications she is given. It is very important to involve the husband in these discussions as well, because the Maasai men make a lot of the family decisions.

I have delivered about 100 babies. Every time it makes me feel so good because each life is a new creation, and I am the first one to hold those babies. I have to make sure that the woman is comfortable, that she delivers in a safe way, and that the baby is alive. Even a very small mistake can cost a life, that’s why I have to be really careful with what I do. It’s important to be friendly, to speak calmly and to educate the woman. This way she will go and tell others ‘that nurse is very good’ – this will encourage other women to come. The local community women are comfortable with me, but they still fear to going to the big hospital – they think they will be mistreated.

The biggest challenge for me as a nurse is being here alone. Sometimes women insist that I go to their home to deliver their babies, but I have work to do at the dispensary as well. It is also difficult translating medical terms into Maa so that people can understand what I am telling them. For example, hypertension – how do I explain that someone has high blood pressure? I say that the blood is too fast – I have to put it into language they will understand.

I often work alongside the TBAs in this area. They come to me for gloves, and they call me if there is a problem – I always try to go and help, and they receive me positively. The TBAs have very good communication skills – they have a reassuring touch, listen well and know how to share information sensitively with the women. They should be educated to work alongside SBAs. The TBAs could channel the women to the hospital, and be the link between the women and the SBAs.
“The community values the work of TBAs as we are here all the time to help women.”

Mrs Ndukunya Larpei

A traditional birth attendant in Tiamamut group ranch, Laikipia
I live in Mutiok, which is part of Tiamamut group ranch. I was born here and have lived here all my life. I have seven children but I can’t tell you their ages as we Maasai don’t keep count, but most of them are grown up. Life here is good. We don’t have people coming to disturb us from other places, unlike other areas, which have many problems. Before, we had big water problems, as this area is prone to drought. We used to get water from the dams, but when they dried up, we sometimes went without water for days. Now we have boreholes to get water from, and this has helped a lot. Elephants are another problem as they are often in the areas where the children walk to school or near the dams where the herdsmen go. The elephants destroy the trees that our sheep and goats eat, so if we don’t cut the branches, then the animals have nothing to eat.

Generally, I get up at 5am to get the children ready for school as they normally go very early. Then I milk my sheep and come back home to make tea. On some days I lock up the smaller sheep at home, and take the other animals out to graze. I take a machete and jerry can with me so I can fetch firewood and water at the same time. When I fill the jerry can with water, I leave it somewhere safe, such as near the dam. I then get the animals and firewood and walk home slowly. After that, I walk back to the dam to collect the water. When I am at home, I have to wash the dishes, cook the maize on the fire for the children, and check on the smaller goats to make sure they are safe. Some of my children and grandchildren also help me to look after the animals. There is never any time to sit and do nothing. Like most women in the community, I work throughout the day so that we have water to drink and food to eat.

I am also a TBA. Once when a woman was in labour in the house next door, people were calling women to help, so I went and stayed with this woman until she delivered. I had never delivered a baby before but the older women told me what to do until the baby came out. That was how I became a TBA. Now, whenever there is a woman in labour, I am called to help. When people come to know that you have helped a woman, then they see you as capable for the job. I am very experienced as I have delivered many babies. The community values the work of TBAs as we are here all the time to help women. They call me because I am strong – you have to be strong to do the work of a TBA. What I like most about being a TBA is when I hear that a woman is in labour and I know only a strong person can help her deliver.

Sometimes the deliveries are difficult, particularly when the placenta refuses to come out. But now we have a hospital in the community and this is helping women a lot. If I am called to deliver a baby, I will send someone to fetch a vehicle, and then I accompany the woman to hospital. I think delivering in a hospital is good because the childbirth problems women have had to face in the past are gone, whereas TBAs are often helpless in these situations. Women and babies are in safe hands at the hospital. My role as a TBA is changing – now I take women to the hospital where they can be attended to and I can help the nurse in whatever way I can.
It is part of my role to encourage women to come to the hospital to deliver their babies.

Dr Alfred Saigero

A doctor working in Tiamamut group ranch, Laikipia
I have had a strong desire to be a doctor since I was a boy. I worked very hard in school to stay at the top of my class so that I could become the first doctor in Kimanjo. I wanted to serve my own community. I have been posted to this hospital for less than a year, but I had a lot of experience doing deliveries during my internship at Embu, before coming to Kimanjo. I like living here a lot because this is the place where I was born, and the community has responded very positively to having a doctor in their area – they treat me well.

Sometimes patients come to the hospital with serious health problems – all the relatives and friends are crying – but I can change their situation with the knowledge and skills I have, and it’s very satisfying to see them return home well again. This can happen for everyone, whether they are rich or poor, a child or an adult. I really like assisting women to deliver – I have delivered more than 300 babies since becoming a doctor.

It is part of my role to encourage women to come to the hospital to deliver their babies. It is very important that they have a positive experience when they come, so that they will come again, and so they will tell other women in their community that the hospital is a safe and good place to have a baby. We are really trying to encourage facility-based deliveries instead of home deliveries, but this hospital is a new one, so it will take some time to change the local tradition of delivery at home. I work with the nurse here, but I also check every woman who comes, and if there is any complication, such as breech position or twins then I must do the delivery myself. I also attend to the woman if there is any tearing that needs to be stitched. I have to examine the baby, and I make sure everything is properly recorded.

Of course there are some challenges that have to be faced as well. It is a bit frustrating when women don’t come for antenatal care, but are brought to me late in their labour when they are having complications, and it is much more difficult to save them. One of the biggest challenges I face is the short-comings of the health system itself. For example, we don’t always receive our supply of medicines in time, so occasionally we have no medications to give to the patients. People come here sick, and I know what medication they need, but we don’t have it.

Another challenge is that I can’t always practice in the way that I was taught. For example, if a woman is having trouble delivering her baby, the next step is often caesarean section, and for that we need to transfer the woman to Nanyuki, but sometimes it’s hard to find the transport. During my training I performed more than 150 caesarean section deliveries, but unfortunately I am not properly equipped to do that procedure here. If a woman needs to have a caesarean, then I accompany her to Nanyuki and hand over to the doctor there. If there was an ambulance we could travel out to women having complications, or bring them to us. The way you want to do the job and the way that you have to do the job do not always go hand in hand.

Working in the community where I grew up can create some reluctance on the part of the women who are shy to be cared for by me – they say ‘I know him like my brother’, but gradually this will change. Living in a remote community is a hardship for many doctors and nurses. We are so far away from everything, transport is limited, we can’t easily go shopping for food, and there are no recreational facilities. Sometimes health workers come here, look around and resign the following day.

The Maasai and Samburu have a deep tradition of giving birth at home with a TBA – it’s how they were born and it’s what they have faith in – it will take some time for them to accept change. I have a good relationship with the TBAs in this area. I teach them about pregnancy, delivery, the danger signs, and when it’s important to get help. We have allocated the TBAs to different zones, and are encouraging them to bring any pregnant women in their zone to the health facility. We do the deliveries, but the TBA is here with us as well. The reality is that at the moment, the TBAs have the trust of the women and the rest of the community, and some women have a real fear of the health facility – that is why we are working hard to give the women who come here a good experience, then they will come to trust us as much as they trust the TBAs. We doctors and nurses must work closely with the TBAs and community health workers for the well-being of the mothers and babies.
“TBAs work hard as they have to encourage and support women during their deliveries.”

Mrs Agnes Meshami

A traditional birth attendant in Tiamamut group ranch, Laikipia
I live in Tiamamut, and I have four children who are 18, 15, 13 and 12 years. I like living here as it is peaceful and we don’t have any problems. We get rains twice a year but this is only for short periods; most of the time it is quite dry. People in Tiamamut depend on livestock for food. In the rainy season we are able to graze the animals near our homes – we don’t have to go far. The only challenge is when there is a shortage of water. This makes life difficult because I have to fetch water most days, and I can’t do any other work as the water is very far from here. The elephants also make getting water difficult as they are often in the area where we collect the water; sometimes we have to wait for them to leave before we can enter the area.

My day starts early in the morning when I prepare the children for school. Once they have gone, I milk my goats and then let them out to graze. I have 140 goats, 63 sheep, and 7 cows. On days when I don’t have a shepherd, I have to look after the animals myself. I have to cut grass for the smaller animals to eat, and can only do this when someone else is able to look after the animals. After that, I have to sweep the house, wash the dishes, and cook lunch. After lunch, I fetch water and firewood. Once I have done this, I go home and wait for the animals to come back with the shepherd. Sometimes I go to other peoples’ houses to see how they are, particularly if they have not been well. I am a pastor’s wife so I visit my church members and other mothers like me to see whether they have any problems. We pray together and try to help each other.

When I gave birth to my children, I was in another place and a TBA helped me – this is the proper Maasai way to give birth. TBAs work hard as they have to encourage and support women during their deliveries. Some women get so scared at this time that they can harm the child by not being in the right position. TBAs make sure women deliver well, and that there are no problems with the baby or the mother. If there is a problem, the TBA tells the husband so he will take his wife to hospital. I became a TBA when I helped a woman who was in labour near my home. It was night and I was the only one around who could help, so I tried my best to be strong – to be a TBA you have to be strong. This was the time I came to know that I can help women deliver. I felt very happy as the woman delivered without any problems. But I also think that this is the work of God, not my work.

I like being a TBA because it is a job that helps people who are in need. I want to help people who live near me – I don’t want them to have problems. But it is also difficult being a TBA because I haven’t had any training, so I don’t always know what will happen. Now there are hospitals and doctors that help. Women can get good attention because of the medicine and medical equipment – now there is a big difference for women who deliver in the hospitals compared to those at home – women have fewer problems when they deliver in hospitals. I haven’t worked with an SBA as there are two TBAs in this area – an older woman and myself. If a woman needs to go to the hospital, I call for a car and then the other TBA generally accompanies the women as she is older and knows more. The TBAs and nurses here are like one – we work together.
When I have helped to bring a new baby into the world, I feel so good and happy.

Ms Everlyne Ngise

A nurse working in Makurian group ranch, Laikipia
I have been working here in Arjijo for four years. The Arjijo community depends on livestock and farming for survival. The people don’t have much education, but they are good people who make visitors feel very welcome. This is quite a remote place – there are no cars here, so we have to travel by motorbike.

From my childhood time, I wanted to be a nurse – I had a real passion to work in a hospital. Being an SBA requires courage, patience, and we need to be sympathetic to the situation of others. We also have to be able to make quick decisions in difficult situations, and we should stay up to date with new practices. People often come to see me to share their problems, and I must keep what they tell me confidential. Sometimes people come with problems that don’t require any medicines at all – I just need to sit and listen to them.

When I have helped to bring a new baby into the world, I feel so good and happy. During labour and delivery I need to regularly assess the mother and check on the well-being of the baby so that any complications can be detected as soon as possible, and the woman referred elsewhere. I have to be there with the mother in a supportive way so that she doesn’t feel alone. Because I’ve been an SBA for a long time, I feel confident when managing deliveries – I’m not afraid when there are complications – I am ready to deal with it.

As an SBA, the main challenge I have to face is being here on my own. I am often called to town for meetings and seminars, and while I am gone, the dispensary is closed. When people come wanting a service and the health facility is closed, they lose trust in me, and won’t come back again, especially if they have travelled a long way by foot in the hot sun. It would be good if there could be two nurses so we can cover for each other, and the dispensary would not have to be closed at all. This is important to build the community’s trust. Another major challenge is the lack of essential equipment in the health facility, including beds and blankets. For this reason, I prefer to do deliveries in the woman’s home where it is warm and there are blankets. Once we get the equipment we need, then we will be able to do deliveries here, which will be much better for the women, especially those having complications.

We need to speak nicely to the women when they come to the health facility. Lots of women have heard stories about nurses speaking harshly to patients and even smacking them, so they are reluctant to attend for delivery. It’s so important to give women a good experience when they do come – and to make sure they go home feeling better, and with a healthy baby. This way they will tell other women about the good care they received, and more women will come to the dispensary for their deliveries.

I have been working with the TBAs in Arjijo when I do deliveries in the home. The TBA and I stay together with the labouring woman until everything is finished. I don’t want to exclude the TBAs – it is good for them to understand that we appreciate them, and that we are not trying to remove them from the picture. They know that SBAs must be there to do the delivery, but they can help the woman as well. The TBAs are known and trusted by the women, but our delivery skills are better than theirs. Once we get the equipment we need, the TBA could bring the labouring woman to the dispensary, and we can do the delivery together. Then the TBA could accompany the mother and her baby back to their home, and provide the traditional after birth support.
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