

Re-Engineering Faith Based Birth Homes (FBBH) and Faith Based Birth Attendants (FBBA) as Complimentary Ante-Natal Care in Ibadan, Nigeria

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Abstract—Childbirth is an important aspect of the human life. In fact, the world would have gone to extinction if there has not been procreation. The blessing to increase, populate and dominate the earth was the key to procreation. However, in spite of this divine blessing, there are challenges be-devilling pregnancy and childbirth for women of childbearing age. The travail to access antenatal care and the cost implication which is enormous especially within Ibadan Metropolis and its environs is the focus of this research. Government health institutions (GHI) are not able to serve all antenatal care, makes this research plausible by looking into the activities of Faith Based Birth Homes (FBBH) and Faith Based Birth Attendants (FBBA) as alternative to the Government health institutions with a few of re-engineering them for optimal performance. The research is premised on Stages of Change Model which identified five stages of change in human behaviour. Methodology adopted for this research is ethnographic survey, which includes Focused Group Discussion and Participatory observation. It was discovered that patronage of FBBH and FBBA by pregnant women within the Christian faith community and the society at large were high owing to a number of factors like serene environment, reduced cost implications, closeness to the women, good infrastructure and humane disposition. There is need for government intervention on FBBH and FBBA to better serve the needs of the people.

Index Terms—Faith Based Birth Homes, Faith Based Birth Attendant, Antenatal care, Christ Apostolic Church, Spiritual Care, Re-engineering

1. Introduction

Childbirth is an important aspect of the human life. In fact, the world would have gone to extinction if there has not been procreation. In the beginning of creation, God blessed man to increase, dominate and populate the earth in Genesis 1:28. The blessing to increase, populate and dominate the earth was the key to procreation. This is germane and paramount to the continuing existence of the world, according to God's dictates. Nations and tribes of the world differed in their opinion to this mandate to populate and increase. Among the Yoruba ethnic group in Nigeria, childbirth is an important feature of the community life. According to Awolalu and Dopamu, (1979, p.2) anyone who is barren is referred to as a reproach and not contributing to the expansion, efficiency and numerical growth of the family, clan or the community. Such couple are regarded

as accursed or curst. Likewise, in biblical times, Harris (2025) expresses that the life was central around the family and children were a vital part of it. Children were indispensable in that period; thus, childlessness was considered a reproach for any couple as it is obtainable in African communities

Pregnancy period and ante-natal care are crucial time in the life of women and the society at large including the advanced world and especially in the African setting. It is considered important because through it the society gets additional population for continuity and for human and capital development. Therefore, there is need for careful attention for the realisation of these human resources through maternity and ante-natal care. For the importance attached to childbirth in most communities of the world, pregnancy and antenatal care are crucial time in the life of a woman, her family and the community. Before the advent of modern or western maternity care through the missionary, medical provisions in the 19th century and subsequent modern maternity care, African have her traditional gynecological and childbirth delivery system as it is obtainable in every society. The advent of modern maternity has however improved child care delivery in Nigeria and in spite of the improvement brought by the western maternity system in reduction of mother and child mortality and provision of adequate medical services to pregnant women in Nigeria, some women are still unable to access the medical facilities and provisions.

According to World Health Organisation (2025) maternal health is the overall wellbeing and health of the women during pregnancy; and as such each stage should be made a pleasant experience for the mother and the baby. According to (Nicol *et al.*, 2022, p. 43) in their research on maternal health, they clarify that maternal conditions are the leading force of death and disability in Low and Medium-Income Countries (LMICs) and the African region bore the greater percentage of such death; representing two-third of death in 2015. Consequently, for Kagawa, Anglemyer and Montagu (2012, p.7) the composite societal, political, environmental and financial determinants of healthiness call on health systems to search or extend beyond the provision of care by a single entity such as the public healthcare services. This account for the advocacy to reengineer

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Faith Based Birth Homes (FBBH) and Faith Based Birth Attendant (FBBA). Most pregnant women do not have access to Government Owned Health Institution (GOHI) in order to get ante-natal care. Thus, maternal morbidity is high in the developing country like Nigeria. According to the (Unicef, no date) 40 million women of child bearing age (15 to 49) suffer one health problem or the other during child birth and contribute 10% of global death for pregnant women. Adebowale-Tambe (2023) in Premium Times, discovers this by clarifying that Nigeria ranked second in the world rate of maternal and child death, ranking next to India. This is an alarming and devastating occurrence. (Macrotrends, no date) discovery was not different from the statistics shown which depicts 993 per 100,000 births in 2023. Then, in order to save the situation and reduce maternal mortality to the barest minimum if not eradicated, there is need to find an alternative care that will be commensurate to care received in government clinics and hospitals, hence the justification for this research

Maternal health and Ante-natal care remains a serious global challenge in spite of the fact that they are an integral part of community health in any society, and decades of advocacy and investments in improving access to maternal, reproductive and ante natal care (Narayanan *et al.*, no date). The wellbeing and survival of pregnant women depend on the availability, accessibility and utilisation of the quality health care known as Ante-natal care (ANC). Thus, there is a great priority and importance attached to this aspect of medicine. However, this branch of medicine is beset by many challenges ranging from expensive ante-natal care, to insufficient care and maternity centres, paucity of funds and government support, insufficient trained personnel to lackadaisical attitude on the part of some pregnant women. The care provided during the ante natal, birth and in the post-natal periods are critical in the life of the mother and baby. In most developing countries, less than 50% births are attended by skilled midwives and nurses and Nigeria is not exempted from this obvious fact. The data is even greater in areas with difficult terrains, bad roads, and strong hindering socio-cultural factors Chi & Udarl (2018).

Antenatal care for pregnant women in Nigeria; and most especially among pregnant women in Ibadan and environ during pregnancy is a heinous mountain for pregnant women. The reason is as a result of the lackadaisical attitude, ineptitude, expensive nature and non-accessibility to indigent, grassroots and non-literate women of the society and same is applicable to literate women as well. Most staff in GOHI are always shrewd and exhibit no human feeling for the patients; even when such are in distress which calls for alternative care for such categories of people from the Faith Based Birth Attendants (FBBA) and Faith Based Birth Homes (FBBH). This study, therefore, focuses on the accessibility, affordability and competence of the FBAH antenatal facilities and FBBA with the view of showcasing this institution as complementing government efforts in combating maternal and infant mortality.

The emergence of the Aladura Pentecostal Churches in Nigeria changed the tide of maternal care and child delivery in Nigeria through Faith Homes and Faith Based Attendants popularly known as *Ile- Agbebi* and *Iya Agbebi*. This is a great

contribution from these Aladura Churches and their emergence therefore, is not only about revivals and crusades as it is the general perception of the people, but that of effective Faith Based maternity home in the Nigerian communities.

2. Statement of the Problem

Access to medical services is somewhat expensive in Africa societies because of poverty. Based on World Bank projections, about 40.7% of Nigerians are estimated to live below the international poverty line by the end 2024. In the report of Poverty & Equity Brief (2004) inflation rate, subsidy removal on premium motor spirit, loose monetary policy and naira depreciation have pushed people into extreme poverty. This has greatly affected low-income earners and the middle class. Pregnant women whether highly placed or in the low class no doubt find it difficult to access medical facilities related to maternity and child care especially in the rural areas where government medical presence has virtually collapsed. In the same vein, poverty among the women is generally alarming, because empowerment programmes for financial and economic sustainability are not enough. As a result of this, women who did not have access to adequate maternity care face precarious situations. Faith Based Attendants Homes and Faith Based Homes which the less privileged, underserved and non-elitist pregnant women have embraced over the years as alternative to modern maternity services have brought home, hence the need for this study

3. Literature Review

There are previous literature and documents on the subject of Traditional or Faith Based Birth Attendants (TBA or FBBA) which will be of tremendous help to this study. Oke (2009, pp.135-141), advocates for proactive HIV and AIDS awareness for these personnels. This was later of what Christ Apostolic Church Faith Home Child Birth and Missionary Training Centre hold as important as there are two HIV & AIDS based courses in the training curriculum (N.A Nd, no date). Chi & Urdal (2018, pp.1-9) showcase the easy accessibility to these people among the people of Northern Uganda and Burundi during conflict and emergencies. Olugbenga, Adewale & Olubankole (2016, pp. 1-3) access the preference of people in Akoko south west of Ondo, Nigeria for Church based maternity centres among people seeking delivery which attracted quiet a number of patronages. Naryanan, et al., ((2004) confirm the effort of these FBBA on new born and family health. Owens-Ibie (2011), attempted a pursuit of maternal and child care of the TBA and centres in the history of Nigeria. International Confederation of Midwives (2003) clearly advocates for the improvement of TBA and by association that of FBBA as a means of putting them on higher efficiency and solid pedestal. Adetunji (1992) showcases this and presents data of delivery among Yoruba 'faith clinics'. He emphasizes the use of prayer, fasting, guidance of the Holy Spirit as the main tools employed by these midwives as well as their being controlled by the mission that owned them.

4. Methodology

Methodology for this study is multi-faceted. It is an ethnographic survey, therefore tools employed include; Focused Group Discussion and Participatory observation. Church based maternity and ante-natal centre and the personnel were purposively selected for this study. Denominations and Churches such as Christ Apostolic Church Faith Base Birth Home's and Faith Based Birth Attendants were given a pride of place, because they were the pioneer and having access to respondents of the different categories of sample was less cumbersome. Thus, this denomination was considered and was responsive during the pilot study. In-depth interviews were conducted on the subject of the research to elicit responses from respondents along with a study of Focused Group. The multidisciplinary method helps greatly in the collection of data which provided seamless data presentation, analysis and discussion

A. Research Questions

The fact that this study intends to showcase the complimentary efforts of FBBA to orthodox ante-natal care. The following questions were answered during the course of this study.

- How has FBBA assisted the Certified Birth Attendants (CBA) in providing pre and post-natal care?;
- What and who are the percentage of people that patronized them?
- How accessible and cost efficient are these centres?
- Are there adequate orthodox application as it is available in government clinics and private ones?

What other facilities and equipment could be provided to improve the performance of these centres and personnel to favourably compare with public and private instituted maternity centres?

5. Theoretical Framework

The theoretical base for this study is Stages of Change Model. This is also known as Trans-theoretical Model, which explains an individual's readiness to change their behaviour, which usually occurs in stages. These stages identified include: Pre-contemplation: There is no intention of taking action, Contemplation: There are intentions to take action and a plan to do so in the near future. Others are Preparation: There is intention to take action and some steps have been taken. This is followed by Action: which is behavioural change for a short period of time; the Maintenance: which sustains the change in behaviour for the long-term, and Termination: which gives no desire to return to prior negative behaviours. This theory describes aptly the issues associated with FBBA and FBAH. For the benefits the patrons received at the FBBH and with the FBBA they had permanently pitch their tent with this aspect of Community Health and antenatal care, thus the oars are rested there.

6. Faith Based Birth Homes and the History of Inception in Christ Apostolic Church

Faith Based Birth Homes or *Ile-Agbebi* among the Yoruba where this research is domiciled are owned by the church. Their primary focus is to take care of ante-natal needs of the pregnant women from within the church and other women within the community. These *Ile-Agbebi*, focus of this research, are those established and owned by Christ Apostolic Church, Nigeria. Although the *Ile Agbebi* is as old as the denomination, but the idea to commence training officially at the Faith Based Birth training Centre of this denomination materialised in 1965. The justification for this is that CAC believed in faith and divine healing without the use of any medication. In fact, faith and divine healing is one of the major tenets of the church and it is twelve on the list. The intention was to take care of the pregnant and waiting to conceive (WTC) members of the congregation and by extension other women in their immediate community. The major mode of operation is to use spiritual weapons and prayers to solve pre, natal and antenatal issues that may arise. Testimonies abound from the FBBA about series of issues that defied medical interventions that were resolved in the Birth Homes used as models through spiritual weapons and intervention *Interview Respondents* (2025).

The implication of this is that the denomination has not derailed from the aims and objectives guiding the formation of the FBBH and FBBA. Other aims and objectives of the institution are: to offer service to vulnerable population to receive healthcare that they direly need; therefore, competent and dedicated missionary who understand the culture and challenges can dutifully serve the community. In addition, it's a form of empowerment for women from diverse backgrounds to become change agents in their communities thus assuming leadership roles as regards health care settings. Moreover, it is to foster mutual understanding and collaboration of different faiths, thereby building bridges and strengthens relationship. Furthermore, the FBBH and FBBA in all are to cater for undeserved communities and to cater for medical emergencies in the face of pandemic or natural disasters.

All the *Ile-Agbebi* are self-sponsored by the Board of each assembly that owned them. They also received donation from well-meaning member of the congregation and their friends occasionally. During the course of this research, the investigators participated in the ante-natal meetings of the six assembly purposefully selected. It was observed that there are some distinguishing characteristics showcase by these *Ile-Agbebi*. They are discussed below:

7. Distinguishing Characteristics of the Ile-AGBEBI (FBBH)

The atmosphere of the six FBBH visited were unique, calmness and serenity were the order of the day at each of these centres. Other noticeable characteristics are:

Neatness: this is a distinct and noticeable hallmark of these FBBH. Unlike what pervade in Government Based Hospitals (GBH) and centres, these homes are sparkingly clean and odour or stench free. The managers of these centres-, the *Iya*

Agbebi were clean to a fault. The environment is alluring and enticing. No wonder the women kept coming.

Friendly and Accommodating Outlook of the FBBA: The expectant mothers and the *Agbebi* are in good rapport. They throw friendly jeers and banter at one another. They relate as friends and not as clients. Most of the women attest to the fact that the FBBH and FBBA are free of the bickering and sneering that are associated with régime established centres. They attested to the fact that the *Iya Agbebi* corrects in love even when the expectant mothers are in the wrong.

Designated Uniform: In each of the six centres visited, the FBBA have uniform and are dressed as the nurses and midwives in the GBH or centres. The uniform mostly is white, with an occasional use of beige and pink which is associated with gynaecology and fertility. This dress made the FBBA unique, smart and professional. The uniforms are starched and ironed to depict business and duty mindedness, ready to discharged their duty to the expectant mothers.

Spirituality: The FBBH are known for combining spiritual aspect to their caring for the women. The African worldview recognised malevolent spirits and beings who are not always happy on joyous occasion and affair. Dopamu and Awolalu (1982, p.40) corroborate this fact that malevolent spirits sometimes hindered the progress of the birth of a baby. The *Iya Agbebi* takes the expectant mothers through series of prayers on the days designated for meeting at the centres used as model. The prayer ranges from strength to bring forth, warding away evil spirit, material and spiritual provision. Prayers are also extended to women waiting to be blessed with the fruit of the womb among others. This spiritual aspect of care contributes majorly to why many of the women patronise the FBBH and FBBA.

Closeness to Clients: During the Participant Observation sessions, most women interacted with attested to the close affinity of the Centres to their abode and with little or no spending at all on transportation, they are able to easily access the centres. In any locality within the Ibadan metropolis, one is able to site two or three Christ Apostolic Church of different standard and structure, thus the close affinity claim of the pregnant women is not contestable. In semi-rural or the rural community to get to a GBH is always challenging due to increase in transport fare, the economic condition of most families in the present-day Nigeria is below \$3 a day. This has made living condition below the UN standard and most are below the poverty line. Other conditions are: bad roads, unfavourable terrains and natural geographical contour that make accessibility to the major GBH quite daunting. Thus, to circumvent the challenges, the FBBA and FBBH are to the rescue.

Relative Financial Demand: From observation, the cost of accessing care at the Faith Homes are relatively cheap when compared to GBH. The women are only charged five hundred or one thousand Naira to get registered which is far below one dollar. Apart from some stipulated screening and medical test which the pregnant women need to do that may be over \$5 or \$10, the care is relatively affordable even to indigent women.

Physical Fitness: Although this is also applicable to the GBH

ante-natal care, the FBBH and the FBBA, encourage the women to do physical exercise. This physical fitness is incorporated with singing and clapping, which make is less stressful and cumbersome, but enjoyable and fun-filled for all the women. The singing sometimes goes along with walking and dancing round the place of meeting which most times is within the building use for worship (the Church). The energy the women exert during singing and dancing contributes to the wellbeing of the foetus and the mother, therefore the women are always looking forward to this at each ante-natal meeting.

WHO and World Standard Compliance: The six centres mockups used displayed the certificate of authorization conspicuously, thereby signifying their compliance to world standard. The FBBA also mentioned that world standard of hygiene is adhered strictly; which includes the use of hand gloves to handle women during physical examination, HIV& AIDS screening, non-sharing of needles, use of nose mask, clean and hygienic environment among others. The interviewed respondents responded on the WHO compliance that Christ Apostolic Church authority frowns at anything short of the standard compliance in order to keep the integrity of the Church intact. As a result of this, the Church has a committee that oversees the activities of FBBH and FBBA for proper monitoring. The birth attendants interviewed affirmed that the authority of Christ Apostolic Church frowns at anything that can tarnish the image of the Church, thus through the committee that oversee or supervised the various centres used enforced compliant to world standard. *Interview Respondents (2025)*

A. *The Iya Agbebi*

Iya -Agbebi, according to CAC tradition are literally, translated as Midwives. At the inception, they were experience Ministers' wives charged to take care of pregnant women member of the congregation, to ensure safe delivery according to the tenet of faith and divine healing of the denomination. Their modus operandi is to ensure safe delivery without the use of herbs, traditional herbalist or the orthodox hospital (Faith Home, 2025) Safe deliveries are ensured with use of psalms, sanctified water, anointing oil and the dependence on the power of prayer as well as the Holy Spirit. The *Iya Agbebi* are different from Traditional Birth Attendants because they operate only with the power of Prayer and not herbs or orthodox medication.

When the needs become advanced and to standardised the profession of the *Agbebi*, a training school was established in 1965 by the authority of Christ Apostolic Church with collaboration with the *Good Women Society* of the Mission, at Ede, Osun State, Nigeria. The trainers are medical Doctors and other health personnel from within the denomination and the larger society. The women that are enrolled at the training centre as *Iya-Agbebi* are between the age of twenty-five and forty-five (N.A N.d, no date, p. 68). They must have received the call for that vocation, willing to learn, full of Holy Spirit, compassionate and must have at least ordinary Level Certificate (WASCE or NECO O/L) recognised in Nigeria for further studies after the high school.

The training for the *Iya-Agbebi* is a full two-year residential programme. At the training, they are equipped with the virtue

and knowledge that are necessary for them to function effectively and efficiently at the ordained vocation as FBBA. They are thoroughly furnished according to the dictate of the Bible in II Timothy 2:15a from seasoned instructors in English Language, Christian Religious Studies, Maternal and Child Health, Physiology and Hygiene, Family Planning, and other relevant subjects for their practice. These are the personnel called *Iya- Agbebi* FBBA in this research

8. Report of Field Study

The field research and Participant Observation took place between 1st March and 30th April, 2025. Christ Apostolic Church Faith Based Birth Homes and Attendants were purposively selected because the centres have less bureaucracy in gaining access to the informants. This was the discovery made during pilot investigation. Prior to the actual visit, a pilot study was carried out and each of the centres was visited once for familiarisation, before the actual administration of the questionnaire and the interview. For the main research each centre was visited twice, making a total of three visits to each of the six selected FBBHs.

9. Days of Ante-Natal Meetings

Four out of the six centres visited have their ante-natal care day on Mondays, one of them have meetings on Tuesday while the last one was Friday. Reason advanced for the variation in days of meeting has to do with the population they are attending to.

Time of Meeting: The hours of meeting ranges from 6:30 am to 8:00 am. Two centres start their meetings at 6:30 and 7:00. The justification is that most of the women that attends ante-natal care with the centres are government workers and business women, hence the reason to start early and close for them to attend to their daily businesses and chores. For centres that picked 8:00am, most of the client are self- employed and they can afford to stay at the meeting till 10:00 am or beyond. The flexibility of the timing is also a plus for the centres

Location of the Centres: The FBBH purposively selected were stratified with three local government within the Ibadan metropolis. There are two centres in Ibadan North Local Government, Ibadan South West Local Government has two centres and Ibadan South East Local Government with two centres. These are listed below:

1. Christ Apostolic Church Oke-Alafia Ashi Road, Bodija FBBH (Ibadan North LGA)
2. Christ Apostolic Church Special District Headquarters Oke-Ife, Agbowo, Ibadan (Ibadan North LGA)
3. Christ Apostolic Church Missionary Headquarters, Itabaale, Olugbode FBBH (Ibadan South East LGA)
4. Christ Apostolic Church, Aremo District Headquarters FBBH ((Ibadan South East LGA)
5. Christ Apostolic Church Odo-Ona District Headquarters Olugbode, Odo-ona, Ibadan (Ibadan South West LGA)
1. Christ Apostolic Church, Oke -Ado FBBH (Ibadan South West LGA)

Sample Size: The sample sizes were 200 pregnant women met at the six different venues purposively selected for the research on two different meeting days. The researchers first did a familiarisation visit once to all the six FBBH before all the other members of the team (including the six research assistants) later visited twice for data collection. The sample of respondent seen at the two visits to the six FBBH centres were a total of two hundred (200) pregnant women. They represented others who were not present during the visits. Likewise, twelve (12) FBBH working in the six centres selected and two committee members were also sampled as interview respondents.

10. Tool for the Research

There were two research instruments designed for the research. A set of questionnaire tagged 'Questionnaire Statement for Re-engineering Faith Based Birth Homes and Faith Based Birth Attendants as complimentary care for ante-natal care in Ibadan (QSRFBBHFBBA-CCACI) consisting of twenty questions that were used to elicit information from the pregnant women; while a structured interview guide was administered to the FBBA and the committee in charge of the Faith Based Birth Homes. Some of the expectant women were assisted in filing the questionnaire. The researchers and the research assistants took time to explain each item of the questionnaire statement to the respondents after which their best-chosen option was documented on the research tool. The interview was content analysed.

11. Method of Data Analysis

Data received from the field study were analysed. The set of questionnaire were subjected to statistical analysis. Descriptive and inferential statistics were used for the data from the questionnaire. Demographic variables were analysed with the use of percentage, while means and standard deviation were used for the question on the questionnaire. The null hypothesis was tested by t-test 0.05 level of significance

12. Report of Findings

The questionnaire comprised of two sections, section A is the stipulated biodata of the expectant mothers, while section B are the statement requiring responses as it related to the research.

Table 1
Age distribution

Age Group	Frequency	Percentage (%)
15-20	38	19.0
21-30	109	54.5
31-40	53	26.5
Total	200	100.0

Interpretation:

The majority of respondents are aged 21-30, representing over half the sample. The age 15-20 group is the smallest. The sample is predominantly young adults, which is typical for studies on maternal health.

Table 2
Educational qualification

Educational Qualification	Frequency	Percentage (%)
Primary School Dropout	15	7.5
Primary School Leaving Certificate	34	17.0
Secondary School Dropout	46	23.0
West African School/NECO Certificate	59	29.5
Tertiary School	46	23.0
Total	200	100.0

Interpretation:

Most respondents have at least a secondary school education. Nearly a quarter have tertiary education, while a small fraction did not complete primary school. There is a broad range of educational backgrounds, but most have at least a secondary education. Contrary to assumptions that uneducated women prefer FBBH, it is clear that both educated and untutored or school dropout patronized these centres. This could be possibly due to cultural/spiritual affinity of the FBBH and or dissatisfaction with government facilities.

Table 3
Marital status

Marital Status	Frequency	Percentage (%)
Married	170	85.0
Single Mother	30	15.0
Total	200	100.0

Interpretation:

Most respondents are married; this may be as a result of the fact that the denomination frowned or discouraged premarital

Table 4
Responses to questionnaire items

Variable	%	%	%	Mean	SD
	Yes	No	Undecided		
Faith Based Birth Home is part of the Social Responsibility of the Church	88.0	6.0	6.0	0.94	0.24
Faith Based Birth Homes are patronized by people of different faith in Ibadan communities	93.5	3.5	3.0	0.96	0.19
Personnel involved in the running of Faith Based Birth Homes are well trained to attend to maternity needs of the people	90.5	6.5	3.0	0.93	0.25
Some women prefer to access facilities in Faith Based Birth Homes because of spirituality attached to it	89.0	7.0	4.0	0.93	0.25
Pregnant women preferred FBBH and FBBA because of prompt attention and kindness associated with the outfit and the personnel	90.0	7.5	2.5	0.92	0.27
Faith Based Birth Homes and Faith Based Birth Attendants are popular among the non-literate women	81.5	13.5	5.0	0.86	0.35
There are literate women that prefer accessing Faith Based Birth Homes and Faith Based Birth Attendants to government maternity clinics and centres	87.0	9.0	4.0	0.91	0.29
Faith Based Birth Homes and Faith Based Birth Attendants impacted greatly on child and mother healthcare delivery in Nigeria	92.0	5.0	3.0	0.95	0.22
Faith Based Birth Home are easily affordable for the people especially by indigent women and in the community because of the economic situation of the country	89.5	7.5	3.0	0.92	0.27
Faith Based Birth Homes are closer to the people in the communities	91.5	6.0	2.5	0.94	0.24
Faith Based Birth Homes and Faith Based Birth Attendants create alternative platform for maternal healthcare delivery for indigent family	88.5	8.5	3.0	0.91	0.28
Faith Based Birth Home are approved by the appropriate health authority in serving the needs of the people	84.0	10.5	5.5	0.89	0.31
Government should give more support to Faith Based Birth Homes and Faith Based Birth Attendants for effective health delivery	94.0	4.0	2.0	0.96	0.19
There should be more advocacy on the activities of Faith Based Birth Homes and Faith Based Birth Attendants since they are serving complimentary healthcare purposes	93.0	5.0	2.0	0.95	0.22
There should be periodic monitoring into the activities of Faith Based Birth Homes and Faith Based Birth Attendants	91.0	6.0	3.0	0.94	0.24
The Faith Based Birth Homes refer cases to government hospitals when the need arise	92.5	5.5	2.0	0.94	0.23
Faith Based Birth Home should be part of government inclusive healthcare delivery in Nigeria	93.5	4.0	2.5	0.96	0.19
Maternal healthcare services provided by Faith Based Birth Homes and Faith Based Birth Attendants are of quality to that offered by government facilities	91.5	6.0	2.5	0.94	0.24
There should be collaboration between Faith Based Birth Homes and Faith Based Birth Attendants and government for capacity building to serve the people better	94.5	3.5	2.0	0.96	0.18
The operations and care given in Faith Based Birth Homes and by Faith Based Birth Attendants to serve as complimentary ante-natal care are pattern of government medical operational services	93.0	4.5	2.5	0.95	0.21

Source: Oke & Fabunmi: 1st March to 30th April, 2025

sex. Procreation is only accepted through the marriage enclave. But single mothers are well-represented, showing the embracing and accommodating outlook of this denomination. Single mothers' stronger support for collaboration highlights their dependence on accessible healthcare options.

Interpretation:

From the frequency count on each of the twenty items on the questionnaires, the discovery are discussed as follows. The indication from the first item on the questionnaire is that the establishment of the FBBH is a part of the Social Ministry of Christ Apostolic Church, Nigeria as a means of giving back to the society, 88% of the respondents affirmed this. The homes are patronized by not only the Christians, but by people of other faiths. This depicted peaceful coexistence and accommodating stance of the denomination. The aim of establishing the *ile-Agbebi* from inception is to cater for the believers and others in the community, a whooping 94 % attested to this. The next questionnaire item is about the training received by the personnel, the expectant mothers affirmed that they were professionals, (91%). Item four is an attestation of the spirituality attached to ante-natal care such as prayer and reliance of the Holy Spirit which was what mostly what enticed the elitist group of the attendees as 89% attested. For question five, dwelling on the kindness, humanness and promptness of the FBBA, ninety percent extol the exhibition of milk of kindness by these people. From the onset, it was revealed that it was not only non-literate women that patronised this but also the learned and the schooled, 82% confirmed this. From the

biodata of the respondents too, 46% had acquired tertiary education; the next question is also related and 88% inveterate it. The pregnant women acclaimed the training and learning they acquired during ANC had impacted on their family life and health. Affordability, close affinity and an avenue for alternate ANC care were well acclaimed by the respondents. The percentage range are; 89, 91 and 88 respectively to the questions.

On the approval and supervisory role of the government, it was not contestable. Each centre visited displayed the certificate of operation conspicuously. The client also affirmed being registered and approved, eighty-four percent acclaimed this. The women also clamoured that more support and funding should be provided for the FBBH and FBBA. The women expected more advocacy too, reason for this is that the FBBH and FBBA are closer to the people even where government health institution presence is not seen. Ninety-three percent inferred this while only two percent were undecided. They were in support of periodic monitoring by the supervisory agencies of the government to checkmate unruly activities (91%). The pregnant women praised the magnanimity of the FBBA for referring some cases to the GOHI, thus they should be included in government healthcare delivery for funding, equipment and in-service training. Standardised services are affirmed by these clients (91%); they emphasise collaboration too between the FBBH, FBBA and the government personnel. Because they are complimentary. There should not be any room for competition and slandering as all the FBBA reported during the interview sessions.

1. Hypothesis 1: Education Level Affects Preference for FBBH over Government Clinics

Null Hypothesis (H₀): Educational qualification does not influence women’s preference for FBBH/FBBA over government clinics. *Alternative Hypothesis (H₁):* Higher education levels correlate with lower preference for FBBH/FBBA. *Test:* Chi-square test of independence (comparing education levels vs. Column J responses). *Result:* Observed Trend:68% of tertiary-educated women prefer FBBH, contradicting the "non-literate preference" narrative.

Chi-square Statistic: $\chi^2 = 12.34$ (df=4, p=0.015) *Conclusion:* Reject H₀ (p < 0.05). Educational level significantly affects preference, but the effect direction opposes expectations—higher education correlates with higher FBBH preference.

Quality

H₀: Age group does not affect perceived quality parity with government facilities (Column U).

H₁: Younger women (15–20) perceive lower quality parity than older groups. Using ANOVA test to compare the age groups vs. mean agreement scores for Column U). The outcome is Mean Scores:15–20: 4.2/5, 21–30: 4.5/5, 31–40: 4.6/5, 41+ : 4.8/5.

F-statistic: F (3, 112) = 3.87, p=0.011. for Post-hoc Tukey Test: the significant difference between 15–20 and 31–40 groups is (p=0.009). The Conclusion is a rejected H₀. Younger women are slightly more skeptical of quality parity. This may be as a result of the fact that the most represented age range 15-20 were prima, i.e. first pregnancy

13. Content Analysis of Interview Transcripts: Faith-Based Birth Homes (FBBH) and Faith-Based Birth Attendants (FBBA) in Ibadan, Nigeria

From the content analyses of the interview, prominent discussion from the structured interview were- antagonism from government health workers, financial and equipment support also came prominent in the interview with the FBBA. Collaboration and in-service training were of greater desire by these people. They also covet regular supervision and visitation by Government Agencies. Further outcomes of the responses are tabulated in table 5.

A. Dominant Narratives

1) "Partners in Progress"

Collaboration: All respondents mentioned referrals and occasional government training, but framed as unequal partnership.

Contradiction: Claims of WHO compliance contrast with requests for "standard equipment" (e.g., Respondent 6).

2) "Church vs. Government"

Pride in Church Leadership: 6/7 emphasized church funding/training.

Resentment Toward Govt.: 5/7 criticized belittlement by government health workers.

3) "Spiritual Advantage"

Unique selling point: 4 respondents explicitly cited resolving cases "government hospitals cannot" (e.g., spiritual ailments).

4) Semantic Analysis

Table 5

Key Categories and frequencies emanating from the interviews

Category	Sub-Themes	Frequency (Mentions)	Representative Quotes
Government Support	Financial aid, Equipment, Recognition	18	"Government should help financing in form of material and funds." (Respondent 4)
Collaboration	Referrals, Training, Visits	12	"We refer cases to [government hospitals]." (Respondent 3)
Resource	Space, Equipment, Power Supply	15	"If we have equipment like government hospitals, we will do more." (Respondent 5)
Limitations			
Stigma & Antagonism	Discrimination by Govt. Staff	8	"Government staff should stop antagonizing Faith Homes." (Respondent 4)
Training & Compliance	WHO Standards, Church/Government Training	14	"We are WHO compliant... our environment is clean." (Respondent 2)
Spiritual Integration	Prayer, Holistic Care	9	"We couple training with prayers... spiritual cases are solved here." (Respondent 1)
Funding Sources	Church, Donations, Lack of Govt. Grants	11	"The Church finances all needs... government can give grants." (Respondent 7)

Source: Oke and Fabunmi, March to April, 2025

2. Hypothesis 2: Age Influences Perception of FBBH Service

Most Used Terms:

"Government" (32 mentions): Primarily in requests for support.

"Equipment" (14 mentions): Linked to service improvement.

"Training" (11 mentions): Emphasis on skill gaps.

one:

Advocacy: "We deserve more recognition" (Respondent 2).

Frustration: "Stop maligning FBBHs" (Respondent 1).

Key Insights:

- *High Community Acceptance*: Over 88% of respondents agreed that Faith Based Birth Homes are a part of the church's social responsibility and are widely patronised by people of various faiths.
- *Training and Quality of Care*: About 90.5% believe that personnel at FBBH are well trained, and 91.5% feel the care provided is comparable to government facilities.
- *Accessibility and Affordability*: FBBH are seen as closer to the people (91.5%) and more affordable, especially for indigent women (89.5%).
- *Preference Across Literacy Levels*: Both non-literate (81.5%) and literate (87.0%) women utilize FBBH/FBBA, indicating broad appeal.
- *Spiritual and Social Factors*: Spirituality and prompt, kind attention are significant reasons for choosing FBBH/FBBA, with 89% and 90% agreement, respectively.
- *Government Collaboration*: There is overwhelming support for increased government involvement, support and collaboration with FBBH/FBBA (over 93% in favor).
- *Regulation and Advocacy*: Respondents strongly favor more advocacy, periodic monitoring, and formal approval of FBBH/FBBA by health authorities.

14. Conclusion

Faith Based Birth Homes and Faith Based Birth Attendants play a vital and widely recognised role in Nigeria's maternal and child healthcare landscape. They are valued for their accessibility, affordability, quality of care and alignment with both spiritual and practical needs. There is strong public support for greater government collaboration, regulation and advocacy to enhance their effectiveness and integration into the broader healthcare system.

A. Recommendations

Policy makers should formalise partnerships via grants and joint training. Anti-stigma campaigns targeting government health workers should be carried out. There should be audit WHO compliance claims with on-ground assessments. Moreover, there is a need for equipping, retraining and complementary orthodox medicine support for the centres for maximal output for overcoming some teething challenges.

FBBHs should leverage the educated demographic's preference to advocate for policy support.

Future researchers should investigate why educated women prefer FBBH (e.g., qualitative interviews).

B. Contribution to Knowledge

This study is of tremendous importance to Church, government and society because,

- It will bring to the limelight the complementary stance of FBBA and FBBH.
- It will exemplify the fact that this aspect of societal health be reinvented for optimum performance.
- In addition, it will clarify that the worldview of the people cannot be isolated from their faith, thus increasing patronage for FBBA and FBAH.
- It will also help individuals to develop in the spiritual which will radiate and permeate to the physical. Moreover, these personnels are trusted because they are seen as people of integrity.
- It has increased patronage level because of the easy accessibility, well skilled personnel and cost of care which is minimal.
- Above all this gesture by these denominations is a sense of responsibility and commitment to the well-being of the society that hosted them. It is a means of pooling back to the society.

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