

Community Beliefs Towards the Safety of Biomedical Child Birth Services: A Case of Simanjiro, Tanzania

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DOI:10.5281/zenodo.17526247

ARTICLE INFO

Article history:

Received : 02-10-2025

Accepted : 10-10-2025

Available online : 29-10-2025

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Citation: Mashanya, T., Myumbo, L., & Rwegoshora, H. (2025). Community Beliefs towards the Safety of Biomedical Child Birth Services: A case of Simanjiro, Tanzania. *IKR Journal of Arts, Humanities and Social Sciences (IKRJAHSS)*, 1(4), 272-281.



ABSTRACT

Original research paper

Introduction: Despite of the criticism from biomedical researchers regarding the effectiveness of traditional childbirth services and the ongoing efforts to promote biomedical childbirth services, many women in Simanjiro Tanzania continue to give birth at home with the assistance of traditional birth attendants. Given that Simanjiro is a predominantly traditional pastoralist community, the continued preference for traditional childbirth services raises interest in understanding community beliefs about the safety of biomedical childbirth services compared to traditional practices. Therefore, this study aimed to explore the beliefs of the Simanjiro community towards the safety of biomedical child birth services compared to traditional child birth services.

Methods: A qualitative, cross-sectional study guided by the constructivist paradigm was conducted within the particular community (Simanjiro District, Manyara Tanzania), from July to August 2025. The data were collected through in-depth interviews and focus group discussions involving women, men, traditional birth attendants, and community health workers as the study participants in order to capture diverse perspectives. Data analysis was carried out thematically using NVivo Version 15 software.

Key Findings: Traditional child birth services were widely perceived as safe and reliable for normal child deliveries, while biomedical child birth services were considered necessary mainly for emergencies. Trust in perceived spiritual power of the traditional birth attendants, cultural taboos surrounding women's privacy, fears of harmful spiritual influences in hospital settings, and adherence to traditional dietary practices reinforced confidence in traditional child birth services.

Conclusions: While traditional child birth services are considered to be safe, reliance on them perceived to delay access to skilled biomedical care during complications, posing risks to maternal and newborn health. Therefore, the study emphasizes the need for further research seeking how to integrate traditional and biomedical care, ensuring cultural sensitivity, and enhancing the perceived safety of biomedical child birth services.

Keywords: Biomedical child birth services, Traditional child birth services, Community beliefs.

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Introduction

Despite of the criticism from biomedical experts and ongoing efforts to promote biomedical child birth services, a

significant number of expectant mothers in traditional communities continue to prefer traditional child deliveries. Kea et al.,(2018)noted that traditional birth attendants

(TBAs), whether trained or untrained, are often unable to manage serious complications like excessive bleeding and shortage of oxygen during birth process. The evidence from biomedical research on the effectiveness of facility-based deliveries has driven numerous initiatives to promote the uptake of biomedical birth services.

Globally, the United Nations (UN) launched the *Every Newborn Action Plan* in 2014, which aimed to raise the rate of facility-based deliveries from 63% in 2014 to 95% by 2030 (Mirbaha-hashemi et al., 2021). This initiative was expected to help in reducing the global neonatal mortality rate from 21 deaths per 1,000 live births in 2014 to 12 deaths per 1,000 live births by 2030 (Jolivet et al., 2018). In response to the given call, many governments introduced health policies that allow provision of free maternal and child health services in public facilities. These policies intend to reduce traditional birth services and encourage women to seek skilled biomedical birth services offered in the health facilities. By eliminating financial barriers, governments aim to make facility-based delivery more accessible, particularly in low- and middle-income countries where cost has long been a significant obstacle (Camara et al., 2021).

The introduction of the given initiatives have increased the global uptake of biomedical birth services from 57% in 1990 to 86% in 2022, corresponding with a decline in neonatal deaths from 5 million to 2.3 million in the same period (Hug et al., 2024). However, while the uptake of the given services steadily increasing worldwide, regional variations remain existing and the social reasons behind these variations are little understood. In Latin America and the Caribbean, facility-based deliveries reached an average of 93% in 2020, with Chile and Uruguay reporting the highest coverage at over 99% (World Bank OECD/The, 2023). By contrast, Sub-Saharan Africa recorded a facility delivery rate of 66% in 2020, with wide disparities across countries. Chad reported the lowest coverage at 23%, while Gabon had the highest at 94% despite the introduction of free maternal and child care services in the given countries (Adde et al., 2020). Understanding the influence of these variations requires an assessment of the broader social context, including community beliefs and health-seeking behaviors than purely clinical assessments that have traditionally dominated maternal health research.

Tanzania has implemented several strategies to promote the use of biomedical child birth services. Likewise, a key measure has been the introduction of a national health policy in 2007 that provides free maternal and child health care in all public health facilities country wise. Similar to other countries, this policy was designed to encourage pregnant women to seek care from biomedical birth attendants and increase deliveries in health facilities. Consequently, the proportion of child deliveries taking place in biomedical settings rose nationally from 63% in 2016 to 81% in 2022 (TDHS, 2022). However, in the particular period Manyara

Region ranked last in biomedical assisted births at 56%, and within the region Simanjiro District reports the lowest rate at 46% in 2024 while large proportion of child births 54% still occurred at home under care of traditional birth attendants (United Republic of Tanzania (URT, 2024).

This persistence raises a concerning of understanding the beliefs of Manyara individuals, particularly Simanjiro Community members on the safety of childbirth through biomedical assistance versus traditional birth services. Previous studies conducted in Tanzania reported more on the trend in number of births occurred under biomedical care compared to number of traditional births without providing detailed insights into how communities perceive the safety of each option (Felisian et al., 2023). Therefore, the central puzzle remains on understanding on how communities perceive the safety of each of those options.

Study objective

The objective of this study was to explore the beliefs of the Simanjiro community on the safety of biomedical child birth services compared to traditional child birth services. By exploring these beliefs, the study aimed to understand how convictions about both practical competence and culturally grounded attitudes shape women's and families' choices of the type of child deliveries services particularly the continued reliance on traditional child birth services despite the availability of skilled biomedical care in the health facilities.

Significance of the study

The findings obtained in this study provide critical insights into the Simanjiro community's beliefs regarding the safety of biomedical child birth services compared to traditional child birth services. Understanding these beliefs is essential for designing culturally sensitive maternal health interventions, improving the perceived safety and acceptability of biomedical child birth services, and ultimately reducing delays in seeking skilled care during complications. Moreover, the findings can guide policymakers, healthcare providers, and community leaders in developing strategies to integrate formal and traditional delivery services, thereby enhancing maternal and newborn health outcomes in pastoralist and rural communities.

Theoretical framework

The Cultural Perceived Risk Theory, introduced by Paul Slovic in the 1980s, guided this study. The theory posits that perceptions of safety and risk are socially constructed within cultural frameworks rather than being based solely on objective biomedical evidence. What a community considers "risky" or "safe" is shaped by shared traditions, spiritual practices, and historical experiences, and is interpreted through local knowledge systems (Marris et al., 2018). Guided by this assumption, the study explored how the Simanjiro community's cultural beliefs and collective

experiences informed their understanding of childbirth safety. This perspective moved beyond clinical standards of evaluation to examine how culturally mediated interpretations of risk shaped community judgments regarding the safety of biomedical birth services compared to traditional delivery practices.

Methodology

Research Design

This study adopted a cross-sectional research design, which involves collecting data at one point in time to obtain a “snapshot” of existing conditions, beliefs, and practices. This design was appropriate for exploring the Simanjiro community’s perceptions of the safety of biomedical child birth services compared to traditional child birth services because it allowed the researcher to capture current attitudes, experiences, and behaviors from different community groups without the need for prolonged follow-up. Data were gathered within a defined short period from men and women of reproductive age, traditional birth attendants (TBAs), and community health workers, recognizing that decisions about birth are shaped by multiple actors.

Engaging these diverse groups enabled the comparison of opinions and experiences across different segments of the community, thus generating a comprehensive understanding of the cultural, social, and practical factors influencing maternal facility versus home delivery. This approach provided a timely and context-specific overview of maternal delivery practices and perceptions, ensuring that the findings reflected the perspectives of the entire community. Pillai & Kaushal (2022) confirmed that a cross-sectional study is suitable for learning individuals’ perceptions because it allows researchers to capture and analyze attitudes, beliefs, and experiences at a specific point in time without the need for long-term follow-up.

Research Paradigm

The study was guided by the constructivist paradigm, which emphasizes understanding phenomena through the lived experiences and perspectives of individuals. This paradigm was particularly appropriate for exploring community beliefs about the safety of biomedical child birth services compared to traditional child birth services because perceptions of safety are socially and culturally constructed rather than solely determined by technical or medical criteria. By engaging participants in discussions about their personal experiences with both facility-based and home deliveries, the study was able to capture how the Simanjiro community perceives the competence, reliability, and trustworthiness of different birth attendants. This approach ensured that the findings reflected the authentic beliefs, values, and social context that influence maternal delivery decisions, providing a nuanced understanding of how cultural norms and lived experience shape perceptions of risk and safety in birth. According to Samanth (2024), constructivism paradigm

allows exploration of the phenomena from individuals’ perceived experience as intended in this study.

Research Approach

A qualitative approach was adopted to allow flexible, open-ended discussions aiming to explore the community beliefs on the safety of biomedical child birth services compared to traditional child birth services, including the norms, and experiences that shape those beliefs. Through interviews and focus group discussions, participants were able to share their personal experiences, opinions, and reasoning regarding the reliability, spiritual protection, and cultural appropriateness of different delivery options. Qualitative methods were particularly suited to uncovering context-specific insights into why traditional birth attendants are often trusted for normal deliveries while biomedical services are perceived as necessary mainly for complications. This approach provided a rich understanding of community beliefs, lived experiences, and social interpretations of risk and safety, allowing the researcher to interpret narratives critically and produce findings that are deeply grounded in the local context. Use of qualitative approach allows the open discussions during the data collection process (Mimansha Patel & Nitin Patel, 2019).

Study Area

Simanjiro District was selected because, although the national proportion of child births in biomedical facilities increased from 63% in 2016 to 81% in 2022 (TDHS, 2022), Manyara Region lagged behind at 56%. Within the region, Simanjiro District reported the lowest coverage, with only 46% of child births in biomedical settings, while the majority (54%) still occurred under traditional birth attendants at home in 2024 (United Republic of Tanzania (URT, 2024). This indicated a continued reliance on traditional attendants and the need to understand community beliefs about the safety of biomedical versus traditional birth services. Within the district two convenient villages, one from the central area of the district (Orkesmet village) and the other one from the remote area (Okutu Village), representing urban and rural contexts were selected as the study sites. Including both allowed the study to capture diverse perspectives on how environment and accessibility shape beliefs about biomedical and traditional birth care.

Study Population

The study population consisted of community members in Simanjiro District, where low utilization of biomedical birth services has been a persistent concern. Community members were suitable for this study as they are directly affected by and involved in childbirth practices and decision-making, making them essential for providing meaningful insights into the factors influencing the continued preference for non-facility deliveries in the area.

This population was appropriate for the study population because it included individuals directly involved in or influencing birth decisions, allowing for the collection of firsthand experiences and insights. Engaging both users of

maternal health services and providers (TBAs and biomedical health workers) enabled the study to explore not only personal perceptions but also broader social, cultural, and practical factors affecting the utilization of facility-based delivery services.

Targeted Groups

The study comprised different groups from Simanjiro District with members aged 18 years and above. The first group consisted of men and women with birth experience together with traditional birth attendants (TBAs), who were directly involved in childbirth and therefore provided firsthand insights into what is perceived as safe or risky during delivery, including the cultural and spiritual factors influencing childbirth decisions. The second group was made up of community health workers, who contributed broader perspectives on community norms, attitudes, and structural factors affecting maternal health choices. Engaging participants from both groups enabled the study to compare personal experiences with professional observations, revealing differences in how community members and health workers perceive the safety of traditional home deliveries versus biomedical facility-based deliveries, and ensuring a well-rounded and context-specific understanding of the factors shaping maternal care decisions in Simanjiro.

Sampling Techniques

Manyara Region and Simanjiro District were purposively selected as the study areas due to their past reports on low utilization of biomedical child birth services, highlighting the need to explore the community's perceptions of safety in biomedical versus traditional deliveries. Tanzania's national biomedical facility deliveries increased from 63% in 2016 to 81% in 2022, yet Manyara Region lagged behind with only 56% during the same period, and within the region Simanjiro District recorded the lowest rate, with only 46% of births attended through biomedical care in 2024 (TDHS, 2022; URT, 2024). In the district, the villages of Orkesmet (central) and Okutu (remote) were purposively chosen to capture perspectives from both remote dwellers populated and central dwellers, as community beliefs about the safety of birth practices may vary between central and remote locations. Participants were selected based on their direct or indirect experience with maternal healthcare, ensuring that they could provide insights into how biomedical and traditional delivery services are perceived in terms of safety.

Sample Size

The circulation of the findings was used to determine the sample size, with data collection continuing until responses became repetitive and no new information emerged. According to Pillai & Kaushal, (2022), using the circulation point ensures that data collection continued until no new themes emerged, which strengthens the credibility, completeness, and depth of the findings by capturing the full range of participants' experiences and perspectives. The general number of participants reached at the circulation

point in this study was 26. The participants were equally divided by gender, with 13 males and 13 females. In terms of education, 5 had no formal education, 13 had completed primary school, 5 had completed secondary school, and 3 had tertiary education (college/university). Occupationally, 17 were pastoralists, 7 were engaged in business, and 2 were Community Health Workers. Geographically, 13 participants lived in the central village of the district, while the other 13 lived in a remote village. Regarding marital status, 18 were married, 4 were divorced, 3 were widows, and 1 was a widower. All participants had direct experience with birth within the community context.

Data Collection Methods

In-depth interviews and focus group discussions were conducted to capture participants' experiences and perceptions of the safety of biomedical deliveries compared to traditional home births. Interview focus group discussion guides were developed from the study objectives, with key questions followed by probes to draw out deeper explanations. The interviews allowed participants to share their beliefs, reasoning, and experiences of what they consider safe or risky during childbirth. Using interviews and focus group discussions enables open-ended conversation which allows the generation of comprehensive qualitative insights and in-depth explanatory information (Pillai & Kaushal, 2022). Therefore, together, the methods provided complementary perspectives, combining individual narratives with group-level understanding of how the community evaluates biomedical versus traditional childbirth services. Data were collected from July to August 2025.

Validity and Reliability

Validity was ensured through a pilot study conducted in Londloges village, which shares similar cultural and social characteristics with the main study sites. The pilot helped refine the research tools and confirm that questions accurately captured participants' perceptions of the safety of biomedical versus traditional child birth services. Reliability was maintained by using consistent data collection tools across all participants and by integrating in-depth interviews with focus group discussions for data triangulation. This combination allowed the study to capture both individual and collective perspectives on birth safety, enhancing the credibility and trustworthiness of the findings. By systematically validating and cross-checking the data, the study ensured that the insights reflected authentic community beliefs regarding what is considered safe or risky in maternal delivery practices. The pilot study helps to test and refine the research tools, ensuring that the questions were clear and understandable for respondents similar to those in the main study (Van & Hundley 2002).

Data Analysis and Presentation

The audio data from interviews and focus group discussions were first transcribed into Swahili and then translated into English. The transcripts were coded in NVivo, where key

concepts were organized into nodes, and emerging themes were refined and grouped into broader categories to highlight significant insights. This process provided a systematic yet flexible approach to interpreting participants' beliefs about the safety of biomedical child birth services compared to traditional child birth services in the Simanjiro community. Findings were presented thematically and supported with direct participant quotations to enhance clarity and credibility. Each theme was systematically described and linked to the study objectives, existing literature, and theoretical frameworks, ensuring the analysis reflected both individual and community perspectives on maternal delivery quality. Mimansha Patel & Nitin Patel, (2019) note that thematic analysis offers a flexible, systematic way to identify and interpret patterns in qualitative data, making it especially suitable for exploring perceptions, beliefs, and lived experiences.

Ethical Considerations

The research permit with the reference number SAUT/VC/RCP/035/421 was provided by the Research Ethics Committee of St. Augustine University of Tanzania to allow the implementation of this study. So far, the permission letters were also obtained from the regional and district authorities in Manyara and Simanjiro (the study setting). In addition, the informed consents were obtained from all participants after explaining the purpose of the study, their voluntary participation, and the right to withdraw at any stage without consequence. Interviews and discussions were conducted in a respectful manner that recognized cultural values and safeguarded the dignity of participants. Confidentiality was also maintained by anonymizing participant information through the use of pseudonyms and unique codes, with all personal identifiers removed from the records. Each code represented the participant's number, gender, role, village, and mode of participation.

For instance, parents were coded as P01/FP/R/I, indicating participant number one (01), a female parent (FP) from a remote village (R) involved in a one-to-one interview (I), while P01/MP/C/I denoted a male parent from the central village in a face-to-face interview. Community Health Workers and Traditional Birth Attendants followed the same pattern, such as P01/FC/R/I for a female community health worker from a remote village or P01/FT/R/I for a female traditional birth attendant. Focus Group participants were coded slightly differently, with the "I" omitted replaced with "FG", for example, P01/MP/FG/C for a male parent in a central village focus group. Participant serial numbers were assigned sequentially (01, 02, 03, etc.) until data saturation was reached. As emphasized by Orji et al. (2012), protecting confidentiality safeguards participants' personal data and strengthens their sense of security. Considering ethical principles in the research process is essential because it protects participants' rights, dignity, and safety while ensuring the study is conducted responsibly (Samanth, 2024).

Findings

Despite the ongoing emphasize that home deliveries are generally less safe due to the inability to manage complications such as prolonged labor, excessive bleeding, obstructed delivery, and infections that are better handled in health facilities equipped with skilled health professionals and modern equipments, 54% of pregnant women in Simanjiro district decided to delivery within the home settings under the support of traditional birth attendants in 2024 (United Republic of Tanzania (URT, 2024). This raised a need to know the perceived safety of facility-based delivery compared to traditional home delivery from the community locality outlook which was still not clear understood. To better understand it, participants were asked to share their beliefs about the safety of delivering in health facilities compared to traditional home delivery and the following were the findings presented thematically;

Trust in Traditional Care as Sufficient for Normal Deliveries

Three quarter of the study participants reported that the community perceives traditional care as sufficient to ensure the safety of both mother and newborn in normal deliveries, while hospital services are considered necessary only in cases of serious complications, such as excessive bleeding. As one participant explained: "Oooh..., the traditional care is very enough to ensure the safety of both mother and the newborn, hospital assistance may be only needed when the serious bleeding occurs and other serious complications "(P10/MP/R/I). Therefore, the findings indicate that women's experiences with birth under traditional care often result in safe outcomes for both mother and newborn during normal deliveries. Based on these experiences, the community perceives that traditional care as sufficient service for routine birth, while hospital services are necessary only in cases of serious complications, such as excessive bleeding. This perception reinforces a preference for home deliveries attended by traditional birth attendants, reserving facility-based care for emergencies.

Beliefs in Ancestral Power as a Source of Birth Safety

More than a half of the study respondents informed that spiritual beliefs play an important role in birth practices. Some community members trust traditional birth attendants because they are believed to possess special blessings and skills provided as the gift from the ancestors, which are thought to give them the power to manage deliveries safely. This spiritual trust reinforces the preference for home deliveries, as one participant explained: "Some of us believe that traditional attendants have special blessings and skills passed down from ancestors, such spirits give them power to handle deliveries safely. This makes them become reliable and trusted..." (P05/FC/R/I). This shows that beliefs on ancestral blessings and spiritual protection provided to traditional birth attendants, along with women's experiences

of safe deliveries under traditional attendants, make the community perceive traditional home deliveries as spiritually secure and reinforce the preference for traditional birth attendants over health facilities.

Perceptions of Hospitals as Risky Spiritual Spaces

Half of the study participants reported that it is trusted by most of their community members that exposure of their newborns to certain individuals believed to possess harmful spirits can threaten the health of their newborns. According to them, many families prefer traditional home births because they feel that giving births within the public facilities like the hospitals may expose their babies to such spiritual strangers, potentially causing health complications to the babies through the spiritual means. As one participant explained; "It is believed that some individuals possess the bad spirits in their eyes, so once they look at the newborns, the particular newborns may get problems including health complications. This influences many families to prefer home deliveries because they think that giving birth at the hospitals (public stings) may expose the newborns to the given strangers" (P07/FP/R/I).

Therefore, spiritual beliefs on harmful spirits that may harm the newborn and the perceived protection of the home environment against these spirits makes the community view home deliveries as safer and that reinforces the preference for traditional home deliveries. It is due to such beliefs, the community perceives that hospitals as less safe to newborns compared to home environment. This perception reinforces the preference for home deliveries, where families feel they can better protect their babies from spiritual harm.

Trust in Traditional Food Practices for Birth Safety

Three quarter of the participants reported that following traditional dietary restrictions during pregnancy is essential for preventing birth complications. According to them, many women prefer home births because they believe that adhering to these practices will help to ensure a safe birth and that reduces the need for hospital care. As one participant explained: "During pregnancy time we are often restricted from eating certain nutritious foods simply because a varied diet may make the baby become too big, something which may cause delivery complications. As a result, many women prefer home deliveries, believing that following these dietary practices prevents complications that would require hospital care" (P02/MP/C/I). This indicate that women's experiences with pregnancy often involve following traditional dietary restrictions, which are believed to prevent complications during giving birth. Based on these experiences, the community perceives that adhering to these practices ensures a safer birth and reduces the likelihood of requiring hospital care. This perception reinforces the preference for home births, as many women believe that following traditional dietary guidance helps manage delivery risks effectively, and therefore no need of facility help during birth process.

Perceived Herbal Safety over Biomedical Side Effects

Some participants expressed concerns that biomedical used to support maternal health involve harmful chemicals. They emphasized that, historically, local herbs provided to mothers before and after giving birth are considered safer because they do not contain chemicals that might harm the body, unlike modern medicines. This perception contributes to the community's continued reliance on traditional practices, including during birth. As one participant from a remote village explained: "Actually, as I told you, we believe that traditional herbs used in maternal care before and after giving birth are safer for the body because they do not contain the chemicals and side effects that modern drugs may have. That's why we mostly prefer these services with natural remedies which are trusted to be safer" (P09/MP/R/I).

Discussion of the Findings

The key themes identified in this area included; Trust in Traditional Care as Sufficient for Normal births, Beliefs in Ancestral Power as a Source of Birth Safety, Perceptions of Hospitals as Risky Spiritual Spaces, Trust in Traditional Food Practices for Birth Safety, and Perceived Herbal Safety over Biomedical Side Effects. The following section presents a discussion of each theme;

Trust in Traditional Care as Sufficient for Normal births

The findings indicate that the community perceives traditional care as sufficient to ensure the safety of both mother and newborn in normal births, while hospital services are considered necessary mainly in cases of serious complications such as excessive bleeding. This perception has resulted from repeated lived experiences of successful child births under the care of traditional birth attendants. Women and families observe that normal deliveries at home often proceed without serious problems, reinforcing the belief that traditional home births are reliable and safe. This aligns with the Health Belief Model assumption of perceived severity, as women recognize that serious complications are relatively rare in normal home deliveries and consider hospital care necessary only when severe risks arise (Marris et al., 2018).

Similar findings were reported by Konje et al., (2020) in Geita Tanzania, where a study exploring social, cultural, economic, and health system factors found that facility-based births are mainly valued for complicated cases, while uncomplicated child deliveries are usually managed at home by traditional birth attendants (TBAs). The similarity in findings might have been influenced by shared cultural beliefs and common perceptions of risk across Tanzanian communities. In both Geita and Simanjiro, women recognize that health facilities are equipped to handle complications, while home-based care by TBAs is considered sufficient for

normal, uncomplicated child births. Economic constraints and limited access to fully equipped facilities may also reinforce this view in both settings.

This consistency highlights the influence of shared cultural beliefs, practical considerations, and risk perceptions on maternal health behaviors, providing important insights for designing interventions that respect local practices while promoting safe birth across diverse settings. However, future research studies should explore how trust in traditional birth attendants can be integrated into community-based maternal health interventions to enhance safe delivery practices. This is suggested because leveraging the community's trust in traditional birth attendants can improve timely referrals to health facilities.

Beliefs in Ancestral Power as a Source of Birth Safety

The findings indicate that the community perceives traditional birth attendants as gifted with ancestral blessings and spiritual skills that ensure safe birth. This perception has resulted from lived experiences of women delivering safely under the care of these attendants and cultural teachings emphasizing the spiritual role of TBAs. Such experiences reinforce the belief that home deliveries are not only physically safe but also spiritually secure. This aligns with the assumption of the Cultural Perceived Risk Theory which suggest that the community trust on healing practices is deeply rooted from cultural beliefs and social environments (Marris et al., 2018).

Alike findings were reported by Yaya et al., (2017) in Sunamganj District, Sylhet Division, Bangladesh, where home deliveries attended by TBAs continued to be the preferred option due to deeply rooted Islamic religious beliefs, despite national efforts to promote skilled birth attendance. Therefore, while both studies highlight the strong influence of culturally grounded practices on maternal health decisions, the specific type of belief religious in Bangladesh versus ancestral beliefs in Simanjoro appears to shape the distinctions of trust, risk perception, and reliance on traditional birth attendants in each context. This difference contributes to existing knowledge by demonstrating that culturally grounded beliefs influencing maternal health decisions are not uniform across contexts. While both religious and ancestral beliefs reinforce the preference for home deliveries with TBAs, the specific nature of these beliefs shapes how communities perceive risk, trust caregivers, and decide when to seek facility-based care.

Recognizing these distinctions enhances our understanding of the cultural nuances that affect maternal health behaviors and underscores the need for context-specific, culturally sensitive interventions to improve the utilization of skilled birth services. Nevertheless, Future research should investigate how ancestral and spiritual beliefs influence trust in traditional birth attendants and women's decisions to deliver

at home. This is important because understanding these belief systems can help design culturally sensitive interventions that respect local traditions while encouraging safer, facility-based deliveries.

Perceptions of Hospitals as Risky Spiritual Spaces

The findings indicate that the community perceives facility birth services as the risk due to the fact that the facility environment may easy expose the newborn to the individuals believed to carry harmful spirits which can harm their newborns. This perception has resulted from traditional beliefs and longstanding cultural warning against such exposure. By associating health facilities with exposure to harmful or unfamiliar spiritual forces, the community begins to view hospitals and skilled birth attendants with suspicion rather than trust. This perception undermines confidence in modern maternal care, making families believe that home deliveries provide a safer and spiritually secure environment for mothers and newborns. As a result, even well-equipped facilities may be underutilized, not because of quality issues alone but because of deep-rooted cultural fears. This perception also aligns with the assumption of the Cultural Perceived Risk Theory which suggest that the community trust on healing practices is deeply rooted from cultural beliefs and social environments (Marris et al., 2018).

A study by Yaya et al., (2017) in Sunamganj district, Sylhet Division, Bangladesh, also found that traditional and religious beliefs influenced women's preference for home deliveries due to the fact that home environment has been blessed for enabling safe delivery . However, the findings differ in significant ways. In Simanjoro, the community specifically associates facility delivery with exposure to "spiritual strangers," reflecting a deeply held concern about spiritual harm to newborns. In Sunamganj, the preference for home delivery was driven more generally by traditional and religious beliefs, without explicit reference to spiritual strangers at the facility setting. These differences might have been influenced by difference in both methodological and cultural factors between the given studies. Methodologically, Yaya et al.'s study focused only on women as the study participants, limiting insights into broader family and community perspectives, whereas the current study incorporated wider community viewpoints, capturing collective perceptions.

Culturally, the two populations have distinct indigenous beliefs and spiritual practices, which shape perceptions of birth risk differently. In Simanjoro, local spiritual norms place strong emphasis on protecting newborns from harmful spirits, while in Sunamganj, religious and cultural practices guide preferences more generally. Future research could focus on exploring strategies to bridge the gap between cultural beliefs and biomedical care by engaging spiritual leaders, elders, and traditional birth attendants in maternal health education. This is suggested because understanding and integrating spiritual

perspectives into health promotion may help reduce fear of hospitals and increase community trust in facility-based deliveries.

Trust in Traditional Food Practices for Birth Safety

The findings show that women's pregnancy experiences are strongly shaped by traditional dietary restrictions, believed to prevent complications during birth. These practices are perceived as ensuring safer deliveries and reducing the need for hospital care. This belief reinforces the preference for home child deliveries, as many women feel that adhering to traditional dietary guidance effectively manages delivery risks, making facility-based assistance seem unnecessary. This aligns with the Health Belief Model assumption of perceived benefits, as women view compliance with dietary practices as protective, reducing the likelihood of adverse outcomes and the need for hospital care (Marris et al., 2018). Related findings were reported by Lennox et al., (2017), who explored pregnancy and nutrition traditions among Maasai women in Ngorongoro, Tanzania. Their study, involving 12 pregnant women, showed strong cultural beliefs around dietary intake, particularly the idea that eating less food can ease birth. These findings demonstrate that deeply cultural norms and historical practices shaped perceptions of that traditional delivery is safe practice. However, the current study expands on this understanding by showing specific cultural influence which is dietary practice unlike the previous study that did not report on dietary beliefs.

This new insight might have been generated due to differences in study design and participant selection. Unlike Lennox et al., which focused only on pregnant women through interviews, the current study included pregnant women, men, traditional birth attendants, and community health workers, using both interviews and focus group discussions. This wider inclusion and methodological triangulation provided a deeper understanding of how cultural practices and beliefs shape delivery choices, capturing perspectives not identified in the earlier study.

Therefore, the study adds new knowledge by revealing that traditional dietary restrictions during pregnancy are not only seen as nutritional practices but also as protective strategies believed to prevent delivery complications. This perception shapes women's confidence in managing birth at home and reduces their perceived need for facility-based care. By highlighting this link between dietary practices and delivery choices, the study broadens understanding of how culturally embedded beliefs about food influence maternal health behaviors and service utilization. Future research should investigate how community education and culturally sensitive counseling might address misconceptions about dietary practices during pregnancy. This is suggested because understanding the balance between traditional beliefs and evidence-based nutrition could help encourage safer delivery practices without dismissing culturally valued food traditions.

Perceived Herbal Safety over Biomedical Side Effects

The findings indicate that some participants view biomedical medicines used in maternal care as containing harmful chemicals that may endanger the body. In contrast, local herbs provided to mothers before and after childbirth are perceived as safer because they are natural and free from such substances. This belief, rooted in historical reliance on herbal remedies, sustains the community's preference for traditional practices during delivery and postpartum care. This is reflected in the Health Belief Model's dimension of perceived barriers, where fear of chemical side effects discourages women from fully embracing biomedical services, while confidence in the safety of traditional remedies reinforces trust in longstanding cultural practices (Marris et al., 2018).

Similar findings were reported by Japhari et al., (2025) after conducting a systematic review focusing on the studies conducted in Tanzanian, where many women were reported to continue using herbal medicines during pregnancy and childbirth due to beliefs that modern drugs contain harmful chemicals. Both studies highlight the strong influence of culturally grounded practices on maternal health decisions. However, Japhari's study highlights broader socio-demographic influences, such as rural residence and education levels as the influential factors, the Simanjiro study shows that trust in herbal remedies is reinforced by repeated positive experiences with traditional birth attendants, emphasizing the importance of lived experience in shaping health behaviors.

The findings from the current study adds insights to existing knowledge by showing that beliefs shaping maternal health practices are context-specific. In both cases, fear of biomedical side effects sustains reliance on traditional care, but the type of belief general cultural trust versus trust built through personal experience affects how communities perceive risk, select caregivers, and decide when to seek biomedical services. Understanding these distinctions underscores the need for culturally sensitive interventions tailored to local contexts. However, Future research could explore ways to safely integrate trusted herbal practices with biomedical maternal care. This is suggested because understanding how communities perceive and use traditional remedies can help design interventions that respect cultural preferences while improving maternal and newborn health outcomes.

Conclusion

The study shows that the Simanjiro community perceives traditional home deliveries as safer compared to biomedical child birth services. Biomedical child birth services are generally considered necessary only for emergencies or complications, while routine birth is trusted more when conducted by traditional birth attendants. These perceptions are deeply rooted in cultural norms, intergenerational

knowledge, and lived experiences of women and families in the community. Therefore, future research should focus on interventions that explore ways to integrate facility-based and traditional delivery services. Such studies could examine strategies for collaboration between skilled health providers and traditional birth attendants to enhance maternal care, ensure culturally sensitive practices, and improve the perceived safety of biomedical child birth services.

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