Role of Traditional Birth Attendants in Family Planning
Proceedings of an international seminar held in Bangkok and Kuala Lumpur, 19-26 July 1974

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Role of
Traditional Birth Attendants
in Family Planning

Proceedings of an international seminar held in
Bangkok and Kuala Lumpur, 19–26 July 1974

Editors: J. Y. Peng, Srisomang Keovichit, and
Reginald MacIntyre

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- NATIONAL FAMILY PLANNING BOARD, MALAYSIA
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Traditional Birth Attendants in Thailand

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Although modern medical services are now well known in Thailand, the rural population is still not adequately covered by the health services network. Thai mothers still feel unsafe at delivery, especially those in the lower-income group in rural areas (Table 1).

The figures in Table 1 are part of the findings from the “Young Child Study Survey” which was conducted by the National Economic and Social Development Board in 1973.

As in other developing countries, Thailand has a very limited number of qualified health workers in rural areas. The proportion of physicians to the total population of these areas is approximately 1:100,000. More than 80% of the population has to depend on paramedical personnel or traditional healers. The deliveries in rural areas are often attended by indigenous midwives (traditional birth attendants). The TBAs can usually do a good job on “normal” deliveries, but she is often helpless when complications develop.

There are extremely high rates of maternal and infant death associated with the large numbers of women delivered at home. The present mortality rate for mothers is estimated at 4–5 per 1000 live births, while the infant mortality rate is probably closer to 85 per 1000 live births.

The Ministry of Public Health has plans to produce more auxiliary health workers to work in rural areas. Effort is also being made to mobilize all the local resources such as traditional healers and volunteers in the provision of health services. The TBAs are also being utilized. The number of TBAs in each province is not known, but there is at least one in every village.

Table 1. Feelings of mothers toward child delivery. (Source: Young Child Study Survey, 1973, National Economic and Social Development Board.)

<table>
<thead>
<tr>
<th></th>
<th>Bangkok</th>
<th>Middle-income group</th>
<th>Low-income group</th>
<th>Other</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dangerous (possibly fatal)</td>
<td>48.1</td>
<td>75.8</td>
<td>63.6</td>
<td>67.2</td>
<td></td>
</tr>
<tr>
<td>Dangerous (not fatal)</td>
<td>17.3</td>
<td>10.9</td>
<td>16.8</td>
<td>11.7</td>
<td></td>
</tr>
<tr>
<td>Naturally painful</td>
<td>32.7</td>
<td>13.3</td>
<td>18.2</td>
<td>19.9</td>
<td></td>
</tr>
<tr>
<td>No answer</td>
<td>1.9</td>
<td>–</td>
<td>1.4</td>
<td>1.2</td>
<td></td>
</tr>
</tbody>
</table>

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Utilization of TBAs

Although there has been no nationwide study on the role of TBAs in rural Thailand, it is estimated that between 60 and 70% of all births are attended by them. There are approximately 1,000,000 births per year in Thailand. Of these, more than 800,000 are attended by TBAs or elderly relatives at home. Table 2 shows the preference of Thai women regarding different types of birth attendants. Obviously the TBAs still play an important part in maternal and child health in rural areas. And a large percentage of women (40%) still need their services at childbirth.

Table 2. Preference of Thai women regarding birth attendants and type of persons who delivered their last child (survey conducted in 1974). (Source: Research and Evaluation Section, NFPP.)

<table>
<thead>
<tr>
<th>Type of birth attendants</th>
<th>% of women who preferred each type of birth attendant</th>
<th>% of women whose last delivery was conducted by each type of birth attendant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health personnel</td>
<td>43.3</td>
<td>14.2</td>
</tr>
<tr>
<td>Husbands or other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>household members</td>
<td>7.2</td>
<td>11.5</td>
</tr>
<tr>
<td>Traditional doctors</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td>TBAs</td>
<td>40.2</td>
<td>62.9</td>
</tr>
<tr>
<td>Friends or neighbours</td>
<td>1.1</td>
<td>1.8</td>
</tr>
<tr>
<td>Self delivery</td>
<td>4.5</td>
<td>6.4</td>
</tr>
<tr>
<td>Others</td>
<td>3.0</td>
<td>2.6</td>
</tr>
</tbody>
</table>

Some of the factors influencing the continuing need for the services of the TBAs are:

a) their prominence in the community and their familiarity to the expectant mothers;

b) clients do not have access to government services at a health centre or midwifery centre;

c) clients do not have enough money to meet transportation and service costs for delivery at a hospital or health centre;

d) home delivery facilitates the performance of necessary rituals marking the birth of the baby.

The age of the TBAs ranges between 35 and 79 and approximately 50% are over 50 years of age. About 60% of the midwives are illiterate, and 35% were trained by more senior TBAs. In one province, the TBAs have received in-service training by provincial health staff.

The Ministry of Public Health recognizes the role of TBAs in Maternal and Child Health, since most deliveries in the rural areas are being conducted by them. With UNICEF assistance, a training course has been conducted in various provinces during the past 15–20 years in an attempt to improve the care provided by the TBAs. This course lasts for 2 weeks. An emphasis is placed on sterile techniques, particularly in the handling of the umbilical cord and the newborn baby, plus some information on maternal and child health and nutrition. After completion of the course, each trainee receives a UNICEF midwifery kit. There are about 16,000 TBAs who have been trained under this program.

There is now an awareness of the necessity to include the TBAs in family planning programs, particularly as FP motivators. A project to evaluate various methods of inducing changes in the attitudes and behaviour of the TBAs toward FP and MCH is well under way.

Future Prospects

The Ministry of Public Health will continue to operate refresher courses for TBAs. Family planning will be integrated into the course so that the TBAs will feel obliged to provide family planning services as a part of their usual tasks.

As a follow-up, the nurse/supervisor of each province will supervise the activities of the TBAs, and establish any necessary reporting or referral systems.

Hopefully after completion of the pilot project recommendations can be made on how and to what extent the TBAs can be integrated into an MCH/FP program.