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

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Contents

FOREWORD 5

OPENING ADDRESSES 7

PARTICIPANTS 13

SESSION I PAPERS — Traditional Birth Attendants:
Facts and Scope, National Experience
Chairman: Prof Chindabha Sayanha-Vikasit

- Traditional Birth Attendants in Indonesia,
  Subagio Poerwodihardjo, MD 17

- Traditional Birth Attendants in Malaysia,
  J. Y. Peng, MD 21

- Traditional Birth Attendants in the Philippines,
  Flora B. Bayan, MD, MPH 23

- Traditional Birth Attendants in Thailand,
  Winich Asavasena, MD, MPH 27

Discussion Summary, Dr J. Y. Peng (rapporteur) 29

SESSION II PAPERS — Implementation of Programs
Chairman: Amansia Angara, MD, DPH

- Implementation of Family Planning Program in Malaysia,
  M. Subbiah, MD, MPH 33

- Implementation of Family Planning Program in the Philippines,
  Amansia Mangay-Angara, MD, DPH 37

- Implementation of Family Planning Program in Bali,
  I. B. Astawa, MD 41

- Implementation of Family Planning Program in Thailand,
  Srisomang Keovichit, MD, and Chalam Nomsiri, MD 43

Discussion Summary, Ms Aurora Silayan Go (rapporteur) 50

SESSION III PAPERS — Problems Found and Lessons Learned from the Operation
Chairman: Soebagio Poerwodihardjo, MD

- Problems and Findings from the TBA Program in the Philippines,
  Fe del Mundo, MD 55

- Problems and Findings from the TBA Program in Thailand,
  Udom Vejamon, MD, MPH, and Ravivan Sangchai, BSC, BED 61
Problems and Findings from the TBA Program in Indonesia, R. Wasito, MD 65

Problems and Findings from the TBA Program in Malaysia, Matron Hajjah Zaharah bte. Abdullah 69

The Malacca Experience, Kua Eng Lan 70

The Kota Baru Experience, Wan Khadijah binti Wan Hussain 72

The Perlis Experience, Lim Kim Goey 73

Discussion Summary, Dr Bachtiar Ginting (rapporteur) 74

SESSION IV PAPERS — Outlook and Research for the Future
Chairman: M. Subbiah, MD

- Outlook and Future Research in the Thailand TBA Program (Part 1), Chaichana Suvanavejh, MD, MPH, MSPH, and Pensri Phijaisanit, MD, MPH 79

- Outlook and Future Research in the Thailand TBA Program (Part 2), Pensri Phijaisanit, MD, MPH 83

- Outlook and Future Research in the Indonesian TBA Program, Bachtiar Ginting, MD 87

- Outlook and Future Research in the Malaysian TBA Program, J. Y. Peng, MD 89

- Outlook and Future Research in the Philippines TBA Program, Aurora Silayan Go 95

Discussion Summary, Dr T. Mayhandan (rapporteur) 98

SESSION IVa — Discussion Reports and Final Recommendations

- Epilogue 99

- Group I Discussion, Dr T. Mayhandan, rapporteur 101

- Group II Discussion, Dr Flora B. Bayan, rapporteur 102

- Group III Discussion, Ms Aurora Go, rapporteur 105

- General Recommendations 107
Outlook and Future Research in the Thailand TBA Program (Part 1)

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Due to a lack of trained MCH personnel, especially in rural areas, the Thai Ministry of Public Health, with UNICEF assistance, conducted a training program almost 10 years ago, for traditional birth attendants (TBAs) in the field of MCH.

The TBA attends more than 60% of total deliveries of rural women in many communities in Thailand. She therefore plays a definite role in relation to the health of families and she is regarded as an influential member of the community. She has a vast knowledge of traditional lore, particularly folk medicine.

Since the start of the training program, there has been a steady decline in the maternal death and stillbirth rates. The former declined from 7.7 per 100 live births in 1940 to 3.0 in 1966, and the latter from 4.4 to 2.1 over the same period of time. A large percentage of maternal deaths were in the 20–39-year age-group, and over 80% of the deaths were caused by complications at delivery (postpartum hemorrhage, retained placenta, etc.). For maternity care in the rural community, the plan emphasizes home delivery, and the TBAs were utilized under close supervision of government nurses and auxiliary midwives. After the training program, which reached over 18,000 TBAs, it was expected that their new knowledge in modern delivery and child care techniques would help them conduct safer deliveries. Moreover, it was hoped that a closer relationship with government personnel would bring about more referred cases of difficult labour to the hospitals and health centres. Since the TBAs were trained, the maternal mortality and stillbirth rates appear to have declined more rapidly. In 1971, the Ministry of Public Health reported 2.1 and 1.3/100 births for maternal death rate and stillbirth rate respectively. When the Ministry of Public Health launched the National Family Planning Program in 1972, the TBA was considered a possible agent of change in the area of family planning. The pilot project was conducted to teach MCH/FP to a small group of TBAs, and assess, in working situations, their interest and ability to become a motivating force in acceptance by village women of family planning.
Objective

We will review previous and current work on the utilization of TBAs in the family planning program in Thailand, and consider possible areas and approaches for future research.

After the first training program in MCH in 1967–68, there was no follow-up evaluation made. Some surveys have been done to study the present KAP of the indigenous women toward the health services. The findings show a preference for the TBA. The studies were intended to support the public health planning program. For example, at present the NFPP with the assistance of UNFPA, is studying the feasibility of integrating FP into MCH in four northeastern provinces. Data indicate that 40% of northeastern married fertile women prefer to have the TBA attend their deliveries, and 63% reported that the TBA attended her last delivery. These figures support the important role of the TBA in MCH/FP.

In early 1973, a project sponsored by IDRC was started jointly by the School of Public Health of Mahidol University and the National Family Planning Program. The objective is to evaluate various methods of inducing changes in the behaviour and attitudes of the TBAs in relation to the MCH/FP program.

This study will attempt to answer many questions. For example: 1) is it feasible to train the TBA for MCH/FP communication purposes and utilize her as an agent of change to motivate the eligible couples to use family planning services? 2) What are the results of the TBAs efforts in FP motivation in terms of her ability to recruit the new acceptors and to motivate present users to continue contraceptive practice? 3) What is the cost of the MCH/FP training program, and what is the cost/benefit of utilizing TBAs in the program? 4) How can the TBA be motivated to recruit more acceptors and to follow up on the FP users with various types of incentive? 5) To what extent will the training program affect the utilization of TBAs in the MCH/FP program? 6) To what extent can the MCH/FP work of the TBAs be improved and extended through support from the community leaders?

Although the study is incomplete, the following general characteristics of the TBAs have been noted: The mean age is 56.5 years (range 40–74), and 50% are widows. Most are illiterate and their income is very low, most engage in the farm business, and attending births is only a part-time occupation. The mean number of pregnancies and live births is 7.5 and 6.8 respectively. Almost all favour family planning and are willing to learn and be trained, if possible. Their status in the community is high, and they provide a needed service. About 73% have been trained in the government/UNICEF.

The results of the study in rural Thai communities shows that family planning is quite acceptable and religion is not an obstacle. Most Thai Community leaders favour and support family planning.

We found that the TBAs could recruit young, poorly educated rural acceptors, and they were also effective agents for changes in attitude. Except for our project, there is no program in Thailand to use the TBAs in MCH/FP. However, as part of an intensive and comprehensive study of the health care program, the Ministry of Public Health encouraged TBAs to register for refresher training courses. They were regarded as one of the input variables for the project. The training program itself was evaluated but not this actual utilization of TBAs in the program.

Future plans include a training program for TBAs in both MCH and FP in an Accelerated Development of MCH/FP services project. The main objective is to integrate MCH with FP, and the study area includes four northeastern provinces. The study should

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1 Preliminary report, Baseline Data from MCH/FP KAP-Fertility survey: The study of integration of family planning within maternal and child health services; Research and Evaluation Unit, Family Health Division, Dept. of Medical Services and Health, Ministry of Public Health, June 1974.
clarify the effectiveness of TBAs as disseminators of contraceptive information, and distributors of supplies, and determine the best way to fit them into the organized health teams.

In addition to the traditional role of the TBAs (prenatal, postnatal and child care, referring of complicated cases to medical personnel, etc.), we now want them to disseminate birth control information and encourage people to attend FP clinics.

The TBAs could also possibly act as supply agents for contraceptives such as the condom and foam to assist the government distribution schemes. They might also assist the government personnel as rumour correctors, to bring the dropout acceptors back into the program, and protect potential acceptors from misbeliefs or false rumours about contraceptives. The TBAs might also be useful as "registrars" of vital statistics concerning births and deaths in her community.

The following questions must be answered before the TBAs can be fully utilized in an MCH/FP program: 1) to what extent are the TBAs able to motivate the potential FP users of a higher socioeconomic status? 2) what degree of support from the community would maximize the MCH/FP performance of the TBA? 3) what degree of supervision is needed from the government health staff? 4) how can they be trained and used in as rumour correctors and/or resupply agents and/or vital registration reporter? 5) how can we overcome the problem of illiteracy? 6) how can they be motivated to recruit more FP acceptors and promote longer continuation of contraceptive use? What will be the effect of incentives and other reward systems on the performance of the TBA? 7) do the TBAs initiate or spread negative rumours about the side effects of contraceptives? 8) what is the relationship between MCH and FP services provided by the TBA? 9) to what extent can they influence potential male acceptors? 10) what is the difference between the attitude toward use of contraceptives by TBA and non TBA-motivated acceptors?

Conclusions

TBAs may be effective agents to disseminate contraceptive information for the young, eligible women in the rural, agricultural community. TBAs in Thailand have not been utilized except for the purpose of research in four selected areas. In the MCH program, training programs were conducted to improve the delivery care performance of the TBAs. The additional was required because of a lack of strong supervision and poor supply system as well as a lack of refresher training courses. They may not be well utilized in the area of MCH.

A number of research projects are planned to demonstrate the feasibility of utilization of TBAs. These will hopefully accelerate their more complete utilization in the MCH/FP program in Thailand in the future.

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