Role of
Traditional Birth Attendants
in Family Planning

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General Recommendations
Problems and Findings from the TBA Program in Indonesia

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Chairman, National Family Planning Coordinating Board
East Java, Indonesia

Traditional birth attendants (TBAs) in East Java have no formal training. They learn the trade by assisting older TBAs. They are mostly elderly women, 50–60 years of age, and usually widowed or divorced. Most are illiterate, and their role of a TBA is only part-time. Many of them are housewives or a farmer’s wife, while some have a business of their own. From their activities as a TBA, they earn about Rp. 2000 to 3000 per month (approximately US$5–7) in cash or in kind. The TBA is called by the delivering mother because she is readily available, cheap, and familiar. Qualified midwives are scarce, and more expensive.

Training TBAs in MCH

The government MCH services are still not adequate to serve the entire population of Indonesia.

Therefore, the MCH workers are attempting to make temporary use of the services of the TBAs by giving them training for attendance at normal child births.

In 5 years (1969–74) the Directorate of the East Java Provincial Health Service (the provincial MCH Services) trained 8410 TBAs of a total of 18,480 in the country (Table 1). The MCH-trained TBAs attend about 43% of all deliveries in the province of East Java (Table 2).

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of TBAs in the regions</th>
<th>Number of trained TBAs</th>
<th>Percent trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>1969-70</td>
<td>12,768</td>
<td>7,428</td>
<td>58.18</td>
</tr>
<tr>
<td>1970-71</td>
<td>15,370</td>
<td>7,252</td>
<td>47.18</td>
</tr>
<tr>
<td>1971-72</td>
<td>18,100</td>
<td>7,271</td>
<td>40.11</td>
</tr>
<tr>
<td>1972-73</td>
<td>17,858</td>
<td>7,689</td>
<td>43.11</td>
</tr>
<tr>
<td>1973-74</td>
<td>18,480</td>
<td>8,410</td>
<td>45.48</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Deliveries</th>
<th>Deliveries attended by TBAs</th>
<th>Percent attended by TBAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1969-70</td>
<td>300,676</td>
<td>144,076</td>
<td>47.9</td>
</tr>
<tr>
<td>1970-71</td>
<td>348,835</td>
<td>153,415</td>
<td>43.3</td>
</tr>
<tr>
<td>1971-72</td>
<td>389,703</td>
<td>162,671</td>
<td>41.7</td>
</tr>
<tr>
<td>1972-73</td>
<td>370,639</td>
<td>144,960</td>
<td>39.08</td>
</tr>
<tr>
<td>1973-74</td>
<td>338,394</td>
<td>139,881</td>
<td>41.3</td>
</tr>
</tbody>
</table>

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**TBAs as FP Motivators**

The TBAs could play an important role in the FP movement as a motivator and as a referrer. MCH-trained TBAs are already administratively attached to MCH/FP clinics. They report monthly to the supervisor. The course is given by the MCH,midwife during 5 consecutive days (or on 5 market days). The principles taught are kept as simple as possible: a) pregnancy and delivery, if they happen too often with short intervals between babies, will harm the health of both mother and child; b) raising healthy children requires a lot of money and effort; and c) since their holdings in ricefields are mostly very small, they can only provide food for a certain number of children, so they should join the FP movement and go to the FP clinic.

The Directorate of Health Services trained 4505 TBAs as FP motivators up to March 1973, out of a total of 7689 TBAs. The training cost the government Rp. 6,000,000, the average cost per TBA being Rp. 1,332 (approximately US$3).

**Achievements of the TBAs in FP**

A study was conducted in the district of Mojosari covering 127 TBAs by Pardoko and Soemodinoto (1972). They reported the following conclusions: The average income from attending deliveries was around US$2.53/month and the TBAs were attending an average of four deliveries/month. Almost none of them had any experience in postponing their own pregnancies, and none were practicing family planning at the time of the study. Only one third were concerned that their source of income would be affected by the family planning program launched by the government. One third had the opinion that women in the village would be embarrassed if other people knew they were practicing family planning.

The records at the clinic in the study area showed that the number of new family planning acceptors referred by these TBAs was increasing, with more than 200% in the first 2 months after the initiation of the study, but declined very rapidly after that. This decline paralleled a decline in the number of participating TBAs during the study period, and also to a lack of success the TBAs had in persuading women to visit the clinic.

Due to old age, they were physically unable to make regular visits to the homes of the women in the village, since between 12 and 30 visits were required to recruit one acceptor. By interviewing the women who had been contacted by the TBAs, Pardoko and Soemodinoto found that 83% of them understood what the TBA had told them about family planning.

The experience of family planning clinics in East Java outside the study district is the same. When TBAs receive training and start to work, their enthusiasm is initially high, but soon starts to wane.

**Developments**

The important role the TBA plays in FP motivation can be considerably enhanced through the involvement of other health staff and FP fieldworkers. Governors are now responsible for the success of FP efforts in their areas. The family planning coordination body at the provincial level becomes an assisting agency to the governor, and every agency at the provincial, regency, district, and village level is mobilized to do information and motivation work to help persuade and educate the people toward adopting family planning.

The medical/contraceptive services should not only be available in the FP clinics, but in the villages as well.

In addition to promotion of FP through official government agencies, we have sought and obtained the cooperation of Moslem religious leaders who are requested to participate actively in dissemination of information and motivation. As the civil and village administrators and religious leaders have a great influence on the population, the largest number of new participants is produced by this group of organizations.
Health workers visiting household in village in Perlis, Malaysia
Staff members of the Health Services and FP fieldworkers are members of information/motivation teams, while the FP clinic will provide medical services in the clinic itself or in the village.

With this mass approach to FP the role of the individual TBA becomes relatively small.

In East Java the TBA produced about 3% of the 642,000 new participants in 1973–74.

Conclusions

The importance of TBAs in propagating the family planning idea will depend on the approach to the problem prevailing in the region. If the “individual approach” is used, the TBA can significantly contribute to the success of the program, especially where there is a lack of trained fieldworkers. The training of TBAs is not expensive, but should be followed by refresher courses and revision of the monetary incentives.

In the “mass approach” used in East Java, the role of the TBA becomes small. They cannot compete with village administrators and religious leaders in their influence on people. Their overall effectiveness is on the decline and will eventually be replaced by educated and trained health workers. In the meantime, however, we will continue to utilize them to the fullest extent.

References