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
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Reginald MacIntyre

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is a broker and matchmaker as well. She not only contacts the women but usually she goes to the husband or mother-in-law. In Asian countries mothers-in-law and husbands play an important role in the family. Another very active TBA makes her contacts at social gatherings such as weddings, birthday parties, or other feasts. She carries her supplies with her at all times.

Conclusions

More frequent refresher courses, at least every 6 months, would help maintain interest and morale of the TBAs. Bonuses for outstanding performance should be increased, and TBAs with a very poor performance record should be dropped from the program. Program staff should be sent on seminars and study tours occasionally to broaden their experience and effectiveness in the program.

The Kota Baru Experience

WAN KHADIJAH BINTI WAN HUSSAIN

Staff Nurse in Charge
National Family Planning Board
Kota Baru

The project was started in Kelantan in September 1972. The aim of the project is to utilize TBAs for family planning services in rural areas without adequate health facilities.

The Ministry of Health had registered most of the TBAs and both the Ministry of Health and the National Family Planning Board jointly conducted courses for some of the TBAs. They were instructed on safe deliveries and family planning, and were given a UNICEF bag containing some items required to assist at childbirth.

In 1972, 32 trained and registered TBAs were given additional training in family planning (e.g. motivating eligible women, supplying contraceptives, and identifying defaulters). After 6 months 14 were dropped from the program because they did not recruit any acceptors.

In mid 1974 there were 18 active TBAs in Kelantan state distributed as follows: Pasir Mas 4, Pasir Puteh 2, Jerteh 1, Kuala Krai 2, Machang 3, Bachok 2, and Kota Baru 4. They recruited 689 new acceptors with 21 being NFPB defaulters recruited by TBAs, 260 defaulters after being recruited by TBAs, and 459 revisits.

She commands high respect in her area of operation (usually one or two rural villages) and is known to everyone. TBAs are usually elderly people with many years of experience. Her care of the patient is very much a motherly form of attention. She follows certain customs and beliefs of the rural population (e.g. massages, dispensing local medicines, and performing abortions when desired).

The TBA sets no time limit when attending a patient. She stays with the patient for a few days even after delivery.

Problems

The TBAs have to be told regularly how to maintain coupons and pills, and occasionally do not follow the appointment dates at clinics.

They rarely get new acceptors from their delivery cases and there is a danger that the TBA dropouts will spread false rumours about the project.

Conclusions

The NFPB staff supervising the project in Kelantan are carrying a heavy load. In dealing with the TBAs and in servicing and revisiting the 700-plus acceptors, there is considerable work in recording, paying TBAs, instructing TBAs, and so on. More supervisory staff will be required in the near future.