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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Problems and Findings from the TBA Program in the Philippines

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One of the vexing problems in the delivery of measures and efforts for development and progress in many developing countries is how to make these reach remote localities. With over 7000 islands the Philippines presents great problems in the delivery of health care, and now also in the implementation of the national population program of the country.

In a desire to help overcome the manpower problem in the delivery of family planning in remote areas, the staff of the Institute of Maternal and Child Health, Philippines (IMCH), considered the potential of "hilot" or traditional birth attendants (TBAs) as family planning workers, not only because of their favourable attributes, but also because of their tremendous numbers in the Philippines (over 31,000). Since 1956 about 9000 TBAs have been trained by the Department of Health, with UNICEF assistance, to improve their services to expectant mothers and to the newborn babies.

The first study started in May 1971 in the island province of Marinduque (Site I), and in Camarines Norte (Site II) in November 1971. The following year (May 1972) a third project site was started in Mindoro Oriental (Site III).

The same general objectives were applied to the three sites but specific objectives varied with different inputs, in order to allow comparisons and specific recommendations.

In the first site, Marinduque, an anthropologic study was carried out by the Department of Anthropology, University of the Philippines, when the work was in progress, while the Institute of Philippine Culture, Ateneo University, did a pre- and post-project anthropologic study in Mindoro Oriental. Both studies give informative and interesting observations and data which are helpful in understanding TBAs and their performance and, to some extent, in evaluating this project.

The TBA

The TBA has always played a role in obstetrical practice and in neonatal care in many areas of the Philippines, particularly so where medical and paramedical workers are not available. They have continued to carry on their activities through the years and, in fact, their services are increasingly sought as medical manpower continues to decrease in remote areas. Approximately 74% of deliveries take place in the home.
and 24% in hospitals or clinics, and about one half of births occur without benefit of medical or paramedical attendance. Thus in 1971 only 22.7% of births were attended by physicians, 17% by nurses, and 29.4% by midwives.

The warm association of TBAs with women before and during labour, and even for weeks after, places them in a preferred position over physicians and paramedical personnel.

Since 1956 the Department of Health with UNICEF assistance has undertaken a training program for approximately 9000 selected TBAs to enable them to handle the difficult situation found in rural areas where physicians and paramedical personnel are not available. The TBAs are expected to fill the gap while the government is training unlicensed midwives. This training has lagged lately due to other pressing problems in the country.

The present project looks into the delivery of maternal and child health care by TBAs, how to provide them with updated and accepted basic knowledge and skills necessary for the care of the woman during pregnancy and delivery, together with recent trends in the care of the newborn.

The addition of family planning is a new feature in the TBA curriculum, as a trend in MCH services. The Director of the WHO Regional Office in Manila recently emphasized the importance of the TBA in the national efforts on family planning.

**Goals and Objectives**

The general objective was to determine how best to utilize the TBA not only in her traditional role as birth attendant but also as a family planning motivator in remote rural areas.

Specific objectives included: collection of information on traditional and present services for maternal and child health in the community, and the factors affecting the utilization of such services; collection of demographic and health statistics of the communities covered by the study, compilation of general information on practicing TBAs; reduction of maternal and neonatal mortality and morbidity by updating the practices of the TBAs; involvement of TBAs as family planning motivators; determination of what factors may increase the effectiveness of TBAs as family planning workers; and exploring other possible roles in family planning which may be assigned to TBAs.

**Methods**

The project staff at headquarters included a project director, two assistants, a statistician, an accountant, and a clerk. All worked part-time, and the last three only were paid. The field staff included a full-time medical supervisor, a part-time provincial public health nurse, and a driver. The staff of each puericulture and family planning centre included a part-time physician, a full-time nurse and midwife, and a part-time lay motivator.

A TBA leader or president was elected who helped on a voluntary basis in the activities of TBAs in the area.

**Procedure**

The headquarters staff first made a courtesy call to government and health authorities and to some community leaders. This was followed by a survey of the project site, and local staff were briefed on the project, its objectives and implementation, and their respective duties and responsibilities.

Selection of TBAs was done by the local public health nurse and the family planning clinic staff. Preference was given to those in active practice and those who had taken training offered by the Department of Health. It was decided, however, to take as many TBAs as possible.

**Training**

A total of 482 TBAs were trained. The Puericulture and Family Planning Centre was the training site under two staff members from headquarters and assisted by the local clinic staff. The training course lasted 5–8 days; and the curriculum was the same for all three provinces. Topics included birth
registration, anatomy and reproduction, nutrition and care during pregnancy, abnormalities and indications for referral during pregnancy, stages of labour, preparation for delivery, conduct of labour, care of the newborn, postnatal care of the mother, family planning, etc.

A pre- and post-training questionnaire was answered by each TBA.

The stipend was P7 daily to cover transportation (P2) and meals (P5). A certificate of attendance was distributed at the end of the course together with a plastic kit and some basic equipment for birth attendance and reading materials for FP motivation.

Training was conducted in the local dialect and teaching methods consisted of demonstration with flip charts and mannequins, workshops, role playing, slides and movies, and field trips.

**TBA Roles After the Training**

In Marinduque (Site I) 25 trained TBAs were selected to receive a monthly stipend of P50 each for their motivational activities, and they were expected to recruit 10 acceptors monthly and attend five “follow-ups.” After 3 months this procedure was changed to 50 TBA motivators at P25 and a target of five new acceptors and five follow-ups. If in three consecutive months an individual failed to reach the expected quota, she was replaced by another trained TBA.

In the two other project sites all trained TBAs were involved as FP motivators and no stipend was given.

A coupon system was designed to facilitate the referral of a client who had been motivated by the TBA to a FP clinic. The coupon is filled in by the TBA and this is taken to a clinic by the acceptor. There she is examined and the different methods are explained to her. If there are no contraindications, the method she chooses together with the date of acceptance are noted on the coupon, and the TBA motivator through this coupon would be given credit for this acceptor. The supervisor collects all the coupons for evaluation during the monthly meetings.

**Supervision**

Project Sites I and III had a full-time medical supervisor who conducted monthly meetings with the TBAs. This gave the TBAs opportunities to present and solve their problems, to get new information, to receive motivation or other materials to help in their work as birth attendants and FP motivators, to report deliveries they assisted, and to submit registration forms. From time to time the field supervisor visited the TBAs in their localities.

In Project Site II there was no field supervisor; nevertheless, the TBAs assembled monthly and met with the clinic staff of the puericulture centres.

There was also an annual meeting of TBAs. This served as an overall evaluation of the TBA activities and also as a social affair.

**Anthropologic Studies**

In the first project proposal an anthropologic study was not planned as the key staff were familiar with the area and its people. However, initial observations on the TBA performance showed that success or failure could not be measured simply by the number of acceptors or drop-outs. We therefore undertook a study to further explain the results of the first 6 months, and also to give insights that would lead to a more efficient involvement of the TBAs as family planning motivators. The Department of Anthropology, University of the Philippines, was requested to undertake this study in Marinduque.

The study was beset with problems, principally severe typhoons, a prolonged rainy season, transportation difficulties, and political adjustments.

In the third TBA project (1972) in Mindoro Oriental pre- and a post-project anthropologic studies were included. This study was under the Institute of Philippine Culture, Ateneo University, and its general objective was to assess the impact of the IMCH training program on the TBAs MCH practices and FP motivational activities, 1 year after the training.

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The study focussed on the TBAS activities in family planning, this being the innovative aspect introduced into their work. The feasibility of utilizing the TBA in barrios seldom reached by other motivators is equally important, since the IMCH training may define guidelines for future TBA training programs.

**Refresher Course**

A 2-day refresher course was held in May 1973 in the three project sites for all participants in the TBA Training Program. The objective was to discuss the effectiveness of the training and to receive suggestions for future activities. The TBAS filled out a questionnaire to determine the extent of their involvement in the MCH/FP program during the previous 2 years, and the problems they met. A total of 423 attended of the original 484 who trained.

**Observations and Discussion**

A total of 482 TBAS were included in this study; all had training of 1 or 2 days in each project site. A refresher course was given about 2 years after the first training. The curriculum, methods, and training stipends were the same.

After their training, 50 of 142 trained TBAS were involved as motivators in Project Site I while every TBA who was trained was included in Site II (50) and Site III (290).

Inputs varied in the three sites. Thus in Marinduque besides the training and refresher course, a stipend was given and there was a full-time supervisor; also, an anthropologic study was undertaken 6 months after implementation of the project. In Camarines Norte the only input was a training and refresher course. In Mindoro Oriental no stipend was given; the other inputs were similar to those of Marinduque.

TBAS in Marinduque who received stipends were divided as follows: Group I: 25 TBAS received P50 monthly and were expected to bring in at least 10 new acceptors monthly. After 6 months the number of TBAS was reduced, thus: Group II: 50 TBAS received P25 monthly with a target of five acceptors/TBA per month.

**TBAs as FP Motivators**

Can TBAS be involved in motivation activities in family planning, even though this might conflict with their traditional work as birth attendants? Our studies indicate a definite yes.

In Marinduque, of the 142 TBAS trained, 70% were responsible for at least one acceptor. As a group, they motivated 1021 acceptors or 3.6% of the eligible women in the province during a 15-month period. About 96% of their acceptors selected effective contraceptives such as pills and the IUD.

**Effects of Supervision**

The number of acceptors obtained by TBAS as motivators in the supervised project area was twice that of TBAS in the nonsupervised site during the same 15-month period.

Obviously supervision favourably affects the number of new acceptors motivated by the TBAS. It also increases the length of time they will actively work as FP motivators.

**Effects of a Stipend**

Data collected from two project sites, one with and the other without a stipend for the TBA motivator, show that there were three times as many acceptors where a stipend was given.

**Problems**

Because of their limited interests, their low educational level, their age, and often short concentration span, exceptional effort is needed to train the TBAS.

**Transportation**

Difficulties of transportation and means of communication are deterring factors in motivation activities as well as in getting acceptors to the clinics. This problem is most discouraging in remote areas.

**Sustaining interest in FP activities**

Enthusiasm and interest in a relatively new field is high at first but soon wanes. Maintaining this enthusiasm is a difficult problem.

**Side effects and complications**

Unfavourable effects or occasional side reactions and complications arising from the use of contraceptive methods present difficult problems
everywhere, but in small villages where news spreads very fast, these can be disastrous for the program. TBAs often find it difficult to counteract such bad news.

**Stipends** Studies show a real need for some type of reward for efforts and services of the TBAs as well as to cover their expenses. Determining the amount and method of payment presents problems.

**Follow-up of acceptors** Although the importance of follow-up is emphasized in the training, during monthly meetings, and in the refresher course, there is a tendency to slow down or stop follow-ups of acceptors.

**Cooperation of other family planning workers** Some TBAs feel that the clinic staff do not seem interested in their efforts and, in fact, they complain that some of their acceptors are “lost” to other motivators. This happens particularly in clinic-based FP activities where the staff have quotas to meet.

**Lessons Learned**

TBAs in the Philippines can be effective family planning motivators, given adequate motivation and training, encouraging incentives, and backed by some kind of supervision which is competent and sensitive to the circumstances in which they live and work.

All TBAs should be trained, not only in the conduct of normal pregnancy and the recognition of abnormal cases, but also on family planning: its importance, the different acceptable methods, techniques of motivation, and integration of FP into their daily activities.

Training should be practical, easily understood, lively and simple, with audio-visual aids and materials that will sustain their interest. There should be field work and opportunities to practice motivation, and then to discuss their observations and difficulties in performing their roles.

Training and supervision should be reinforced by periodic meetings and possibly refresher courses.

Selected TBAs may be appointed as family planning motivators, with a monthly stipend plus an additional fee over an expected reasonable performance in accordance with circumstances in the locality. Possibly also a bonus may be offered in recognition of outstanding work.

Initiative, resourcefulness, and innovative approaches or procedures may be encouraged with suitable incentives.

TBAs may be involved in other roles in the community to keep them active and enthusiastic and to make them feel useful and wanted.

Most of the TBAs beyond the age of 55 retained their old practices in attending deliveries. These so-called “hard-headed” TBAs have not integrated family planning motivation to any significant extent in their birth-attending activities. They would rather attend deliveries only and leave motivation activities to the younger TBAs. However, it is best to include even these older TBAs in the training and monthly meetings as they could harm the program if ignored.

A weak point of TBA motivations is that they tend to limit this to the parturient mothers they attend and to their own relatives. Only a small percentage of the TBAs motivate outside of their immediate family circle.

Some type of supervision that would be practical and suitable for a particular locality is advisable and this will eventually pay off in terms of performance and continuity. Supervision should be done by one who is from the local area, with authority, but at the same time a pleasant, understanding, patient, and persistent attitude.

It appears that TBAs constitute an important modification in the classical diffusion model which assumes that field workers should have a high level of technical competence. In this study it is realized that less formally competent change agents like TBAs possess another kind of credibility among those they serve, based on a high degree of prestige and respect they possess in their own community. Behaviour of people in certain situations, in-
cluding TBAs as motivators, can be stepped up to desired levels given realistic incentives and favourable means of implementation.

Acknowledgments

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