

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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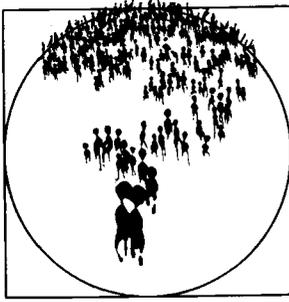
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Outlook and Future Research in the Philippines TBA Program

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THE four countries involved in this seminar (Indonesia, Malaysia, the Philippines, and Thailand) agree to the recognition of traditional birth attendants (TBAs) as indispensable deliverers of health care in a general situation of continuing rural mass poverty; and the policy of working toward legitimate recognition and program utilization is essential in such activities as registration, and the provision of training whether for maternal and child health, family planning, or both.

All four countries have done general survey-type research to develop a profile of TBAs. In these studies the usual information gathered includes: age, education level, family size, remuneration practices, births attended per month, and in some cases special questions on the KAP of family planning and customs in child delivery are described.

In cases where training has been tried whether to upgrade delivery practices or to entrust them in a new role as family planning information and referral agents, a tendency has been observed for TBAs to revert to traditional practices or in the case of their newly designated task, to move from high to low levels of performance.

Beyond these usual surveys, each country has done some studies to pilot test training

schemes, supervision procedures, modes of payment and other factors that might contribute to making the TBA an effective extension worker in family planning. Malaysia has a scheme whereby the registered midwife works with the TBA while training.

Future Role of TBAs

The potential role of the TBA is perceived differently by various countries. Malaysia aggressively attempts to emphasize the family planning role of not only recruiting acceptors but in resupplying contraceptives. Thailand, the Philippines and Indonesia have carried out similar studies in utilizing such workers as motivators but without handling contraceptives. More studies are needed to confirm the extent to which additional tasks can be expected of TBAs.

Given the above, it seems that there is an answer to the question raised at the seminar: "Is there a future for the Traditional Birth Attendant?" The answer must be *Yes*. The future of the TBA in each country will depend on the vision and aggressiveness of program administrators to try new strategies. It will depend on the sensitivity of planners to learn and get clues from neighbouring countries whose culture and problems are in many

ways similar. The question is no longer whether they are trainable, changeable, and utilizable. Rather the question is how best to train, how best to supervise, how best to utilize, and for what purpose. The future can certainly be steered if not fully controlled. And this is where evaluation research plays a significant role. The testing of new ideas, if scientifically designed, is believable to policy-makers and one can expand plans with greater confidence. However, the conduct of experimentation must be within the realistic boundaries of government budgets. Otherwise, we stand to prove something we cannot afford to implement.

Further Studies

I have listed a number of study areas that seem to need further attention. However, only individual countries would know what research is needed within the context of its own problems.

There is need for sociological studies that look into the dynamic relationship of TBAs to the community and other health workers.

We need to do small, manageable types of studies that experiment on alternative procedures to make the TBA accept with some continuity her modified role and identify what reasonable output can be expected from her. Such studies as those in Thailand, Malaysia, and the Philippines should probably be replicated in other areas of the country.

Continued work on the methods and degree of training is necessary.

I think a systematic study on the harmful and harmless practices would be useful in identifying entry points in changing the TBA.

We must know more about the attitudes of the medical community and government officials in the use of TBAs, for example as family planning motivators and resuppliers, or even as legitimate deliverers of health care.

Problems in the use of TBAs for family planning found in most studies conducted so far seem to be similar to the problems we

have been facing on the use of lay motivators in the Philippines. To what extent can we expect any more from TBAs in their motivational outreach when they are like any other change agent faced with problems like: environmental factors (distance, season (weather) variations, etc.); attitudes of clinic staff; imperfection of technology producing undesirable side effects; and rumours that are difficult to counteract.

Thailand categorized these problems with environment, health workers, acceptors, and TBAs themselves.

I challenge the hypothesis that the high status of the TBAs amongst the villagers would make them any more effective than a lay motivator. Why should they be more effective? In fact, they have two sources of income: birth delivery and birth prevention, both of which oppose each other.

The Thailand study showed that monetary incentives were not attractive to the TBAs. Why is this so?

The Indonesian conclusion provides us with thought-provoking hypothesis that "individual approach" in family planning communication could make use of TBAs. However, a "mass approach" would probably diminish the role of TBAs. Other countries might wish to explore this further.

The problem of supervision brings us to the area of management research. We made a study of high-performing clinics versus low-performing clinics and we looked into management factors such as the supervision of motivators by the clinic doctor. The suggested scheme on who, how, what, of supervision suggested by Thailand might be operationally tested.

The Malaysian study called attention to the problem of large dropouts of trained TBAs from family planning involvement. Here again, has enough research been done to lead us to believe that we simply have to establish priorities both in selecting areas, and in selecting which TBAs should be utilized for FP

while provision of FP orientation is given to all.

Field trials should show what tasks TBAS can be asked to perform to meet family planning objectives.

From such a study, some educational program might be developed that will transform the more progressive TBAS to be professional midwives.

I will now discuss a specific research project that we are presently refining with the implementors. Dr Fe Del Mundo has consented to be the principal investigator. Briefly, 75 TBAS in the experimental sites will undergo a 6-day training in the procedures of pill distribution by the checklist method and the use of coupons for resupply. This training is in addition to what has been provided presently in maternal and child health (MCH) and family planning for 4 weeks. They will be allowed to charge a fee of no more than PO.50 per cycle.

The objective of the study is first to deter-

mine the safety of utilizing TBAS for the pill prescription method without prior examination by a physician. Second, to determine its effectiveness in helping get new acceptors, improve continuation rates, and make referrals.

The research is designed to compare the performance of TBAS regularly trained in MCH and FP in control areas to the TBAS in experimental areas who will be given the extra 6-day training.

The project will last 9 months. Analyses of records will be done after 6 months. However, a survey in the ninth month will be conducted to determine continuation rates.

This study is somewhat radical and is bound to raise some eyebrows. But as I said, the future can be steered to some extent and operational research is a convenient tool to show us the path.

There would probably be great value in having a follow-up seminar at some future date to further evaluate the various country family planning programs utilizing the indigenous traditional birth attendant.