Role of Traditional Birth Attendants in Family Planning
Proceedings of an international seminar held in Bangkok and Kuala Lumpur, 19-26 July 1974

IDRC-039e

ARCHIV 14227
Role of Traditional Birth Attendants in Family Planning

Proceedings of an international seminar held in Bangkok and Kuala Lumpur, 19–26 July 1974

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

Cosponsored by the

- INTERNATIONAL DEVELOPMENT RESEARCH CENTRE
- FACULTY OF PUBLIC HEALTH, MAHIDOL UNIVERSITY
- NATIONAL FAMILY PLANNING BOARD, MALAYSIA
# 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 Suvanavej, 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 Indonesian TBA Program

BACHTIAR GINTING, MD

School of Medicine
University of North Sumatra, Medan

Before the Dutch colonization, the only health care available in Indonesia was provided by the traditional healer and midwives who had no training in medicine. During colonial times the Dutch rulers built health care delivery systems which were mainly for the Dutch people and their employers, and available only to a limited extent for the Indonesian people. The population therefore continued to receive services from the traditional medical manpower. During that time, two medical schools were founded in Surabaya and Jakarta, which produced low-standard physicians for the Indonesian population. After some years, these schools developed the Western standards of the medical school. In addition, there were several para-medical schools in several big hospitals in the large cities.

Although we have been independent since 1945, and have founded 12 government medical schools, we are still facing health manpower problems not only in numbers but also in the distribution and qualification of medical personnel. Related problems are low salaries, lack of facilities, and the widely dispersed population in the islands outside Java. Besides these obstacles we also face the problems of poverty, illiteracy, and ignorance. Because of these conditions a large number of people still seek traditional health care to fulfill their needs (Table 1). These data reveal that almost half of the babies were delivered by the TBAs. This information was compiled by the Agency from its area which is 80% of rural areas.

The Role of the TBA

The TBAs when doing their work in the family, will become a substitute for the mother in managing the family’s daily life for a period of 3–5 days. Her functions will be: (1) nursing the mother and baby, (2) managing the whole family, and (3) act as an adviser for some aspects of the family affairs especially in fertility. They may receive money or goods in return for such work.

The services are individualized and personalized according to the needs of the individual family. In some villages where there is no trained midwife the villagers still come to the TBA for these reasons.

FP Program in North Sumatra

Family planning as a method of controlling the population growth has been accepted...
officially by the Indonesian government. The administrative agency coordinating all activities related to the family planning was installed by President Soeharto in 1969, and it was supported by the Indonesian Planned Parenthood Association in research and training. During 1969–73 the activities were limited to Java, Madura and Bali Island, but now it will cover all of Indonesia, including North Sumatra.

This will put the responsibility for the success of the family planning program in the provincial BKKBN. This agency and the health unit of North Sumatra lack sufficient experience and manpower to implement the program. They have to use available manpower without any further training in family planning.

The TBA has considerable influence in rural family life so we must recruit them and encourage them to participate in the family planning program. Because the family planning issue is new, because there is urgent national need to reduce the population growth so that any achievement in economic development will not be consumed by the increasing population, we have to plan carefully. The recruiting program and the roles which will be assigned to the TBAs must be carefully planned. Failure of the family planning program will be a disaster to our nation.

### Role of TBA in FP

As mentioned before, 80% of the population live in the rural area and almost 50% of the births are attended by the TBAs. Their role in the rural family can contribute to the family planning program.

It is therefore essential that the family planning organizer and administrator integrate the TBAs into the family planning program, especially in the rural areas.

Many of the TBAs are old and illiterate and earn their living by helping the delivery of babies. The role of the TBA will be to identify, to motivate, to recruit and follow up the acceptors of the family planning program.

Many of the TBAs will be concerned that success of the program will mean an end to their livelihood, so we must provide sufficient incentive to overcome this concern. This must be pursued cautiously and tactfully.

### Further Research

Before any recruitment and training of the TBAs takes place we propose to make several studies: (1) the real role and function of the TBA in influencing the people and the social acceptance of family planning; (2) the level of education, knowledge and attitude of the TBA toward the family planning program; and (3) the effectiveness of the utilization of the TBA in the family planning program by continuous evaluation (i.e. the number of acceptors referred by them).

---

**Table 1. Number of babies attended by midwives, midwives auxiliaries, and traditional midwives in Asahan Regency, 1973.**

<table>
<thead>
<tr>
<th>Month</th>
<th>Midwife</th>
<th>Midwife auxiliaries</th>
<th>Traditional midwife</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan.</td>
<td>83</td>
<td>81</td>
<td>194</td>
</tr>
<tr>
<td>Feb.</td>
<td>79</td>
<td>85</td>
<td>161</td>
</tr>
<tr>
<td>Mar.</td>
<td>107</td>
<td>83</td>
<td>198</td>
</tr>
<tr>
<td>Apr.</td>
<td>80</td>
<td>96</td>
<td>160</td>
</tr>
<tr>
<td>May</td>
<td>75</td>
<td>112</td>
<td>170</td>
</tr>
<tr>
<td>June</td>
<td>113</td>
<td>104</td>
<td>194</td>
</tr>
<tr>
<td>July</td>
<td>75</td>
<td>103</td>
<td>182</td>
</tr>
<tr>
<td>Aug.</td>
<td>94</td>
<td>119</td>
<td>181</td>
</tr>
<tr>
<td>Sept.</td>
<td>100</td>
<td>135</td>
<td>168</td>
</tr>
<tr>
<td>Oct.</td>
<td>94</td>
<td>116</td>
<td>185</td>
</tr>
<tr>
<td>Nov.</td>
<td>84</td>
<td>129</td>
<td>175</td>
</tr>
<tr>
<td>Dec.</td>
<td>115</td>
<td>99</td>
<td>161</td>
</tr>
<tr>
<td>Total</td>
<td>1098</td>
<td>1233</td>
<td>2150</td>
</tr>
</tbody>
</table>