

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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Srisomang Keovichit, and  
MacIntyre



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# **Role of Traditional Birth Attendants in Family Planning**

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*Editors:* J. Y. PENG, SRISOMANG KEOVICHIT, AND  
REGINALD MACINTYRE

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## The Perlis Experience

LIM KIM GOEY

*Staff Nurse  
Beseri Health Centre, Perlis*

IN Perlis about 40% of deliveries are still conducted by TBAS. Although these women have no formal training, they are active and influential in the community and the women will listen to them rather than the health staff. By having the TBAS participate in the family planning program we can lessen the burden on the rural health staff that will arise from the integration of family planning into rural health services.

The utilization of TBAS in family planning was introduced in Perlis in 1972, and 12 TBAS were selected for training. They ranged in age from 40 to 60 years. The course included a 1-day training period for the trainers followed by 3 days training of TBAS. The training was in the form of simple, concise lectures followed by question and answer sessions and role-playing. The training concentrated on practical exercises of handling the coupons and motivating acceptors. The TBAS were given a monthly allowance of M\$30.00 at a monthly meeting when they hand in the resupply coupons to the supervisor. The TBAS were assigned supervisors during the training. The TBAS are distributed throughout the province as follows: Kangar (Capital of Perlis) 3, Simpang Empat 2, Kuala Perlis 3, Kampong Gial 1, and Beseri 3.

During the first month, the TBAS brought in 36 acceptors. Some of them accompanied the women to the clinic for the initial acceptance, allowing the staff nurse to screen the women accepting a contraceptive method and to fill out a complete acceptance form. The women are given the first month supply of pills together with green coupons. To get her resupply of contraceptives from the TBAS the woman must present a green coupon each month. After 6 months on the pill the woman must report to the health centre for a check-up and a new supply of green coupons.

A refresher course for the TBAS was held in January 1973. Bonuses were given to them according to their workload. The total number of acceptors in 1972 was 228. Another evaluation was held in April 1974. The TBAS were again given bonuses based on performance. The total number of acceptors in 1973 was 113. By 1973, three TBAS had dropped out of the project for various reasons (home too far and too remote, difficult to get supplies especially during rainy season, etc.).

The highest acceptor rate and continuation rate comes from one of the TBAS in Beseri. She is very soft-spoken and conscientious. She does not attend many deliveries but helps the government midwife in massaging the mother after the delivery. Even though she is called to conduct deliveries she will call for the government midwife. She leans more toward family planning work. When she motivates the mother on family planning, she first approaches the elders and explains to them the importance of family planning. After getting the elders on her side it is quite easy for her to convince the young mother to accept family planning. She will take the women to the clinic if they are frightened to go alone. She knows all her clients very well and will visit them at home if they do not get their resupply of pills. With the help of her daughter, she keeps a record of all the women taking the pill. In this way she knows whether the women have taken their resupply for the month.

### Conclusions

Although we face certain problems with the TBAS, such as poor record-keeping and lack of accurate information about their activities, we feel that they are making a worthwhile contribution to the national family planning program and should be encouraged to continue their work.