

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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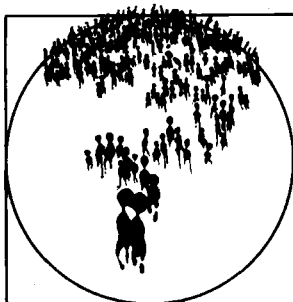
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Problems and Findings from the TBA Program in Thailand

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EXPERIENCE from field training of students of the Faculty of Public Health, Mahidol University, had shown that one of the major health problems in the rural villages is maternal and child care. For example, 80% of deliveries in the rural areas were attended by husbands, other women, relatives, neighbours, and traditional birth attendants (TBAs). TBAs attended 60% of all such deliveries.

Thus the TBAs who are involved in such maternal and child health services should not be neglected. They are very influential and command the respect and confidence of the villagers.

Recognizing the significance of the TBAs, the Faculty of Public Health, Mahidol University, in conjunction with the National Family Planning Program, Ministry of Public Health, attempted to recruit them for family planning services (e.g. to motivate village women to accept family planning in particular).

The Faculty therefore requested aid from the International Development Research Centre (IDRC), to support a 2-year training project on the role of the traditional birth attendant in family planning. We are seeking to define the most effective means for the

TBA to perform her duties and to motivate as many family planning acceptors as possible.

Objective

The objective was to identify various problems that acted as deterrents in the acceptance of family planning. This will enable FP services to reach most of the villagers and help correct any misunderstandings and rumours which are serious drawbacks in the program. It should also improve the efficiency of health personnel, and help them and other officials to recognize the significance of the TBAs who are in an excellent position to render assistance in FP services.

Characteristics of TBAs

The TBAs over 50 do not want to work because they tire easily and experience difficulty in walking. The number of inactive TBAs between 50 and 70 years is 106 (from a total of 136, or 77%). In this group of TBAs only 32 had ever motivated women to adopt family planning.

This under-50 group is active. There are 30 TBAs, and 14 of them have attempted to motivate women to adopt FP. One outstanding TBA from this group recruited 48 acceptors, a record in the four provinces.

Except for those TBAs (16%) living with sons or daughters, and taking care of the grandchildren, 83% had other jobs and sources of income since income from their TBA work was not sufficient.

Incentive Payment

In Nakorn Nayok and Kanchanaburi provinces, in order to receive the monthly incentive money, the TBA had to travel from the village to the health centre. The amount of money received was usually very low in relation to the distance travelled and the bus fare (the lowest sum of money received was 2 bahts and the highest 25 bahts which occurred only once).

In the province which paid no incentives and the control area, the TBAs do not have to go to the health centre as often. The acceptors usually asked her to accompany them to the health centre. The women occasionally paid the bus-fare for the TBA. The TBAs therefore stop distributing coupons because they might lose money on bus expenses.

The low educational level of TBAs reflects in their lack of motivation in recruiting FP acceptors. Over 64% never went to school, 14% had up to 3 years schooling, and 21% had more than 4 years.

Characteristics of Acceptors

Many false rumours circulated about the pill: e.g. when used for a long period of time the pill caused cancer; the pill cannot prevent pregnancy (this rumour caused less confidence and reluctance for those who newly started taking the pill); some minor side-effects of the pill such as: headaches turned out to be neurosis; nausea, vomiting caused fatigue which affected work; abnormalities in menstruation; the pill caused gain in weight, diminished sexual ability, caused freckles, darkening of the skin, etc.; and the pill caused difficulty in labour.

These types of rumours affected a number of new acceptors and caused loss of continued users.

The hard-working acceptors, or those who had to travel very far for work, lost contact

with the TBA, however they bought their own pills from the drugstore at the market place.

Some acceptors wanted other services besides pill distribution but the second-class health centre or the midwifery centre could not provide these.

Acceptors' houses were too far or out of the way from the market place or the midwifery centre.

There was also a degree of shyness in receiving the service (especially the IUD), and a concern that other people might know about them receiving the service.

In some areas, the relationship between the local nurse or midwife and the acceptor was better than that between the TBA and the acceptor. This prompted the acceptors to come directly for the service without taking coupons from the TBA.

Although the service is free, the acceptor has to pay travelling expenses and sometimes she is too busy to report to the clinic.

Characteristics of Health Personnel

The service rendered by the midwifery centre was not sufficient in terms of acceptor's needs. For example, some wanted to have the IUD inserted but this service was not available. If the acceptors could not get along well with the pill, they had no alternative method. The other factor was the long distance between the village and the first class health centre or the hospital where the various kinds of contraceptive methods were offered. Many could not afford to come for the services, leading to a decrease in the number of acceptors.

The midwifery centre is a one-person clinic, and her home visits and pill distribution duties frequently took her away from the clinic. Acceptors got discouraged when they arrived at the clinic for resupply of pills and found the clinic closed.

In 1972 the government reorganized departments in the Ministry of Public Health, and some of the administrators in FP programs at the central and provincial level were

transferred to the new Department of Medical and Health Services. A new Project Director and Deputy Project Director were appointed. Because of these changes, supervision of FP workers lagged and morale suffered.

The health workers had a negative attitude toward health services and FP programs. They do not appreciate the importance of helping people, especially the poor and ignorant, and lack mercy and sympathy. The health workers did not devote themselves to the work entrusted to them.

A lack of communication between the officials and health workers causes ineffective cooperation and unfavourable results.

Some midwives, because of personality conflicts with the TBAs were ineffective in motivating and supervising them.

Other Conditions

The lack of success can be further attributed to the following: poor transportation and long distance to health centres; seasonal variations such as farming periods or temporary migration for jobs; the community leader disagreed with the family planning programs and would not cooperate with the TBA; some community leaders suggested that the period for service should include the night as well, because some acceptors had to work until late evening; the older relatives of the acceptors had a negative attitude toward FP; and a brand change of pill during 1973-74 caused a great decrease in acceptors (20% of all acceptors). The problem started in 1972 when USAID changed the pill from Oval (Norgestrel 0.5 mg and Ethinyl estradiol 50 mg) to Norlestrin (Norethindrone acetate 1.0 mg and Ethinyl estradiol 50 mg). This new brand of pill was claimed by many users to cause headache, nausea, vomiting, and abnormal bleeding. Although the USAID tried to solve the problems by sending another brand, Demulen (Ethinodiol, Diacetate 1 mg and Ethinyl Estradiol 50 mg), the Family Planning Unit, Ministry of Public Health purchased Oval for distribution again. But the users still felt uncertain about using the pill

once again due to its effectiveness in prevention of pregnancy.

Lessons Learned About the Training Program for TBAs

We found that the training should be more comprehensive and more frequent than previously. The limiting factor is the low educational level of the TBAs which requires very careful study design and procedures consistent with their ability to understand. The well-trained TBA can also gain approval from well-educated eligible women and to clarify all rumours about contraceptive methods.

To increase the effectiveness of training, the TBAs should be grouped according to their abilities.

The evaluation of the training program can be performed to find out the behavioural change of TBAs, the behavioural changes of the women residing in the same area as the TBA, and the number of new acceptors recruited. Although it is too early to evaluate the program, we can conclude, however, that many TBAs can be trained as motivators in the FP program. The factors influencing the

TABLE 1. The number of active TBAs and the number of acceptors (in three implementation provinces).

	No. of active TBAs	No. of acceptors recruited by TBAs
1973		
Aug.	6	8
Sept.	9	18
Oct.	10	17
Nov.	13	45
Dec.	13	46
1974		
Jan.	13	27
Feb.	13	23
Mar.	17	28
Apr.	16	35
May	16	33
June	—	—
July	—	—

behavioural changes of the TBAs include age, understanding, interest, willingness to work,

family responsibilities, and their relationship with the local government health personnel. In this program the number of active TBAs varied from month to month (Table 1). The number of acceptors recruited also varied. However, the ratio of TBA to acceptor might indicate a relationship between TBA activity and the November refresher course. In that month, the number of active TBAs did not increase significantly, but their efficiency did increase.

Incentives for TBAs

If TBAs motivate a woman to adopt family planning service, they receive 10 bahts (50¢) per new acceptor. The procedure normally requires three visits to the home of the eligible woman.

The TBAs are not always happy with the incentive paid, since travelling expenses are often higher than the amount of the incentive. This has to be taken into consideration to further improve the incentive scheme.

In Kanchanaburi we trained TBAs and gave incentives, but in Petchaburi we trained TBAs but did not offer an incentive. Despite this fact, the number of acceptors from Petchaburi was higher than for Kanchanaburi. The incentive payment may not be necessary in some areas, or the method of giving incentive may not be satisfactory.

The Coupon System

In order to help identify the new acceptors of family planning who were motivated by TBAs, a special coupon was developed. The coupons given by the TBA to the eligible women are collected at the designated health

centre by the nurse. Different groups of TBAs are given different colours of coupons.

From experience, it seems that the coupon system only helps to identify the TBAs. The acceptors didn't see any value in having a coupon to get the pill from the midwife.

Some midwives had personal conflicts with TBAs which caused difficulties in motivating or supervising. Others had rather unfavourable attitudes toward public health workers and family planning, with a noted lack of sympathy toward the poor and uneducated. This caused a rift in the good relations with the villagers. We must develop an understanding and friendly atmosphere which will be good for the community and the family planning program.

We propose that the distribution of oral pill should be done at night clinics for those who have to work late. This could begin at a local ceremony such as funeral ceremony or the ceremony for entering the priesthood. The community leader also supported this idea. The pill would be distributed first by the health worker and resupplies made by the TBAs.

Another suggestion was that the clinic should be opened for longer periods, especially since most of the health workers live nearby. The dinner period (1700-1900 h) for the health worker might be the most suitable time for many acceptors who finish their work in the field and come for their pill. If the health worker can sacrifice some leisure time for pill distribution, it would be very beneficial to the family planning program.