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STATUS OF TRADITIONAL BIRTH ATTENDANTS IN THE SOCIETY: A STUDY IN NORTH INDIA

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ABSTRACT

Health is an important component for a human being. Before the advent modern health care system, history has revealed us on many traditional healing practices. Among these practices Traditional Birth Attendants (TBAs) was an important service delivery mechanism for the pregnant and child birth. The National Population Policy (NPP) of India 2000 mainly focuses on its commitment to 'Safe Motherhood'. TBA as a person who assists the mother during childbirth and who initially acquired her skill by delivering babies herself or while working with other TBAs. Traditionally, it is believed that body fluids released during childbirth are polluting, and therefore they employ TBAs to carry out such polluting tasks on behalf of the rest of the family'.

KEYWORDS: Pregnant Women, Childbirth, Scheduled Caste Women, Training, Auxiliary Midwife Nursery (ANM)

INTRODUCTION

In many countries including India the TBAs plays an important role during childbirth particularly in rural areas. Due to economic constraints as we as the non availability of trained professionals' in rural areas, many women continue to depend on TBAs for delivery. The recent past has also seen a spate of Commissions and Committees at the global as well as at the national level suggesting ways of improving the health of rural people(Sagar, 2006). Because of this, due importance was given by the policy makers and planners for TBAs in women's health care in the rural areas in the absence of skilled trained manpower during child birth. The National Population Policy (NPP) of India 2000 mainly focuses on its commitment to '**Safe Motherhood'**. In this regard, many schemes have tried to include the health related into this gambit and they are community health workers, Asha worker and trained Dais or Auxiliary Midwife Nursery (ANM) who joined the Primary Health Centre network to make services more meaningful for the rural masses. The NPP main goal for 2010 as follows: reducing Maternal Mortality Rate to below 100 per 100,00 live births, Infant Mortality Rate to below 80 per 1000 live births; achieving 80 per cent intuitional deliveries and 100 percent deliveries by trained persons; addressing the unm.et needs for basic reproductive and child health services, supplies and infrastructure; and the presence of trained personnel in the community at all births (GOI, 2002). April 2005 witnessed the launching of the Mission for Rural Health Care delivery in selected states. The stated aim of this mission is to integrate different vertical programmes, decentralize health care service delivery at the village level, and to improve inter-sectoral action. Against this background, the present paper is to provide an insight to the traditional institution of TBAs with an objective to understand their practices, role and services in the domain of pregnancy relate or Child birth practice.

CONCEPT OF TBAs

In rural areas, a woman generally belongs to lower category of the society, that is, the Scheduled Caste woman who performs the function of attending deliveries or childbirths. World Health Organisation (WHO) defines TBA as a person who assists the mother during childbirth and who initially acquired her skill by delivering babies herself or while working with other TBAs (Leedam, 1985). TBAs are often elderly women and are generally illiterate (UNFPA, 1997). Traditionally, it is believed that body fluids released during childbirth are polluting, and therefore they employ TBAs to carry out such polluting tasks on behalf of the rest of the family (Rozario, 1995). TBAs carry out deliveries at home in most of the rural areas of India. From the time immemorial to present day, they are easily available and knowledgeable persons for the poor families in the remote areas for the expecting mothers. TBAs are the easiest option than professional nurses/ doctors and they often accept payment in kind (Staffan & Goodburn, 2001).

The role of TBAs varies across cultures, the main purpose remains mostly the same, providing help to the pregnant women throughout the stage of pregnancy, providing services at the time of delivery and even after delivery, cleaning up the woman and baby, and cleaning of the clothes and location or place usually mark the end of the TBAs traditional duty. It is believed that TBAs meet vital needs of the community in supporting women through- out pregnancy, delivery and postpartum period. As majority of the TBAs in India belongs to lower caste and their services needs to be recognized for proper utilization by the society. The data collected from the field confirms that this vocation/skill of TBA is found to be practiced by middle-aged or elderly women. Like in other parts of the world such as Honduras, a republic in Central America and many African countries, the majority of the TBAs in India are also illiterate and very poor. At times, the expecting mothers start consulting them from the third month; otherwise, usually they are just sought out at the time of the delivery. However, it is true that TBAs reach the areas that the medical staff seldom or never visits. In all the cases, their beliefs and practices are influenced by local customs and sometimes by religion (Bullough 2000).

The services of TBAs are prominent in rural areas because of the poor health infrastructure and shortage of qualified health workers like nurses and doctors. The TBAs who got training have expressed that their services must be recognized because whenever a high-risk pregnancy or a potential complication cases were identified in that area and immediately they refer such cases or the pregnant women to a district hospital or nearest emergency care unit. However, they cannot be expected to take the lead in introducing new practices, until they are oriented/ trained towards it and supported by health functionaries to continue in those modified roles. The government has already introduced some special programmes to train the dais, to provide them with better tool kit and trying to provide better environment to perform the deliveries. However, TBAs either trained or untrained workers cannot be called Skilled Birth Attendants[1] (SBAs). Against this backdrop, an attempt is made to examine their socio-economic conditions of traditional birth attendants in the rural areas in this study. In addition to this, the study also looks into how the other traditional occupations are different from TBA in the Post- Economic Reforms period.

[1] The term Skilled Birth Attendant refers to people with midwifery skills who have been trained in management of normal deliveries and diagnosis and referral of obstetric emergencies. The minimum training period required is generally six months. TBAs trained or untrained are not included(WHO,1999) or cannot be called as skilled birth attendants.

The Main Objectives of the Paper

- Analyze the socio-economic conditions of Scheduled Caste TBAs in rural areas,
- Examine whether SC women performing the role of the TBAs have received any training to bring an improvement in the quality of services, and also examine the back-up facilities,
- Study the perception of the TBAs about the areas in which they need training in addition to the traditional skill possessed by them
- To examine the TBAs role during the pregnancy and their benefits/ remuneration received for the performance.

METHODOLOGY

Based on the above objectives, a study was conducted in 2006 and 2007. This particular study mainly confined to the TBAs who are working in this skill and belonged to the scheduled caste women. It was an empirical study and the data also drawn from the primary survey drawn from the scheduled caste women from the states of Madhya Pradesh and Uttar Pradesh. To support or to choose the districts for the study, the National Health and Family Welfare-II (NHFW-II) data was also used particularly on Infant Mortality Rate (IFM), Maternal Mortality Rate (MMR), and their literacy rate also taken for the study. The findings presented in this paper are drawn from this study only.

The findings that are presenting in this paper are drawn from the study area. The study was conducted in two states - Madhya Pradesh and Uttar Pradesh - and they were chosen due to their predominance in these two states and particularly in rural areas the pregnant women dependence on them. A total of four blocks were covered to take the sample for the study. A reasonable amount of thought was kept in selecting the blocks for the study. Based on the local conditions, two blocks were chosen and they were selected based on one developed area and the other one is most backward area. The blocks chosen for study are **Banda and Rahatghar in Sagar** district and in **Ujjain, the Ghatia and Mehatpura**. In the same way, Bichpuri and Khandoli blocks in Agra district and in Meerut, the Hastinapur and Rohata blocks. From each block a sample of 25 TBAs and total of 200 women who has been performing this job were selected for analysis.

FINDINGS

Socio-Economic Background

In the soci-economic background, the majority of the respondents belong to the scheduled caste women. The field work team has collected small size of representation from Other Backward Caste (OBC) TBAs to analyse the date in comparative perspective. In Agra, district, nearly 90% of TBAs are from SC category and whereas in Meerut they were 72 % from this category. Simi1arily in Sagar district Madhy Pradesh, the people in this profession are more than 96%, but in Ujjain the number of people working as TBAs has gone down to 60% only. Based on this representation, the remaining sample for 100% would be coming from the OBCs only. There is vibrant visibility from the upper caste practicing this profession. There are cases that Muslim community also practicing this profession but their representation is very nominal percentage only.

Therefore the study concludes that the TBA profession always considered as a menial occupation and upper caste women hardly shown interest to take up this job and as result the study observes that it is a lower caste profession. The average age of the respondents is around 45 years. Across the study area, the married women only were doing this

occupation and as part-time occupation. Very rarely, the newly married woman is a reported in the study. It has been noticed in all the study blocks, the widow were most active in the occupation.

Educational aspect of the TBAs was another interesting point need analysis. Majority of the TBAs are literates. The percentage of the sample in the entire study areas is 88% of them are illiterates. The TBAs do not practice prescribed dress code like ANMs. Majority of the respondents in the sample area have inherited their occupation. The inherited share is significantly high in Sagar district as compared to Ujjain district (92 percent as against 54 percent). By observing this point, the study concludes that the women who have been in this occupation are more than 10 years old and are highly in demand.

Most of the scheduled castes TBAs main occupation is casual labourer in different sectors. There are few people from this category were also doing petty business, tailoring, basket and rope making activities etc. In the sample area and the respondents do not possessed any agricultural land. Kutch or semi-pucca houses were the visible factor which indicates their economic status. Indira Awaj Yojana is an important scheme launched for the below poverty line families by the government of India (providing shelter). However, very few people from the occupation got benefited from this scheme and their beneficiary sample can be noticed in Uttar Pradesh.

The elderly women, that are widows (above age of 60 years) mainly stays back in the house and attend them and considered this occupation as a full time job. Attending to child birth, is their prime part- time occupation. In Meerut 70% of respondents have told to field work team that it is a viable and sustainable profession because this district is very close to Delhi and their siblings move to Delhi for work.

In order to uplift the poor especially those who belong to scheduled caste and scheduled tribe category, governments and NGOs have encouraged the formation of SHGs all over India. The main motive to encouraging self- help groups among women is to solve their problems at village level. In spite of this, very hardly the research team found the SHGs among these TBAs. Due to this few people or very poor percentage of people got benefited by the Swarnajayanthi Gram Swarajgar Yojana (SGSY). Apart from SGSY scheme, no other government assistance is received by these TBAs families.

TBAs and Exposure to Training

India is among the first developing country which recognised the importance of the TBAs and their role (the vast majority of deliveries were attended by them) in **Mother and Child Health Care (MCH) from 1950s**. In order to utilize the vast manpower of TBA, the Government of India (GOI) has decided to give training to these TBAs so that they would be better equipped in their knowledge and they can handle the delivery cases in a more scientific hygienic manner and they were supplied with midwifery kits.

The objectives of the training were:

- To improve the maternal and child health services in rural areas so that they can help in reducing infant and maternal mortality by equipping them to handle their job more scientific and systematic manner,
- To involve them in family planning activities like consul the newly wedded couple encourage them from the concept of small family norm in the rural community. With these objectives, GOI has introduced TBA training programme in the Second Five year plan with 100% centrally funded sponsored scheme under MCH programme.

In the initial phase, the trainings was proposed for six months that consists of both classroom as well as supervised practical field training. The key persons for planning and conducting the training programme were ANM or Lady Health Visitor (LHV) under the supervision of Medical Officer in charge of MCH Centers in rural areas. Till the end of the 4th plan period, success of the scheme was only just 40-42%. During the 5th plan period, it was decided to train 90,000 TBAs every year. The duration of training was reduced from six months to one month. At the end of each training, trained dais are provided with a maternity kit with free of cost. The training provided a platform to establish good and sound relations with trained ANMs to encourage them to maintain the new improved midwifery practices and prevent them from reverting back to old practices.

Most of the respondents felt that the training provided to them has been, quite useful in upgrading their knowledge in terms of pre and post natal care as well as attending to deliveries. In other words, the braining provided to them has been well received and appreciated by the respondents.

Effect of the Training on Income

It has been identified by the study that the training hardly made an impact on their earnings and income. Interestingly, majority of them felt that the training has harmed them because most if their clients (illiterate and rural people) started treating them as a govt. employees. Therefore the rural clients stop paying to them after the deliveries. Major of the respondents had the expressed that the training they received did not make any impact either in their earnings as well in their social status. The study suggests that the TBAs are not benefited much financially from these training programmes.

The TBAs also expressed that after the training it should have fixed some amount of remuneration to their services or local sub-centre or PHC should have been attached to take care of their remuneration aspect in the study area. The expecting mothers start consulting TBAs, after their confirmation of pregnancy, that is, third month of their pregnancy. During these periods, the TBAs are rarely get any amount money to their service from them. Even TBAs visit to their houses also. Another interesting point was observed by the research team that during this period, the TBAs will be offered food in the house. Food also not severed in the plates.

Another important point to be noted here is that the remuneration also varies from the family to family. It even makes difference from first child to second child. This variance can also notice from boy child to girl child.

CONCLUSIONS AND SUGGESTIONS

The practice of traditional birth attendants has a lot of impact on the health of the mother and child. TBAs are undoubtedly an important service provider to the people who cannot cover under public and private sectors of the health system. Despite the introduction of modern health facilities, the available statistics as well as the field work data suggest that the majority of the deliveries in India especially in rural India are attended by the TBAs. In India and more especially in Madhya Pradesh and Uttar Pradesh the services of TBAs play a dominanent role in child births.

The present study confirms the general belief of the TBAs work is performed by the low caste and elderly people. This occupation, the TBAs acquired by observing one or two home deliveries and most of them are married women. Most of the TBAs work in this area as part-time work and their main work is causal labourer. Invariably in the study area, the TBAs are landless people only and work as agricultural labourers.

The study strongly suggests that without supervision and back-up support, the TBAs might move to the rudimentary practices. Therefore, the local medical staff need to supervise their activities particularly child birth cases. Though the training programmes may not have directly contributed in reduce the Infant Mortality, Maternal Mortality. However, the same training has made dent into other areas like neo-natal tetanus, increase in use of antenatal care and timely referral for complicated cases to the nearest primary health centre. Although, the Maternal and Neonatal Health (MNH) Program advocates that every pregnant women seek care from skilled provider only, that is, one who receives formal training from a recognised medical, nursing or midwifery school. However it also acknowledges the importance of the TBAs in providing additional services like practical help, educating and counselling to pregnant women.

In spite of this, TBAs cannot substitute for skilled providers but they can contribute to the survival of mothers and new- born by facilitating access to needed information, clinical services and support. While concluding the TBAs have become the key members in the communities particularly in the rural areas and they are easily available service provider with low cost.

REFERENCES

1. Bullough, Colin (2000): 'Assessment of the effectiveness of the Traditional Birth Attendants in improving of pregnancy and delivery. A Review of DFID, New Delhi, India. John Snow International, Lonon, 2000.
2. Government of India. Tenth Five Year Plan, Planning Commission, New Delhi, 2002.
3. Leedam, E. (1985), Traditional Birth Attendants, International Journal of Gynaecology Obstetrics, 1985 Sep; 23(4):249-74, https://pubmed.ncbi.nlm.nih.gov/2866113, accessed on sept.13,2014.
4. Rozario.S.(1995),Traditional Birth Attendants in Bangladesh villages: Traditional birth attendants in Bangladeshi villages: cultural and sociologic factors, International Journal of Gynecology & Obstetrics, Vol: 50, (2), October 1995, Pages S145-S152.
5. Sagar, Alpana. (2006), Some shifts in Health Planning and Implications for Health Services, Janata (Annual), Vol: 61(1).
6. United Nations Family Planning Association (UNFPA),(1997), Support to Traditional Birth Attendants, Evaluation Report, 12, 1997, New York.
7. Unite Population Fund (UPF), (1996), Support to Traditional Birth Attendants, Evaluation Findings, Dec., 1996.