

Education

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Training traditional birth attendants in Nicaragua

A nationwide programme has been identifying traditional birth attendants in rural communities and bringing them together for training courses and regular follow-up contact with health staff. Their integration into the national health care system facilitates the referral of difficult cases to a health centre and is expected to be instrumental in improving the general health of mothers and children.

Traditional birth attendants have long been recognized as playing an important part in the health of Nicaraguan communities, particularly scattered rural ones, and programmes for their training were organized as early as 1976. These programmes continued until 1980 but met with only limited success because the main emphasis was on contraception, thus radically reversing the function of the traditional birth attendant: this person who had always been regarded as a figure related to life was suddenly transformed into one who wanted to limit or deny that life! The community would not accept this transformation that deeply affected its traditions and religious or moral beliefs. A totally new approach was needed, supporting rather than modifying the traditional concept of the birth attendant in the community.

A new direction

After the change of government in 1979, new health policies were established which aimed at a very high coverage of deliveries by hospitals and health centres; all programmes involving traditional birth attendants were therefore suspended in 1980. However, a pilot training scheme took place in the departments of Esteli, Madriz, and Nueva Segovia in 1981 to recruit and train traditional birth attendants. Twelve women participated in the first course; subsequently 360 women were trained in 1982–83 as a result of that pilot programme.

On the basis of the experience gained, policies concerning the work and training of traditional birth attendants were revised in 1982 and extended into a national programme now supported financially by UNICEF. This programme is part of the national unified health system and aims at reducing maternal and child morbidity and mortality. The identification of pregnancies at risk and their referral to health facilities is stressed. Reduction of neonatal tetanus through extended immunization of pregnant

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women is a fundamental part of the main objective, and other specific goals are the improvement of data collection for vital statistics and the raising of health educational standards in the general population.

In order that the health services may reach the population in its own environment, the health districts were divided into geographically defined sectors, for each of which a nurse was made responsible. The national plan considered health care not in isolation but made it part of an overall intervention in the social, environmental and traditional structure, aiming at prevention rather than cure. Consequently, all non-institutional health workers, as representatives of tradition and popular participation, became involved in the actions of the Ministry of Health.

Training health staff

To be able to communicate with a heterogeneous group selected for training as traditional birth attendants, the staff of each health district themselves needed training. The first step was to attend a seminar on teaching methodology. Because the traditional practitioners were often old women with a low literacy level and their language was rich in popular expressions, it was vital to train the health staff to use a simple language without any medical or scientific terms. Audiovisual materials were therefore widely used, graphs and texts being excluded. Generally this initial seminar lasted two days and helped the participants to rediscover their own traditional language and practices.

After the first seminar there was generally more motivation and the health staff were ready to start their scientific training on the subject as part of a more comprehensive,

continuous education programme. Technical instruction was given on gynaecological and obstetric matters that had to be taught to the traditional birth attendants. This part of the training consisted of weekly lessons over 2–3 months, usually given by doctors, as well as some study groups and seminars.

Recruiting traditional birth attendants

A traditional birth attendant is often thought to be just someone who assists deliveries in

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her community. In reality she is much more: she is a loved and respected member of the community who cares for women in their childbearing years, advising them on contraceptive and gynaecological problems and on the care of their infants. The traditional birth attendant lives where she works. As some communities are very isolated, she is the person with the best knowledge of the general problems of the community itself.

During recruitment the sector nurse visited the communities, including the most isolated homes, in search of these women. Local councils and officials, representatives of mass organizations like those for women or youth, and health workers provided useful recommendations. When a suitable person was identified, she was visited in her home, as her own surroundings gave an idea of her personality and the importance she attached to hygiene.

Education

According to the selection criteria the candidate should live in the community and be recognized and accepted there as a traditional birth attendant. She should have at least two years' experience in birth attendance and should have helped with at least five deliveries in the past year; she should accept the rules laid down by the Ministry of Health and should be willing to attend a training course. Age limits are based on the judgement of the staff responsible for the course. However, these criteria are sometimes adapted to fit individual cases.

Small groups of the selected traditional birth attendants participated in a motivation meeting with the health staff, where the object and details of the training to follow were explained further. During this meeting they confirmed their willingness to participate in a one-week training course.

The training course

Courses for traditional birth attendants were organized in each district where the health

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centre staff had already been trained to conduct them. The full-time training course lasted six days and took place in the most centrally situated of the communities from which the participants came. Meals were offered by the host community; where possible transport was guaranteed and, when the distance to be covered was too great, accommodation was also provided.

The course dealt with:

- the anatomy and physiology of male and female reproductive systems;
- the menstrual cycle, conception, and growth and development of the fetus during pregnancy;
- signs and symptoms of pregnancy and calculation of the probable date of birth;
- precautions to be taken during pregnancy: diet, hygiene, cultural myths, exercises, antenatal assistance;
- the importance of referring pregnant women to the health centre for immunization against tetanus;
- signs and symptoms of high obstetric risk;
- venereal diseases;
- preparation for delivery;
- signs and symptoms of labour;
- assistance with a normal birth: delivery of the placenta and cutting of the umbilical cord;
- signs of an abnormal delivery, abnormal positions;
- technique of intramuscular injections;
- immediate assistance to the infant, danger signs for the infant;
- puerperium, its characteristics and complications;
- breast-feeding;
- care and nutrition of the infant;
- functions and tasks of the traditional birth attendant in her community: advice on fertility control, relationship with mass organizations, general knowledge of mother and child health programmes, and referral system to health centres.

The very good relationship between health staff and participants during the course was based on mutual respect and the emphasis

on interchange of information and experience resulted in an active and relaxed participation of all concerned.

Technical matters could easily be taught using the local women's experience as a starting point. The nurses in charge of teaching had been trained to consider traditional beliefs and practices as falling into one of three categories: useful, innocuous, and harmful (1, 2). When the practices were useful they were supported; when they were innocuous the staff might express doubts on their efficacy or need but it was up to the traditional birth attendant whether to continue to use them; when they were harmful, however, the dangers were explained and the need to abandon these practices was progressively emphasized. Because the women were supported in some of their beliefs and practices, they found it easier to abandon the harmful ones.

Many of the traditional ways of dealing with pregnancy and childbirth were not widely known before the start of this programme. Now, as part of the programme, they will be recorded in a comprehensive document. This will provide a record of an important part of Nicaraguan traditional popular culture.

Teaching aids did not exist at all at the beginning of the programme but were created by the imagination of health staff as the courses progressed, using the tools and materials at their disposal. For example, a pregnant or a normal uterus was painted on a cloth, which was worn like an apron to show the position of the internal organs. Very often the traditional birth attendants had no idea of the reproductive system and such a teaching aid was very useful. Another example was a doll to represent a newborn baby, either life-size or larger, with coloured strings to simulate the arteries and veins of

the umbilical cord and a piece of cloth or plastic for the placenta. This doll was used for several demonstrations of pregnancy and delivery.

At the end of the six days a graduation-day party was organized: all the communities to which the traditional birth attendants belonged were invited. In an important ceremony each participant received a certificate of attendance, and a large square aluminium box containing a kit of basic supplies was given to the representative of her community. The kit contained essential equipment for deliveries: a plastic mat to be put under the woman; a plastic apron for the traditional birth attendant or her substitute; scissors and forceps; thread to bind the cord and iodine alcohol to disinfect the stump; tetracycline ophthalmic cream; two towels, soap, a brush for hands and nails; and cotton wool and gauze.

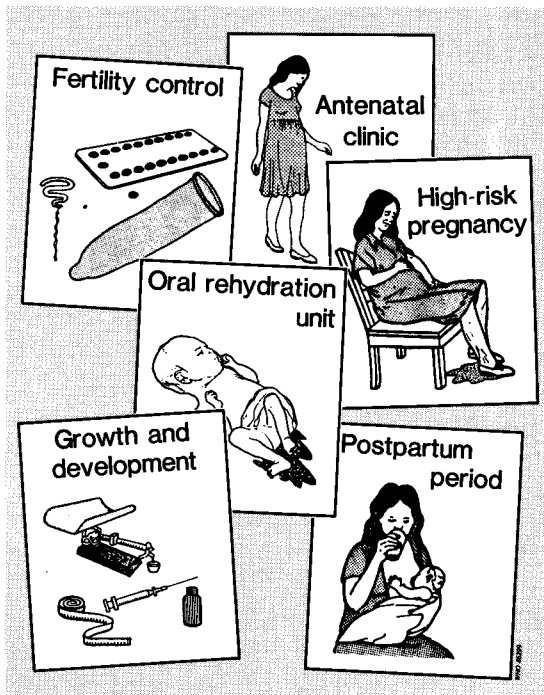
The community representative handed over the kit to the traditional birth attendant. This gesture symbolized her membership of the community, her training to enable her to be of better service to it, and the fact that it was the community, the real target of the programme, that had the right to control the use of the kit.

Follow-up and impact

After the course the traditional birth attendants and the health centre staff met once a month to discuss and compare problems, evaluate the usefulness of the kit, and refresh their knowledge of what they had learned. These follow-up meetings permitted the supervision and further support of the trained traditional birth attendants who brought with them the cards they had filled in for each birth they had assisted, with details of the delivery, the name of the patient and the date of birth.

Special forms had been printed to facilitate referral to health centres: they contained a visual message, as shown in the figure, relating to different situations the traditional birth attendant may encounter with the mothers and newborn babies. On each sheet a particular problem was indicated in twelve small drawings, and the birth attendant had to cut out (and, if possible, sign) the one representing the situation for which she was referring her patient. The patient then took this referral notice to the health centre, where she was promptly attended to by the staff. These forms were especially useful in evaluating the referrals by the traditional birth attendants and their use of the mother and child care services.

An initial evaluation of this new training programme for traditional birth attendants was clearly positive as can be seen from



Examples of drawings on cards used by traditional birth attendants for referral of patients to the health centre

their willingness to adhere to the system and to participate in training courses and follow-up meetings. In 1983, 758 attendants were trained, of whom 623 were newly recruited; in the same year, 609 of those already trained in the past received follow-up training. In the first six months of 1984, the partial data available show that 347 traditional birth attendants were trained, and there were expected to be about 3000 trained traditional birth attendants by the end of 1984.

The above evaluation is the first one made about the results of the programme. Data on its impact on other programmes (such as the mother and child health programme and the expanded immunization programme) or on vital statistics (incidence of neonatal tetanus and reduction of mother and child morbidity and mortality) are still incomplete and their analysis will be much more difficult. We are confident that the results will be positive, considering how the programme is strongly supported by the whole health system and the traditional birth attendants themselves are fully integrated into it. Their traditional way of life was seriously taken into account when the national programme was formulated: health workers and other staff in the programme were requested to respect the personality of the local women, their language, their lack of literacy, their beliefs and even—when they were not harmful—their traditional practices.

Further evaluations of this programme in Nicaragua should make it possible to compare the results with similar programmes in other countries. □

References

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Duties and rights of trained traditional birth attendants in Nicaragua

Duties

- to be registered at the health centre or health post in her sector
- to attend meetings to which she will be invited at the health centre
- to participate in refresher courses planned in her sector
- to act responsibly concerning the life of mother and child
- to respect the rules of mother and child care programmes
- to send parents to the health centre for birth registration
- to record assisted deliveries and hand in the records to the health centre monthly
- to keep herself clean as an example to other mothers in the community
- to keep her kit and materials clean and in order
- to return the kit to the community if she discontinues her work

Rights

- to be considered as a human resource of the community in primary health care actions
- to be considered as a collaborator of the health staff in her sector
- to attend the training course and to participate in the follow-up programme
- after completion of the training, to receive a certificate, an identification card and a badge
- to receive a health clearance certificate, which has to be renewed every year
- to receive essential items for her job from the corresponding health centre or health post
- to use the equipment kit entrusted to her by the community
- to ask for compensation for her services according to the customs in her community