

A TBA MANUAL AND HOW TO ADAPT IT FOR YOUR PROGRAMME

Network Learning, November 2002

www.networklearning.org



INTRODUCTION

This publication includes a manual for TBAs. The manual works fairly well in North India but is not perfect. We have replaced the Hindi text with English. You can adapt it and improve it if you wish to spend the time.

Most TBAs are non-literate. If we hand one a manual it will be something new. She may not know that the left-hand page comes before the right-hand, that the story starts at the top and goes down etc. To adapt or make a good manual, we have to start where the user is.

Here are guidelines based on research and fieldwork:

Content: the pictures tell the story. Draw or adapt the pictures first so that they work on their own. Only bring text in later, keeping the words to a minimum – the users, the TBAs, may not be able to read the words

The pictures can be helped by **symbols**. In this manual we use: *good* (= a parrot); *bad* (= an owl); *danger* (= a snake); *go to* (= a pointing hand); *protection* (= the charms put round the necks of hindu and moslem babies); *twenty-four hours* (= a circle, half white, half black); a month (= a black circle with the moon at different phases)

Other symbols for shorter periods of time are more difficult. “An hour” is represented on one of the pages by a pot of lentils and a watch – the time it takes to cook lentils. But it was not well understood. Can you think of a better picture?

Symbols have to fit with the culture and they have to be explained to the TBA.

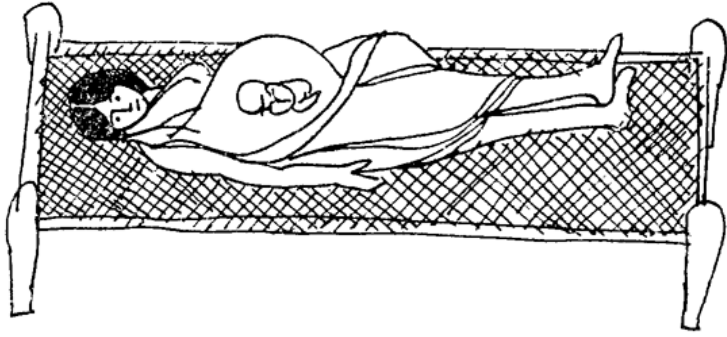
Can you understand the “message” on the next page? You will find this page with the text in English in the attached manual.

Colour makes a manual more attractive, but is more expensive to print. If you are only doing a small number of manuals the colouring can be done by hand. Colour can add information: for example it can show the difference between blood, urine and faeces.

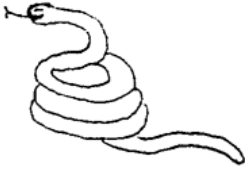
Pictures: three qualities that make good pictures are *familiarity*, *simplicity* and *realism*.

People, buildings etc should not be in front of each other because this makes them less recognisable. In the picture on the next page, the ambulance is in front of the clinic because they are a unit, and this combination works. Most health workers can read the sequence of messages in this example without understanding the words, whatever their culture.

Parts of people are less well recognised. The picture of hands washing in the manual was not recognised without prompting.



यदि बच्चे का पैर ऊपर की ओर है



तो खतरा है



अस्पताल भेजिए



HOW TO ADAPT THE PICTURES

- Sit with a group of local colleagues including a TBA and discuss the symbols. Which will work in your culture and which need replacing?
- Find a competent local artist and give him the job.

OR

- Collect all the pictures and line drawings you have of your local culture.
- Take one page of the manual and look at it carefully. What does not fit in your culture? The clothes? The buildings and furniture?
- Put tracing paper over the drawing and start tracing and adapting. You can do a lot even if you are not a great artist.
- For difficult items, you may have a photo or drawing. Trace this. If it is too big or too small, use a photocopier that enlarges and makes smaller.

When you have the first draft of your picture story, you can test it against your own knowledge. Do the drawings suggest the village reality – the clothes, hairstyles, and delivery practices? Is each picture clear, realistic and simple? Do not be afraid to try again until you get it right.

LAY-OUT

The example page on the left has one “message”. With non-literate users, It is better to have only one or two messages per page. The messages are followed better if they are only on one side of the page with the alternate pages blank. Or if the layout has the pictures on the right, with the text on the left

A TBA MANUAL AND HOW TO ADAPT IT FOR YOUR PROGRAMME

FORMAT

With the manual included here, the pages were each half of an A4 sheet. We have printed two pages per A4 computer page. This size makes a small manual, easy to carry. The pages can be put inside a transparent plastic cover to keep them dry and clean. The cover and pages were held together with two butterfly clips put through two punched holes.

THE TEXT

The text needs to be in very simple, non-technical language. To test for readability, you could take a sample of women like the local TBAs, read them a message, and then ask them to explain what they have heard.

The text should be in print that is clear and, if possible at least double the size of typewriter letters.

USING THE TEXT

- Each TBA should be asked to identify a literate grandchild; from time to time they can go through the manual reading out the text, as a revision.
- The manual can be used by non-literates who want to learn to read.

- These manuals get taken to events like weddings: groups of women are happy to go through them together, becoming more educated about their own bodies.

INTRODUCING THE MANUAL

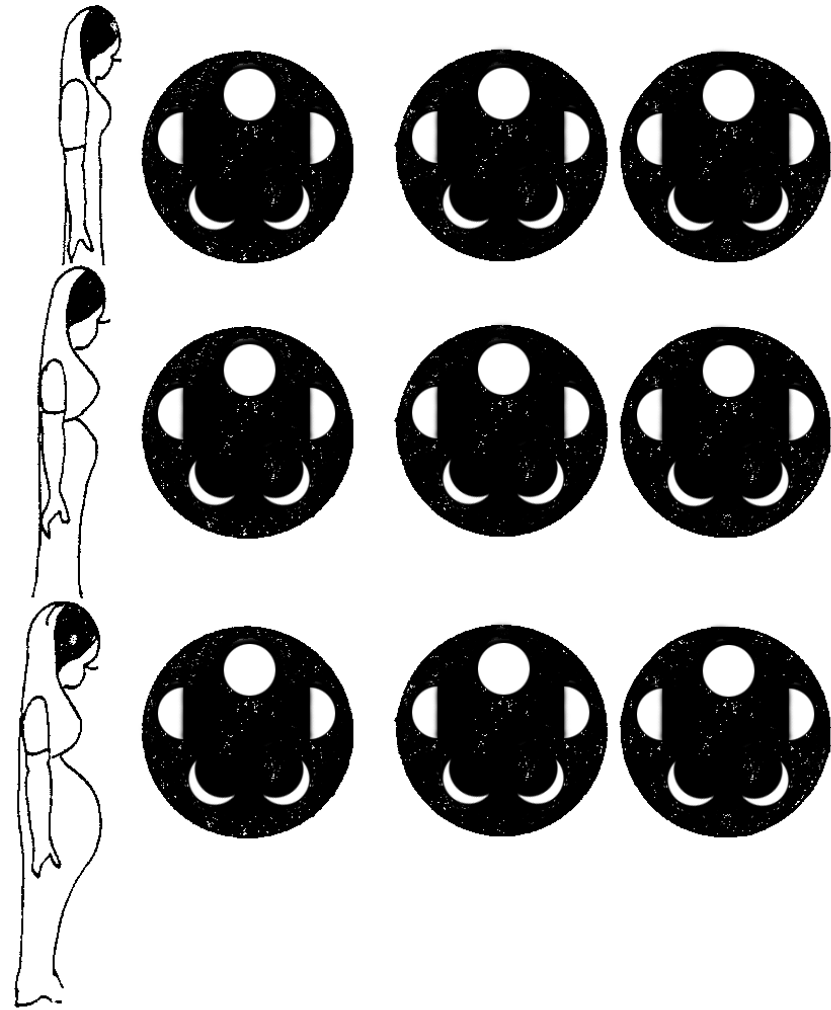
If you want TBAs to have and use a Manual, it has to be introduced as part of their training course. The course must have time for training them in manual use. Each manual has its own 'language' of pictures and signs, used in place of written words. Just as one must learn to read words, non-literates need to learn to 'read' pictures and signs.

TESTING YOUR ADAPTATIONS

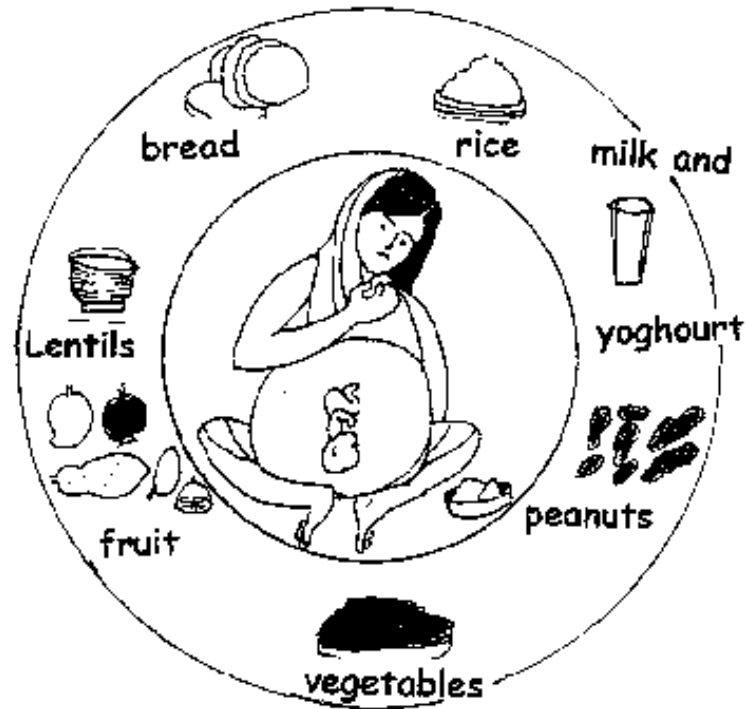
When you have adapted the manual for use in your own culture it is in draft form. Now it needs to be tested, just as you tested the text. With a group of women like the local TBAs, help them to go through the manual, understanding and discussing each page. Then ask them, together or separately, to "read" the book back to you explaining each message. If these are messages which are not well understood you can try again until you have a final draft, ready to print, photocopy or duplicate.



**A Manual for
Traditional Birth Attendants**



A woman is pregnant for nine months

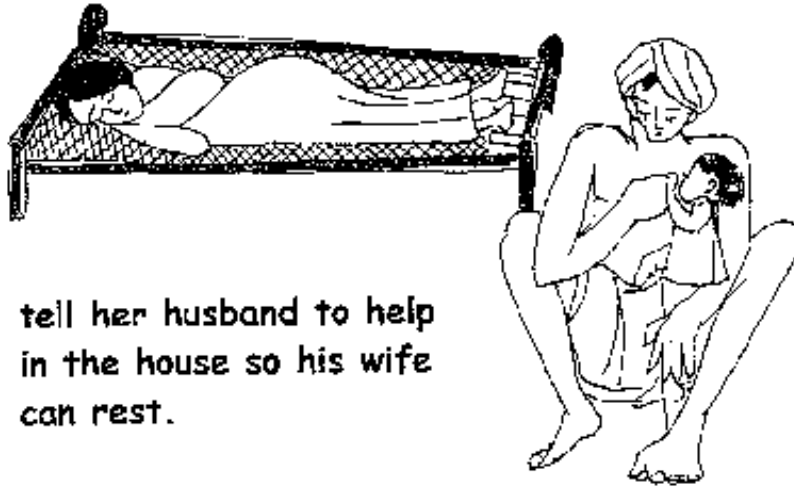


Tell her to eat all the normal foods

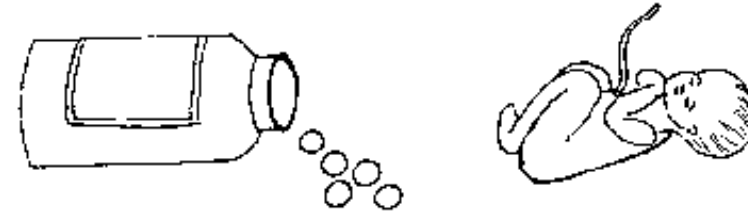
2



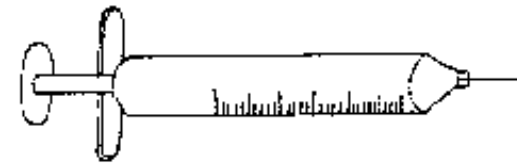
but do not spend much on them 3



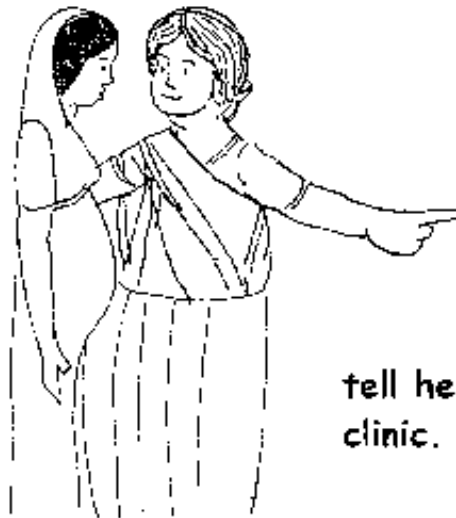
tell her husband to help
in the house so his wife
can rest.



They will give her iron
Pills to strengthen her and
her baby's blood



they will give her an
injection



tell her go to the
clinic.



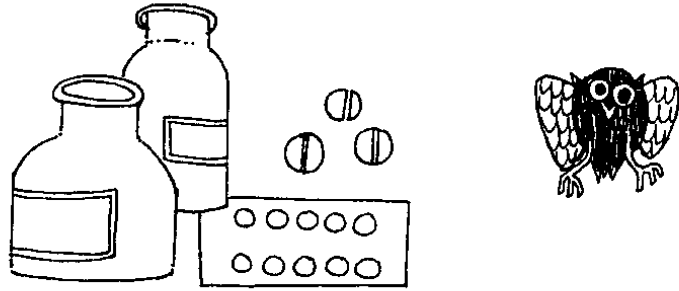
4



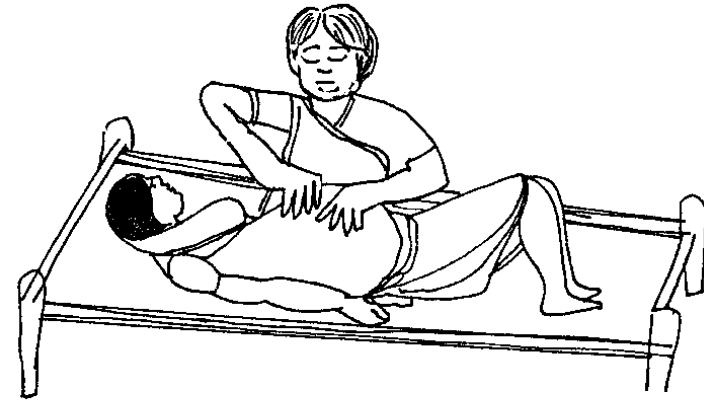
to protect the baby against
tetanus



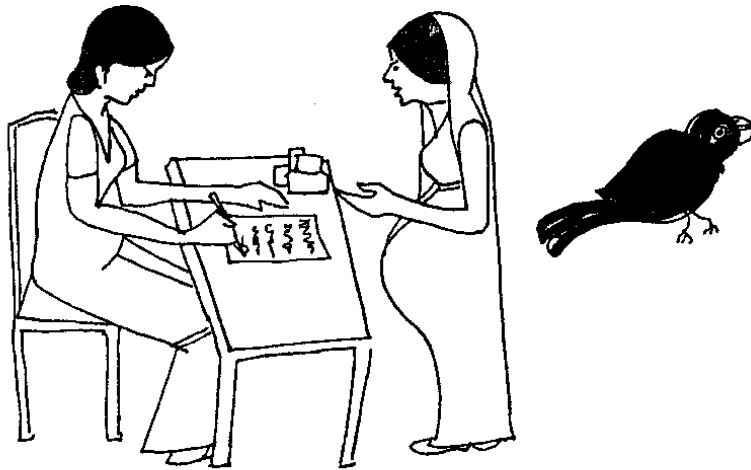
5



tell her that other medicines
may not be good for her



feel her stomach from time to time



unless the doctor prescribes them

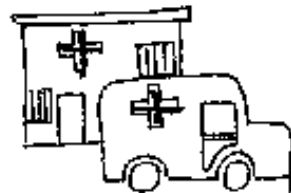


most women will do well

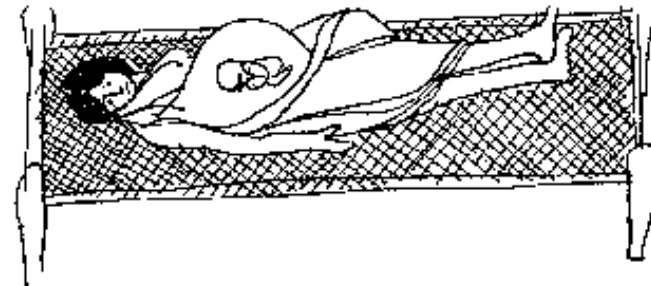
A TBA MANUAL AND HOW TO ADAPT IT FOR YOUR PROGRAMME



some women may not be fine.



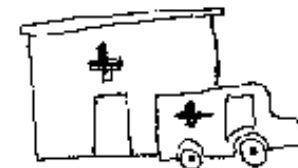
You must make sure they go to the clinic



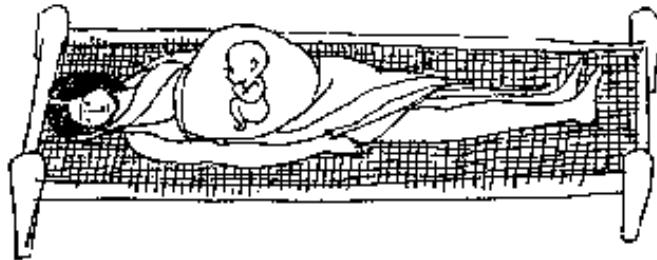
If the baby is lying with the head up



this is dangerous



make sure she goes to the clinic



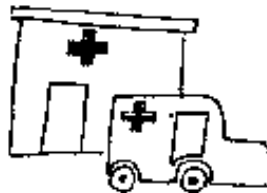
if the baby is lying sideways



if the insides of the woman's eyelids are very pale she is anaemic (weak blood)



this is dangerous



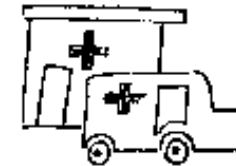
make sure she goes to the clinic



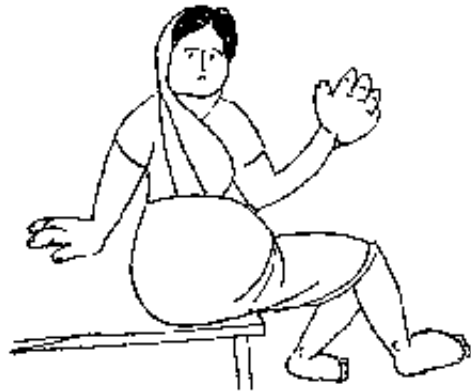
this is dangerous



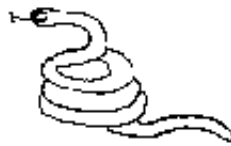
tell her to eat unrefined sugar



make sure she goes to the clinic



if a woman develops swollen ankles and hands



this is dangerous



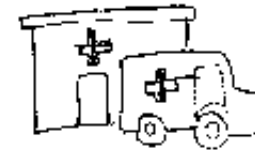
make sure she goes to the clinic



if a girl gets pregnant within twelve months of marriage she may be a little young and her body not yet ready



this is dangerous



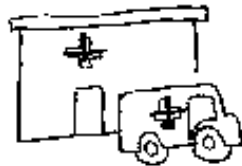
make sure she goes to the clinic



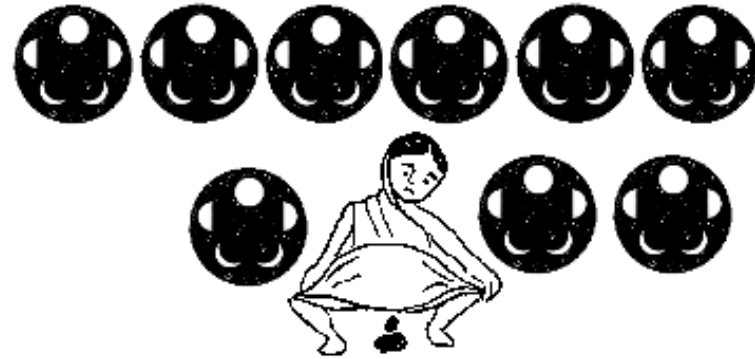
if a woman gets headaches, swollen veins in her neck, and pains in her chest



this is dangerous



make sure she goes to the clinic



if there is bleeding in the last three months



this is dangerous



make sure she goes to the clinic

When labour starts



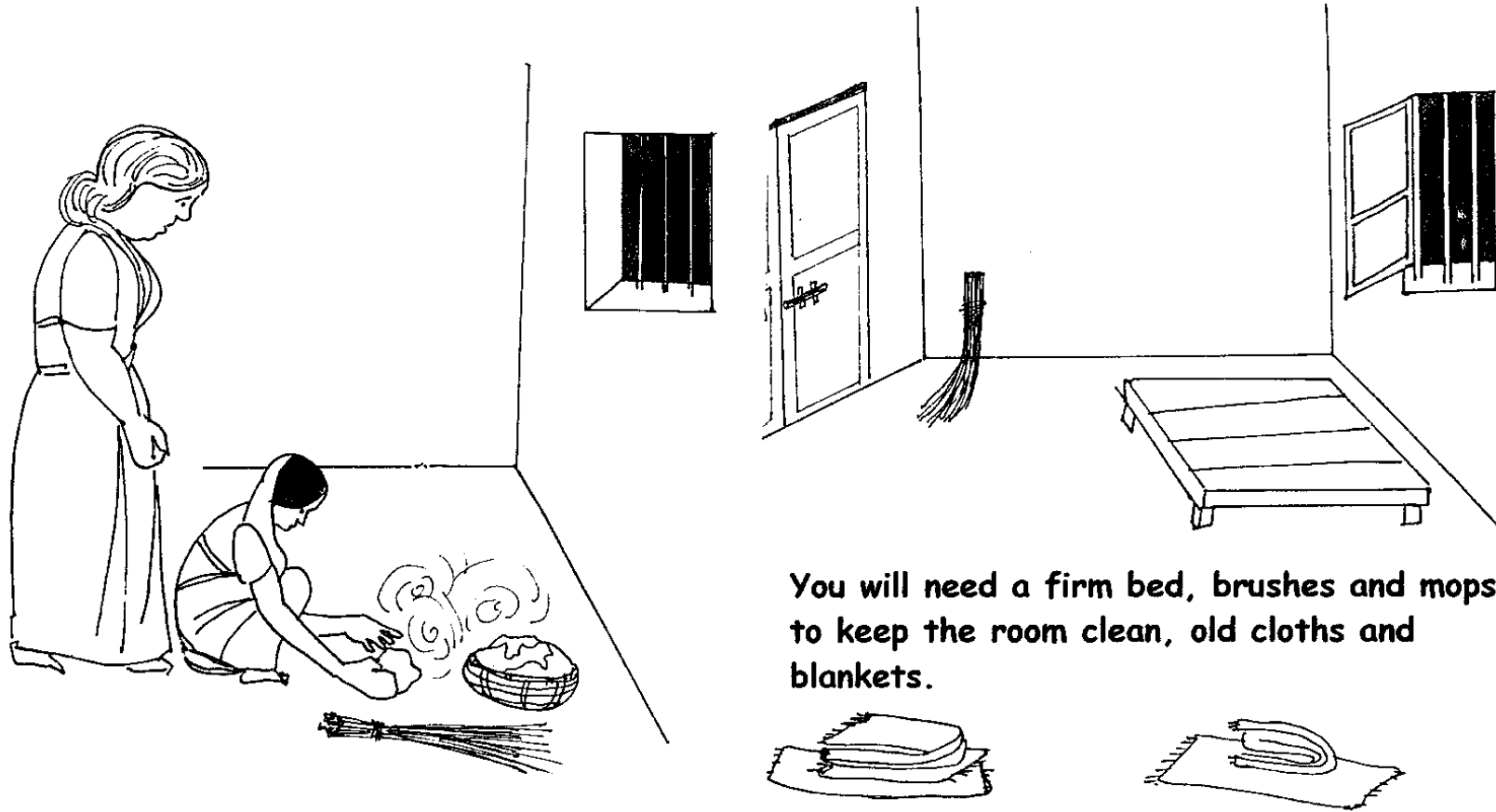
Reassure her, and help her walk around
Gently

16.



Open the window of the delivery room and
ask the family to wait outside - no crowds

17.



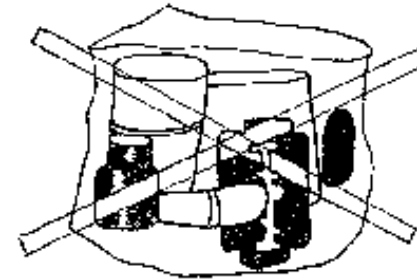
Get a family member to put fresh mud on the walls and floor -it will keep down the dust.

You will need a firm bed, brushes and mops to keep the room clean, old cloths and blankets.





You need to boil some water



If you do not have a delivery kit
You will need



and put some oil to warm by the fire.



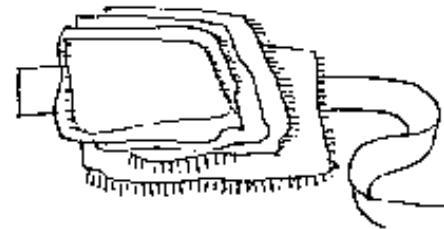
You also need a delivery kit.



A razor blade



some thread



pieces of cloth the size of
your hand and a long strip

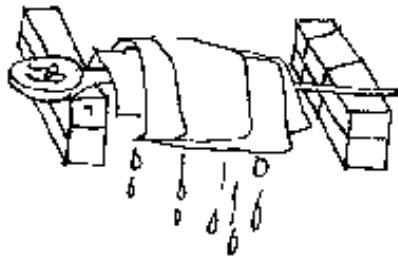


soap

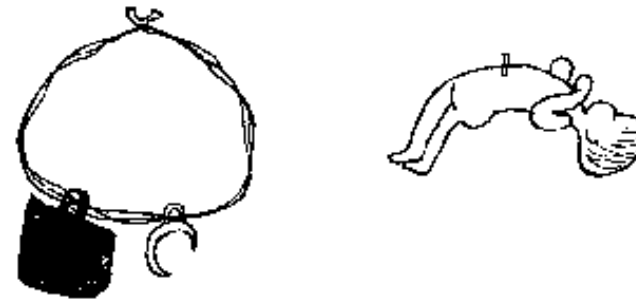


put the cloth to boil in the water;

keep it clean as it dries



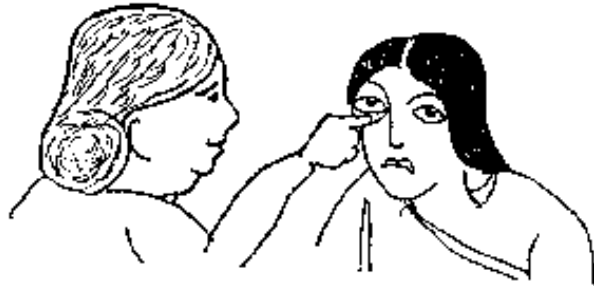
if you use a delivery kit or the clean equipment



it will protect the baby from tetanus



Give her sweet tea for energy



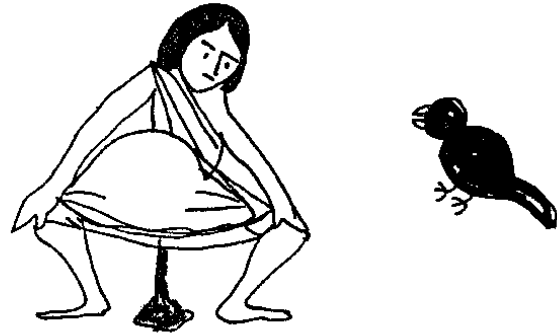
Especially if the insides of her eyes
Are pale (anaemia)



Give her unrefined sugar



Wash your hands and arms well, removing
all your bracelets and scrubbing well with
soap



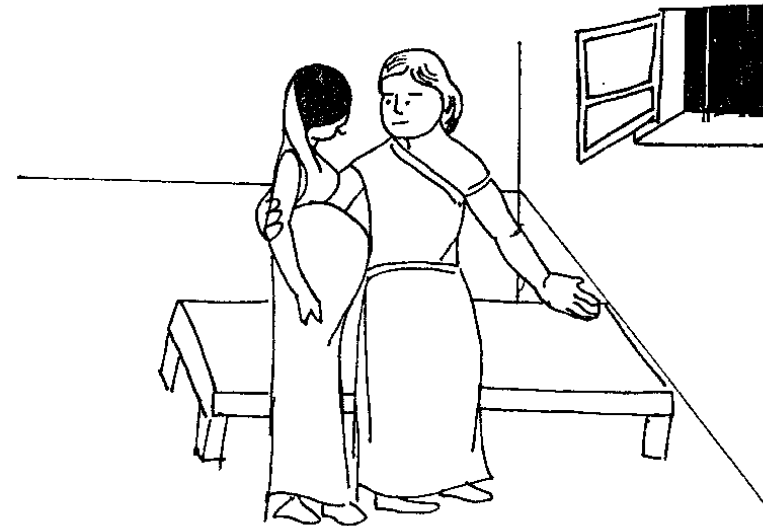
encourage her to shit (defaecate)



but tell her it is not good to strain hard



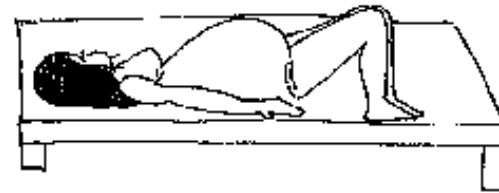
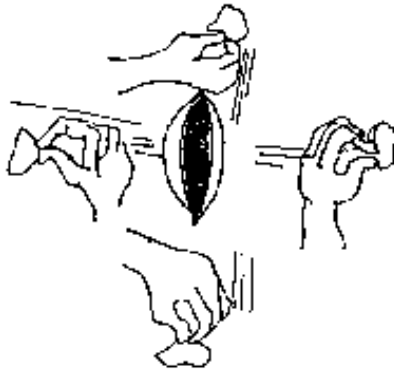
when her water breaks



lead her to the bed

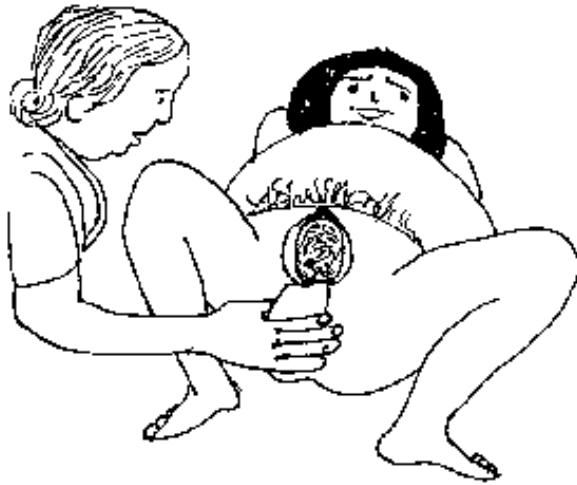


wash her private parts well with boiled water, moving the cloth from the inside out



Encourage her to push with the Contractions. Hold one of the boiled cloths over her anus so that she is not dirtied.

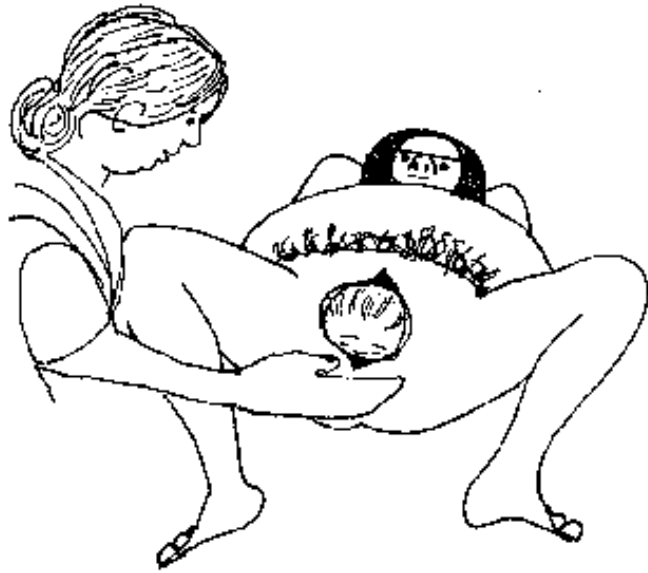




The baby's head will come into view. When the mother feels the pain, tell her to push. When the pain becomes less, tell her to stop Pushing



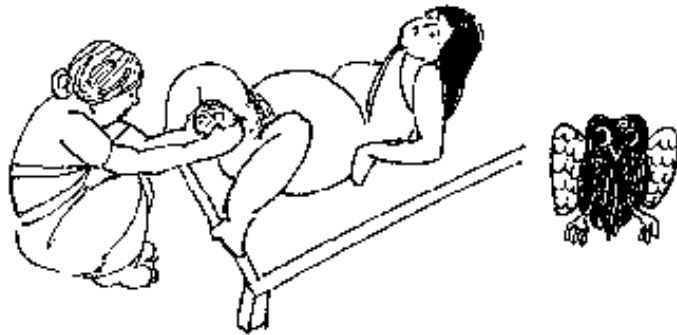
When the upper part of the baby's head is fully visible, put some oil on your fingers and rub it between the head and the mother's skin



As soon as the head is out, keep your hand under it



As the rest of the body comes out, lay it down between the mother's legs



Do not pull



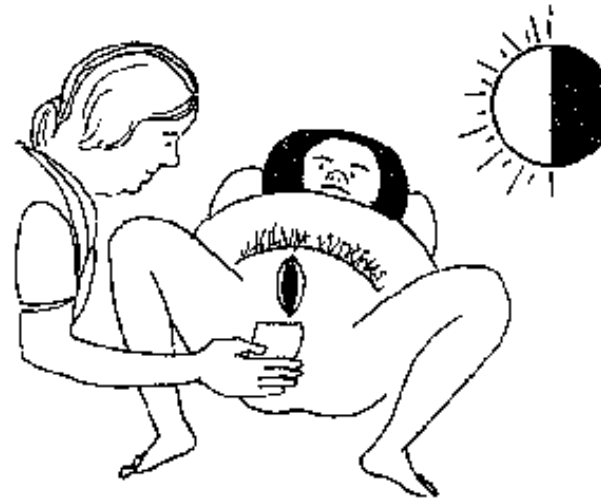
If the hand of the baby comes out first



This is dangerous



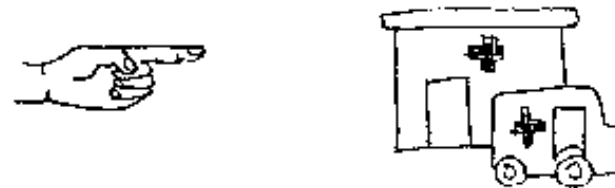
Try to get her to a hospital



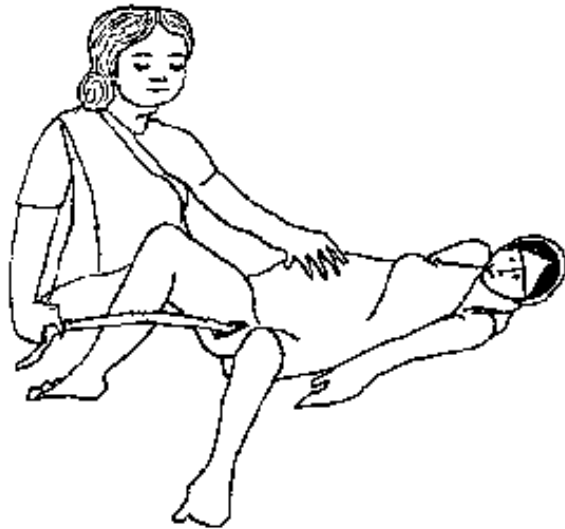
If labour goes on for a whole day and Night with no result



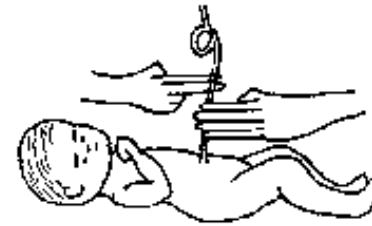
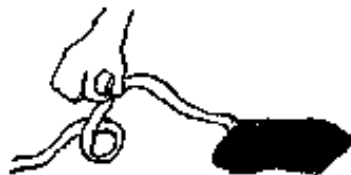
This is dangerous



Try to get her to a hospital



Once the baby is out, pull very gently on the cord to help the placenta come out.



Tie the cord with thread, once four fingers from the bod, once more two fingers from the first knot. Cut the cord between the knots with the razor blade





wipe the stump with the antiseptic from the delivery kit.



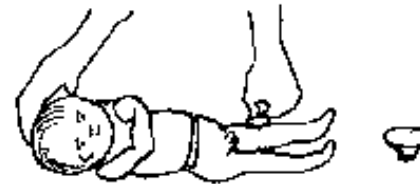
Clean the baby's nose with another



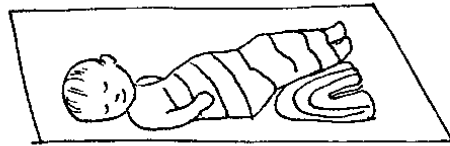
Put one piece of boiled cloth over the stump and tie it in place with the long strip.



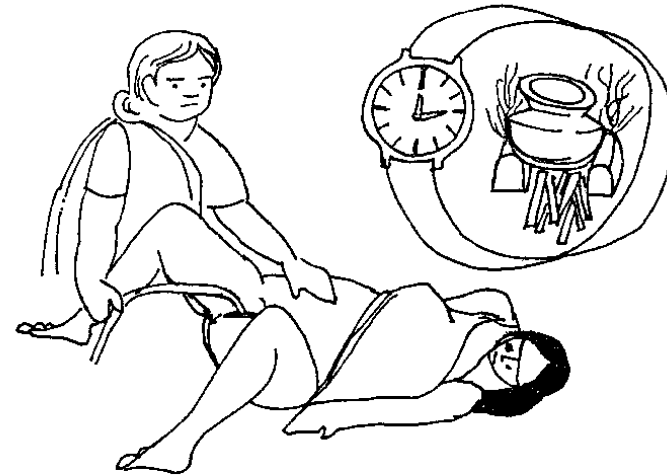
Wipe the baby's eyes with one of the Pieces of boiled cloth



Wipe the baby's body with the warm oil



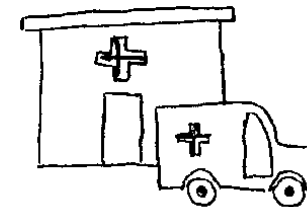
Wrap the baby in cloths or blankets. Lie it on its back with another cloth under its legs



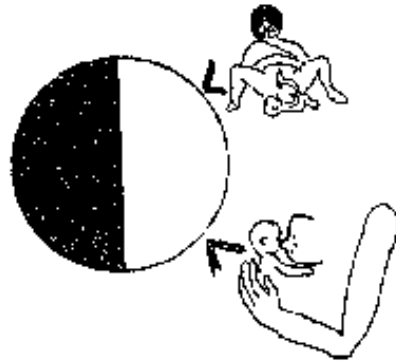
If the placenta does not come out in an hour (the time it takes to cook lentils)



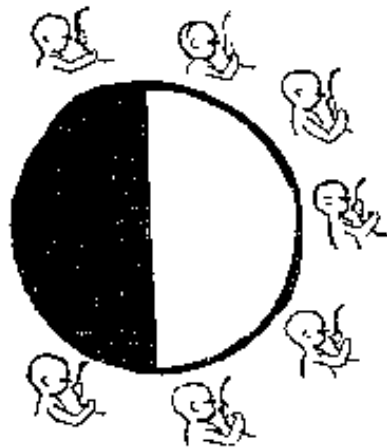
it may be dangerous



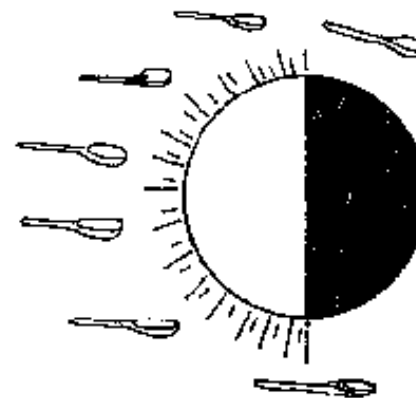
try to get her to a hospital



put the baby to the breast about eight hours after the birth



and encourage little and often, cleaning the breast with boiled water inbetween



In very hot weather, give the baby boiled water as well

The End.