The experience and the opinion to the role of Chamob a Cambodian Traditional Birth Attendant

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Abstract

Due to the lack of medical devices, labor and delivery in Cambodia is a risky experience for both mother and newborn. The word *"Chalong Taunlay"* shows the difficulty of this process by comparing it to how people traveling through the ocean. Chamob or a Traditional Birth Attendance (TBA) is a person who assists the labor and delivery in the community and has been doing so for centuries.

This Phenomenology qualitative research sought to study the experience and the attitudes toward on the roles of Cambodian TBA. There were 6 Chamob women lived in Sam Rong and Cong Kul district in Udonmeechai Province, Cambodia volunteer to participate. Data were collected by in-depth interviewed and were transcribed and analyzed by Colaizzi's method.

The experiences of Chamob were divided into 3 stages, which included before deliver period, delivery period, and postpartum period. Before delivery was assess the shape of the womb, baby quickening, and general appearance of pregnant women. When gestational age about 7 months, Chamob will do a technique called *"Pra well"* (external version to make fetal head as a presentation). Labor and delivery period was divided into 2 steps. In the first step a ceremony was organized which involves paying respect to the spirit of landlord. In the step 2 called as *"Put Ta Se Ma"*, Chamob will use 3 colors of tread to surround area of delivery in order to prevent the evil spirits such as *Cha rab, Ta mob, Abb* and *Prikalapleng*. For the postpartum period, Chamob will let the mother stay on heat charcoal for 3- 7 days. During this period *"Krutanum"* will prepare traditional medicine providing for postpartum mother. Other care that Chamob provide to mother are how to self-care during postpartum period such as to eat boil rice with dry fish and salt, avoid *"Toas"* because this food was allergic, not let any people visit, let only lie down (absolute bed rest). At the end of fire stop, they set a ceremony call *"Taleechenkran", "Sraikrasai", "Phiteeprakag bon cha mob".* The fee of delivery is about 20,000–30,000 real (about 200 –300Thai Baht) per individual delivery. The Chamob feel proud of their occupation because it provide service to the people and more importantly, the angle want them to be, so no need to ask for money and no lie. They still want to help the pregnant women such as observe the abnormal signs and symptoms, home visit, to give advice and help to refer.

Keywords: Cambodian Traditional Birth Attendance, Labor and delivery

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Background of the study

Birth, getting old, pain, and death are the cycle of life of living things as the Lord Buddha said. To stay alive and healthy is the foremost wish of everyone. Healthy citizens help the country move forward rapidly. One of the health indicators of the citizens is the maternal and child health. In developing countries, high infant mortality rates occur which could be the things that the government and public health organizations need to prevent and solve.

As for Cambodia, it is found that Cambodia is one of the countries in Southeast Asia which encounters infant mortality rates (Abon, Zahr, and Warlaw, 2003). It is estimated that the rates are 4.37 per 100,000 live births. Maternal Mortality Rates (MMR) of 18 percent of causes of death of Cambodian women aged between 15 – 49 years in which MMR from complications during pregnancy and labor are at 0.02 percent.

In Cambodian community, it is found that 28 percent of pregnant women delivered by trained personnel (National Institute of Statistics, Directorate General or Health Cambodia, 2001) which comprises midwives, 5 percent of doctors in rural areas and 12 percent in urban areas. There are two types of midwives: namely primary midwives who have been trained for 9 months and secondary midwives (2-year curriculum).

As for Chamob (in Thai called Mor Tam Yae, or traditional birth attendant in English: TBA), a person in local medical team of Cambodia who has various abilities in taking care patients in local areas in Cambodia (Bussabong Wisetpollachai, 2015). There are few types of person in local medical team, *Kru Khmer* who has ability to use black magic and herbs. Secondly, *KruParsomThamum* who has the ability to use herbal medicine. Thirdly, *KruBaramey* or local doctor whose body is used by angel as mediator to treat humankind. Finally, *KruChamob* or traditional midwives who are help women in low risk childbirth. In the 18th century, the introduction of Western Medicine (Bussabong Wisetpollachai, 2015) made changes in health service, but it was stopped for several years from 1965 until 1975 during political turbulence in Cambodia.The revolution by the Khmer Rouge on 17 April 1975 disrupted all development in the country.

At present, administrative development in various sectors in Cambodia has been performed, including child delivery which should be done by midwife or physician. Chamob has been trained to learn more about child delivery. Finding from previous study shown that Chamob cannot do much in decreasing maternal death, but has played significant role in infant survival rate (Sack, Emma, etc., 2013) The study on ethnology of Hunt (Hunt et al, 2002) indicates that although there is someone has been trained to assist in childbirth, but pregnant woman still need Chamob to taking care them since they get pregnant. From the said reason and the observation, it has been found out that a lot of would-be mothers of Cambodian nationality went to receive health care from the hospitals close to the Thailand-Cambodia border. When they are go back home, they need to get proper advice. However, the accessible to postpartum care is very limit in Cambodia. Moreover, Chamob is not available to care mother and their child

during the first year of age. More significantly traditional birth attendants who are easy to get access are nowadays getting less and the knowledge has not been transferred from generation to generation.

As mentioned above, it is very significant conduct phenomenology study in exploring how they became Chamob, ,Cambodian traditional birth attendants, their experiences of being Chamob, and their viewpoints on self-roles for mother and child health care. This study was conducted in Chongkal District, UdonMeechai Province, Cambodia which is close to Chong Chom District, Surin Province, Thailand. Findings from this study are valuable for initiated the program for building the capacities of Chamob, Cambodian birth attendants, for the ultimate goals of "safe motherhood".

Research Questions

Research questions are as followed

1. What processes are there for being Chamob, traditional birth attendants in Cambodian culture?

2. What experiences did Chamob, traditional birth attendants in Cambodian culture have in taking care mother and child?

3. What did Chamob, traditional birth attendants in Cambodian culture think about their roles in mother and child care nowadays?

Objectives of the research

1. To describe processes of being Chamob, traditional birth attendants in Cambodian culture.

2. To explore experiences in mother and child care of Chamob, traditional birth attendants in Cambodian culture.

3. To let Chamob, traditional birth attendants in Cambodian culture reflect their viewpoints on their roles in present mother and child care.

Definitions

To make the same understanding, definitional are as followed

Chamob (Traditional Birth Attendant: TBA) in this study means the ones who use to be /or works as birth attendants, have experienced in assisting in childbirth, living in Chongkal District, UdonMeechai Province, Cambodia.

Chamob experiences in this study mean any activity or observation of facts or events that Chamob provided for mother and children since women get pregnant.

Chamob roles mean any duty that Chamob usually has or is expected to have.

Methodology

This study is a Phenomenology qualitative research sought to study the experience and the opinion to the roles of Cambodian Traditional Birth Attendance. There were six Chamob women who lived in Sam Rong and Chong Kal district in Udonmaichai Province, Cambodia volunteer to participate.

Data were collected by in-depth interviewed and participation observation. Guided questionnaire were developed from the theory and previous study which were drawn from electronic data: CINALH, Pub Med, Thailist. There were few keywords beding used from review literature which were Traditional Birth Attendance in Cambodia, Mother and Child Health in Cambodia and Health seeking behavior. There were two main questions which were background of the case and opened questioners about the experience and the opinion of the role of them. Other questions were allowed to emerge during interviewed. Checking the content validity by 3 specialists and try out with 3 Chamob who have the same inclusion criteria's as participants.

The study was review by the college ethics committee. Participants were informed about the study and informed consent were provided before collect the data. Data was obtained by the process of interviews. The participants experience were recorded on to an audiotape without recode of the name. The audiotape was transcribed and analyzed by Colaizzi's method. Data were collected from October 2015 to march 2016. Triangulation and transferability method had been used to credibility data.

Results

There were 6 participants who were Cambodian women living at Sam Rong and Chong Kaldistrict, Udonmaichai Province, Cambodia. The oldest one is 72 years old and the youngest one is 52 years old. The longest experience in assist the labor and delivery was 30 years and the shortest experience is 25 years. Two of them finished the primary school and, four of them have no education but can read and write some word. Two of them were widows. Their income came from rice field and uncertainty amount. The service rate of Chamob was about 200-300 Thai Baht-depend on the clients.

They learned how to be Chamob by observing the delivery or they dreamed that it was the order from angle which and the event coincided with the Khmer Rouge reign. When there was shortage of health professionals and medical equipment. As one participant age 57 year old said below.

"when I was a child I used to see home delivery . When the khmer rouge regime evacuate people to another place, in my group has pregnant women. In the night time I dream that angle tell me to help them so next month when she delivery, I help her to give a baby".

The experiences of Chamob were divided into 3 stages: pregnancy, labor and delivery period and postpartum period. When gestational age of pregnant women about 7 months, Chamob will do a technique called *"Pra well"* (external version to make fetal head as a presentation). Labor and delivery period was divided into 2 steps. In the first step a ceremony was organized which involves paying respect to the spirit of landlord. In the step 2 called as *"Put Ta Se Ma"*, Chamob will use 3 colors of tread to surround area of delivery in order to prevent the evil spirits such as *Cha rab, Ta mob, Abb* and *Prikalapleng*. As one participants age 52 years old said below.

"When the woman will give birth let reun–pua mean push the womb
and the placenta will delivery next.
I use a new razor to cut the umbilical cord then use white thread to tie
the cord. Use Technique"BA"
which mean circle the womb to delivery placenta ."

During postpartum period, Chamob will ask the mother to stay on heat charcoal for 3-7 days. At that time "Krutanum" will prepare traditional medicine. Other care that Chamob provide to mother are how to self-care during postpartum period such as to eat boil rice with dry fish and salt, avoid *"Toas"* because this food was allergic, not let any people visit, let only lie down (absolute bed rest). At the end of fire period, they set a ceremony call *"Taleechenkran"*:--(to finish stay on heat charcoal), *"Sraikrasai"*:--(a ceremony about cut the cord ,give things to respect Chamob such as one basket of rice ,some dish, Betel nut, incense stick and candles), *"Phiteeprakag bon cha mob":*--Thank you and respect ceremony). The fee of delivery about 20,000–30,000 real (200–300 Thai Baht). Chamob feel proud of their occupation because it provide service to the people and more importantly, the angle want them to be, so no need to ask for money and no lie. They still want to help the pregnant women such as observe the abnormal signs and symptoms, home visit, to give advice and help to refer.

"I am proud of myself to help people.
I have not met the hard problem in the delivery .
Mother and child save by me.
I am not ask for the wage, it up to the clients .
I always visit them until they were in good health
so they were not forget me. I still want to take role about health
education for the pregnancy women .
If the government allows continuing my work I still want to do"

Discussion

The age of Traditional birth attendants (TBA) are middle aged to elderly women which was the same as study from Y W A M (2008) reported that TBA were typically middle aged to elderly women who learned from their own mother how to deliver babies. Keo Mony reported that they learned from a relative or another TBA. Some taught themselves and others learned their procession under PolPot regime.

The believe of supernatural to prevent from the bad evils and the control of body between the balance of hot and cold make the way of caring pregnancy women. Keo Mony reported that Cambodians believe that the woman's body becomes cold after giving birth. They take steps to heat up the body and prevent further cooling or deterioration .Keeping the body covered from head to toe is important. The rosting starts immediately for heading up the body and believed to prevent illnesses after the postpartum period. The word *"Tos"* may be similar to postpartum depression, but describe as more physical and can be life-long problems. The postpartum rituals are done to prevent *"Tos"*.

The problems of traditional delivery are that both Chamob and pregnant women can exposure to blood and body fluid .To give knowledge and encourage them to know about how danger it is, will make them awareness. Apart from Anaqisawa, Satoko (2004) reported the risk causes of mother is refer too late. It told what happen before to make too late. From interview Chamob still want to help the career of caring mother and child health. Hoban and Elizabeth (2002) reported that not only give knowledge, another role such as health promoters, educator, referral agents and information should be reviewed Feliciano,Shelby (2013) reported that some of them still have importance role in referring; therefore, some policy will not success if do not included about the evidence from the community.

Conclusion

The experiences of Chamob were divided into 3 stages, which included before deliver period, delivery period, and postpartum period. Before delivery was assess the shape of the womb, baby quickening, and general appearance of pregnant women. When gestational age about 7 months, Chamob will do a technique called "Pra well" (external version to make fetal head as a presentation). Labor and delivery period was divided into 2 steps. In the first step a ceremony was organized which involves paying respect to the spirit of landlord. In the step 2 called as "Put Ta Se Ma", Chamob will use 3 colors of tread to surround area of delivery in order to prevent the evil spirits such as Cha rab, Ta mob, Abb and Prikalapleng. For the postpartum period, Chamob will let the mother stay on heat charcoal for 3- 7 days. During this period "Krutanum" will prepare traditional medicine providing for postpartum mother. Other care that Chamob provide to mother are how to self-care during postpartum period such as to eat boil rice with dry fish and salt, avoid "Toas" because this food was

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Suggestions

Since pregnant women and postpartum women still need care from Chamob; in develop any intervention from improving the maternal and child health, Chamob should be taking into the consideration.

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