Role of indigenous Midwife in Family Planning Programme

By D. N. Kakar*

IT has been estimated that each year India's population grows by 2.5 per cent, that is, by 13 million people. Naturally, it is understandable that unless realistic measures are taken to check the present rate of growth, by the year 2,000 India's present population of about 556 million will have grown to over 1000 millions. About 82 per cent of the people in India live in 567,338 villages and the rest in 2,700 towns and cities. The national family planning programme aims at reducing the present birth rate from about 41 to 25 per thousand. If this goal is to be achieved, it would be necessary to utilize the services of indigenous medical functionaries, particularly the midwives, in the national family planning programme.

A detailed study on the role of indigenous midwives in rural Punjab was conducted last year (1971) vis-a-vis their acceptability and the influence of cultural factors. The data was collected by the author through depth interviews with a representative group of indigenous midwives from 23 villages.

In North India, every Punjabi village has one or two indigenous midwives. They continue to play an important role in the sphere of maternity and child care as nearly 100 per cent of the deliveries are conducted by them. During the course of interviews it was found that from January 1969 to December 1969, 822 births took place. All of these deliveries were conducted by the indigenous midwives, though there were 28 still births. It may also be pointed out that as a result of the midwives conducting these deliveries as many as 29 infant deaths took place in the first week after the delivery. In all, 118 deaths took place during a period of three years, after the delivery.

Pattern of Services

Right from the time of confirmation of conception, the indigenous midwife starts providing services to her client, advisory or otherwise. In the third month of pregnancy, she advices her client a regular evening stroll as this is considered good to prevent vomitting. At this stage, she also provides the client a gentle massage on the body, just for a couple of days. What she gets in return for this service is generally a handful of grains. Similar type of service is provided to her client in the late stage of pregnancy.

The midwife is not only familiar with the cultural pattern of the community in which she works but she is also familiar with the varied socio-economic conditions of her clients. She willingly accepts varying rewards for her services, which are both in cash and kind, depending on the socio-economic condition of the client concerned. She also shares with her clients their beliefs about etiology, diagnosis and therapy of common diseases of women and children.

Indulgence in sexual intercourse is strictly prohibited from the third month of pregnancy till the child is one year old, but this is not always followed by all husbands. However, there is a strong belief that semen produces warm blood in the woman's body and this spoils her breast milk. After the seventh month of pregnancy, sexual intercourse is prohibited on the belief that it would amount to incest since the body of the child is already formed.

Most deliveries are conducted on the cot. However, in cases of complication, the women are made to deliver on the ground. There is a general belief that the birth of a son will be preceded by extended labour. Most midwives claim that they succeed in pre-judging the sex of the expected child a few hours before the delivery. According to them, the size of the breast could reveal the sex of the expected child, for if the right breast is larger than the left, a male child is expected and the vice versa.

Immediatcly after the delivery, the placenta is disposed of by the midwife in an interesting manner. It is wrapped up in a piece of cloth, with a handful of grains, jaggery and salt, and buried, one to two feet deep, in a corner of the main room in the house. Each of these items are placed with the placenta from different ritual considerations. However, it may be mentioned that there does exist a belief that placenta is an integral part of the body of the child and, therefore, it should not be exposed to any evil influences outside the house. It is feared that if the placenta is possessed by a sterile woman, she can get it magically destroyed and herself become pregnant.

The midwife who performs the delivery, makes regular visits to her client ; she cleans the bed, washes the soiled clothes of the mother and the baby, throws away the mother's bandages and cleans the room with cow-dung, which is considered as sacred. She also removes excrement of the mother and the newborn. Incidentally, it may be mentioned that the trained midwife from the Health Centre does not provide any of these services in the villages and this is one reason of her non-acceptability.

After the delivery, the mother is not permitted to go outside the house for 40 days. However, the length of confinement varies with her age, the number of young children she has and also the availability of other members in the household to take care of her domestic tasks.

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