

NURSING EDUCATION and NURSING RESEARCH

Public Health Nursing

Department of Preventive and Social Medicine,
Christian Medical College, Vellore, S. India.

Subject. Survey, "The Untrained Midwife or Barber Woman"

Interviewers: Public Health Nurses (C.M.C.) and Midwives (Staff of Project Implementing Committee, N. Arcot Dt. S. India).

Objectives

1. To gain enough facts about the untrained midwives working in our area in order to plan for ways of reaching more mothers with safe and adequate maternity care.
 - (a) by getting their cooperation to work with and accept the help and guidance of the Public Health Nurses and trained midwife.
 - (b) by providing a short course of training aimed at reducing the dangers of introducing infection or otherwise traumatizing the mother and/or baby during delivery
2. To solicit the help of untrained midwives in the registration of births.

INTRODUCTION

This survey does not presume to generalise or claim to be representative of South India, the State, or even the district. It does give us facts about our own limited area of work which will help us to know what is possible for us to do and guide us in our approach. Even in this small area we have found a wide variation in midwifery practice from village to village and hamlet to hamlet.

Area covered

Four (4) villages with fifteen (15) surrounding hamlets.

Number of Barber-women

A total of 31 barber women are known to be practising in this area. Of these 23 were interviewed. The others could not be contacted. A few had left the area and others, conveniently or otherwise, were not found at home.

Communities represented by barber women

1. Barber community	15
2. Harijan	4
3. Naiker	1
4. Cobbler	1
5. Muthaliar	1

Length of Residence in Village

1. Average — 33 years	
2. Above 20 years	22

Marital Status

1. Married	5
2. Widowed	18

Age

1. Average age	35 years
2. Number above fifty years—12	

Literacy

1. Illiterate	21
2. Eighth standard	1
3. Third standard	1

Area of Practice

1. Same as Barber Women's residence	14
2. Different than Barber women's residence	9

Approximate number of Families served

1. Vary from	24 — 400
2. Average	117

Approximate Number of Houses

1. Vary from 20 — 200	
2. Average	67

Number of deliveries per month

1. Vary from 1 — 8	
2. Average—	2 per month

Number of years practice

1. Vary from 6 months—30 years	
2. Average — 12 years	

Occupation learned from :

1. Observing another barber woman	13
2. „ trained midwife	2
3. „ Public Health Nurse	1
4. „ relative	1
5. Self-taught	6

Services to Family in addition to conducting delivery

1. Antenatal visits ... nil
2. Daily care of mother and baby
 - (a) Mother and baby for 10 days —by 2 barber women
 - (b) Mother and baby for 9 days —by 11 barber women
 - (c) Mother and baby for 4 days —by 1 barber woman
 - (d) Mother and baby for 3 days —by 5 barber women
 - (e) Mother and baby for one month—by 2 barber women
 - (f) Mother for one month and baby for one year—by 2 barber women
3. Cooking and care of house for family
 - (a) None by 19 barber women

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(b) Cleaning on 3rd, 5th and 9th day—by 4 barber women

(c) Five of 'a' above said they would do housework if necessary

Remuneration by Family

1. Daily meals received by 13 barber women

2. Meal on 9th day only—by 9 barber women

3. No meals—by one barber woman

4. Sarees received by two barber women

5. Sarees sometimes received by two barber women

6. No sarees received by 19 barber women

7. Foodstuffs to take home received by 19 barber women

(a) Yes—by 19 barber women

(1) varied kinds and amounts—reported by 5 barber women

(2) One measure of rice—by 9 barber women.

(3) $\frac{1}{2}$ measure rice, $\frac{1}{8}$ measure dhal, 1 oz. by 4 barber women.

(b) None — Nos. 4 barber women.

8. Money—all receive money

(a) Rupee 1 for boy baby and annas 8 for girl; this is fixed fee for 11 barber women, for 4 barber women annas 8 for girl; this is fixed fee for 11 barber women, for 4 barber women this amount varies.

(b) Rupees 2 for first baby and rupee 1 for subsequent deliveries regardless of sex. This fixed fee for two barber women. Four others vary from the fixed amount stated.

(c) Fees are fixed by the village headman. Those that vary are also fixed but not enforced.

Medicines

1. Mother

(a) Given by 11 barber women

(1) Root and onion ground, margosa leaves, jaggery and onion juice, drumstick leaves

juice and purgatives. Also another mixture known as kodaserva (ingredients unknown.)

2. Baby

(a) Given by 15 barber women

(1) home made oil, castor oil, mantha oil, juice of leaves, oxbile and camphor and donkey's milk.

Difficult Cases

1. Trained Midwife called by 18 barber women

2. Sent to the hospital by one barber women

3. Four barber women do nothing.

Classes for Barber women

1. 19 barber women would like to have classes to improve their practice.

2. 4 barber women do not want classes. Of these one has given up practice. The other are aged 45, 50 and 60 years. They do not state reason for not wanting classes.

Midwife attending cases along with Barber women

1. 18 barber women would not object to having the trained midwife attend the cases along with them as long as it does not interfere with their receiving the pay.

2. 5 barber women do not want the midwife to attend along with them.

Family and village people's attitudes

1. 15 barber women felt that the family and the village people would not object to the trained midwife also attending the case.

2. 8 barber women felt that the family and village people would object to having the trained midwife accompany the barber women on the case. The only reason given is that the people fear 'hospital' medicine.

3. 13 barber women said some of their patients would attend the clinic if she invited them.

4. 4 barber women said some of their patients would not attend the clinic if she invited them.

5. Six barber women said none of their patients would attend the clinic for the following reasons :

(i) In most cases they feel no need.

(ii) A few fear the doctor, hospital and examinations and medicine given by the doctor.

(iii) A few feel they cannot afford it.

CONCLUSIONS

1. The findings of the survey are for the most part far better than was expected. It would appear that the barber women of this area are prepared to co-operate with the Public Health Nurses and trained midwife. The majority of the barber women also recognise that they are inadequately trained and are interested in receiving help in this direction.

If the barber women are really willing to learn and participate in a planned maternity programme it would be a great achievement. However, in a survey of this sort it is to be expected that the answers may not express the true feelings of the individual. The barber women may have answered only what she thought would please us. Also, answers may be guarded against what she thinks may be our purpose for wanting these facts. When actually put to the test the results may be disappointing. However, it would be worth trying.

2. If the answers on remuneration are even reasonably correct then we can assume that a barber woman averaging 2-3 deliveries a month is really not even able to make a living. Most of them are widows which make their position even more difficult. If these barber women after taking 'dais' training were given a small sum for each case she brought to clinic and co-operated in follow-up by the midwife or P.H. Nurse, most probably she would be eager to co-operate.

3. The fact that many midwives work outside their own village would make a direct midwifery service possible in which all barber women would work under a trained midwife.

4. The Barber women should be given the minimum equipment to

conduct safe deliveries and give adequate P.P. and N.B. care.

5. The most difficult practice to overcome in the giving of harmful mixtures to newborns. Some measure must be incorporated in the programme to avoid this. Education will help. Perhaps the mixtures which are harmless should be determined and permitted to be given.

6. Training programmes should be set up which would meet the State requirements for registration of *dais*. If stipend is given it is expected that a large number would come forward for training.

The Public Health Nurse (B.Sc.) with midwifery, along with the medical officer (woman) of Rural Health Centre, Christian Medical College are available to teach and supervise such training in co-operation with the midwives under the Project Implementing Committee already resident in the Centres.

After training, these *dais* would continue to have the benefit of supervision and help of the P.H. Nurses and trained midwives. Clinic facilities are also available with a doctor in charge.

Post partum care 9-10 days appears to be the usual practice of Barber women in this area. They are not doing housework as previously supposed. Therefore, this presents no problem. The trained midwife also does the same. It is good to know the families do not expect more.

7. Barber woman training is desirable because :

- (a) It will be several years before enough trained midwives will be available and willing to go to isolated villages and hamlets to work.
- (b) Experience with trained midwives coming from outside would seem to indicate that a local person trained would better meet the need.
- (1) There has been a rapid turn over in staff. Midwives do not stay long and go off as soon as they find a city or town appointment. They go off also for marriage,

leave etc. leaving the village uncovered and people again must go back to the barber-woman for care.

- (2) Many midwives from outside do not have an interest in the work. They are known to refuse calls and do not bother to give adequate care to mother and baby.
 - (3) A few midwives are unable to maintain a good moral character living away from their families. This often makes them unacceptable in the village.
 - (4) Some favour certain communities and do not want to go to the Harijan area.
 - (5) For midwives coming from outside, it is better to try the centralised or 'direct midwifery method' where there would be supervision and restraint of undesirable behaviour.
8. Suggested sources for help should be contacted to see what can be done :
- (a) The State Social Welfare Board, Project Implementing Committee

since they have already been working in the area they may be interested.

- (b) National Extension Blocks; as this has recently moved into the area and will be combining its work with the work of the Project Implementing Committee, there may be already a plan for training in their programme.
- (c) State Health Department; of course work with the NES Block and whatever is done in the area about barber women should have the approval as well as the support from them.
- (d) Indian Red Cross: The training of barber women, (*dias*) has long been a part of Red Cross activities. However, it is only now being considered in Madras State. But if the above sources are not available the Red Cross would certainly be interested.

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Important Meeting in Delhi

The TNAI Committee to Prepare a Memorandum on Nursing, met in Delhi on December 11 and 12. The President, Miss Edith Paull, being absent from Delhi, Miss Florence Taylor presided.

Miss T.K. Adranvala, who was present by invitation, acted as Minute Secretary.

Dr. K.C.K. Raja, Secretary to the Health Survey and Planning Commission, spent two hours with the Committee when he outlined the terms of reference of his Com-

mittee. The task before the Health Survey Committee and Planning Committee, appointed by the Union Government, is to review the progress of the various health projects launched under the First and Second Year Plans, and to recommend the lines on which to base future development.

Dr. A. Lakshmanaswamy Mudaliar is the Chairman of the Committee.

The TNAI Memorandum will be published at a later date.

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