

The Role and Training of Dais (2)

By

Dr. Maqbool Ali

*Assistant Director of Public Health, Maternal and
Child Welfare, Andhrh Pradesh*

Introduction

In India where illiteracy is a major problem, the successful implementation of a programme for Maternity Services depends to a great extent on acceptance by the community knowledge of their customs and traditional beliefs, tolerance of likely opposition and resourcefulness in accepting such customs as may be harmless and tactful elimination of customs which may be injurious.

The Indigenous Heredity of Local Dai

We are fortunate that 90% of our maternity cases are normal since 85% of these are conducted by the Local Dai. As 80% of the population of India live in the rural areas one would expect this Dai to work in villages only. She is, however, to be met in cities as well as in rural areas and under a different name provides Maternity Services in countries as distant from each other as Persia and Brazil and even in the United States of America.

Categories of Dais

Here in India, there may be in a Health Programme three categories of practising Dais.

Nurse-Dai

The Nurse-Dai who is, in some States through the Victoria Memorial Trust, trained for two years in a hospital and appointed in the Institutions. She is usually a young woman, perhaps literate who has no traditional background of midwifery and is not usually trained to provide a domiciliary service but does so when posted at dispensaries.

Rural Dai

The Local Dai sometimes presents herself for training at a hospital of district or Taluq for a period varying from six months to one year. After examination she becomes a Rural Dai and is appointed by a Public Health agency for domiciliary services in one or more, villages. Quite often literate young women are likewise trained, thus increasing the number of this type of worker.

It is debatable whether the recruitment, training and employment of these two categories of Dais should continue since the main objective is to have them supplement fully.

The Local Dai

The local dai presents a different problem since her knowledge of midwifery is extremely limited and her influence on the community profound, particularly in the rural area.

In the absence of skilled personnel, the mother is wholly dependent on her services; so as a consequence of this, and in the light of existing shortage of qualified personnel the inclusion of the local dai is inevitable in the present maternity set-up of rural areas.

Her important and multifarious contributions to the life of the village as a person to be consulted on matters of vital importance to the family and community, makes it necessary to gain her confidence and co-operation so that she may be taught and guided in methods of safe midwifery.

Recruitment

Propaganda for interesting her in this may be considered through:

(a) Motivation by plays in the subject of training performed by those local *dais* who have been convinced of the need to train.

(b) Through cash rewards for cases brought in by them for the care of midwife, and for attending classes.

It is now an accepted fact that she should be trained in her own familiar setting, and that she should be taken for the observation of institutional midwifery. On completion of the course she practises in her area; safeguards being provided through continued supervision and support.

Personnel for Training

Careful selection of training personnel is an important feature if the local *Dai* is to respond satisfactorily and wherever possible such personnel should belong to the same linguistic area as the *Dai* and should possess the requisite attitudes of tact and tolerance.

Training Curriculum

Details of training as laid down by the Indian Nursing Council may be accepted, and this may profitably be preceded by two weeks orientation in *Do's and Don'ts* of Midwifery.

Midwifery Kits

During the course the *Dai* should be taught to use the special kit provided, and on passing her examination, may be presented with this; refills are also provided from time to time.

Registration

At this stage she should be registered as a trained *Dai* and becomes a valuable link between the villager and the Public Health Agency.

Continuous Supervision

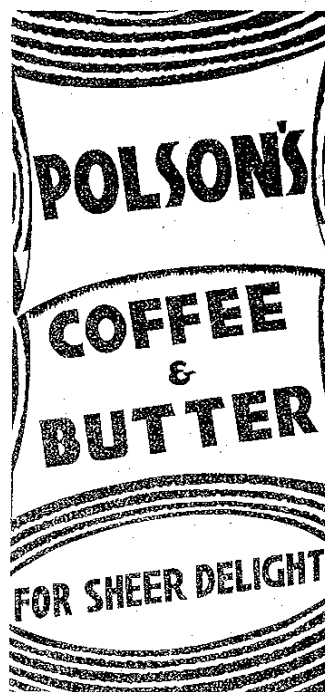
Supervision preferably by her Teacher-

Midwife or the Health Visitor and Medical Officer of the area, assure maintenance of satisfactory standards while provision of cash rewards are included in the Public Health Budget.

Legislation

She should be impressed with her role of registering all live and still-births and maternal deaths with which she has been in contact.

Enacting Laws to regulate her functions results in some of these *Dais* practising secretly. Her presence on the Health Team should be considered an interim measure until an adequate number of Midwives and Auxiliary nurse-midwives are available.



There is a fatality about good resolutions. They are always made too late.

—Oscar Wilde