

## **ROLE AND ACCEPTABILITY OF TRADITIONAL BIRTH ATTENDANTS (DAIS) IN A RURAL COMMUNITY IN SOUTH INDIA**

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### **Summary :**

*Dais are the traditional birth attendants, conducting deliveries at home in the majority of villages in India. A study was planned to find out the feasibility of utilising the services of the dais in case-finding in Tuberculosis (TB) and for drug delivery to diagnosed patients. As a preliminary step, a survey was done with a view to find out the role and acceptability of the dais by the community in 5% of households in randomly selected 24 of the 48 villages in Sriperumbudur taluk in Tamil Nadu, where a voluntary organisation, "PREPARE" was delivering primary health care through dais. A total of 466 individuals, either the head of the household or any other responsible person available, were interviewed to find out the role and acceptability of the dais by the community. The salient findings of this study are that 83% mentioned that the dais reside in their respective villages. Hence the services of the dais were available at all times and 82% had stated that the services were useful to them.*

*This background information is essential for health planners so that this task force could be effectively utilised in health programmes, in the rural areas in India.*

**Key words :** Traditional birth attendants - Rural Dais - Community acceptability of Rural Dais.

### **Introduction :**

The female traditional birth attendants, conducting deliveries at home, mostly in the rural areas in India are known as the 'dais'. From time immemorial, this practice is in vogue in India. There are at least one or more

dais for each village. They live and work in the same community, hence have good rapport with the villagers. They are quite often illiterate. The Primary Health centres in Tamil Nadu conduct periodic training courses for Village dais, to teach them to

conduct deliveries in a proper way under aseptic conditions. They are advised to report births and deaths in their villages to the Government and get paid for that. However they are not on regular salary from the Government.

'Prepare' is a Voluntary Organisation, functioning in 48 villages in Sriperumbudur Taluk, Tamil Nadu. It renders comprehensive welfare services, including health, to the villagers. They train the dais to deliver primary health care to the community. In addition to conducting deliveries, they supply drugs for minor ailments like cough, fever, headache, etc to the villagers and keep a record of these by using 'tally-marks', even if they are illiterate. They also help the nurses (both Prepare and government nurses) in delivering ante-natal and post-natal care to the women and for organising immunisation programmes to the children.

A study was planned by the Tuberculosis Research Centre (TRC) to explore the feasibility of utilising the services of these dais for augmentation of the District Tuberculosis Programme. A survey was undertaken to assess the role of the dais in the villages and their acceptability to the community, as this information is essential for involving them in health development programmes, in 5% of the households in 24 randomly selected villages in Sriperumbudur Taluk, in India. The findings are discussed in this report.

## **Materials and Methods**

Of the 48 villages served by 'Prepare' in Sriperumbudur Taluk 24 villages were selected, on the basis of simple random sampling. In all these villages, starting from a randomly chosen location, every fifth house was visited by a Medical Social worker from TRC to interview either the head of the household or a responsible person in the family. An interview schedule with structured questions, containing questions on basic details about the respondents, like their literacy status, job etc, availability of health facilities in this area, visits by the health personnel to their villages, the type of services provided by the dais, the time of availability of their services, place of residence of the dais and the usefulness of their services was conducted. In the 24 selected villages, a total of 466 respondents were interviewed.

## **Results**

General characteristics of the respondents are given in Table 1. Of the 466 respondents 308 (66%) were females. Fifty percent of those interviewed were aged 25 to 44 years and 29 % were aged 45 years or more. With regard to literacy status, 53% were illiterates; 45 % were literate of whom 2 % had not attended any school but could read and write, and the remaining had formal schooling. Regarding employment, (among those interviewed) 211 (45 %) were engaged

TABLE — 1 : General Characteristics of Respondents\*

	No	%
<b>Sex</b>		
Male	158	34
Female	308	66
<b>Age (in years)</b>		
18 - < 25	100	22
25 - 34	127	27
35 - 44	105	23
45 - 54	71	15
55 and above	63	14
<b>Literacy</b>		
Illiterate	247	53
Can read and write	11	2
Literate	208	45
<b>Employment</b>		
Agriculture	211	45
Skilled labour	39	8
Govt. service	10	2
Others	14	3
House wife	152	33
Unemployed	40	9
<b>Health facilities</b>		
Government hospitals	153	33
Private practitioners	27	6
Government & private	166	36
No idea	120	25
Total number of respondents	466	100

\* Each respondent represents a household.

in Agriculture work; 39 (8 %) were skilled labourers, only 2% were in government service and 33 % were housewives.

When questioned about the availability of the health facilities in their villages, government hospitals were mentioned by 33 %, private clinics/practitioners by 6 % and 36% mentioned both. The remaining 25 % did not have any idea about the health facilities available in their villages.

Answers regarding the visits of the health personnel to the villages are shown in table 2. Eighty five percent of the respondents had mentioned that they were visited by one or more health personnel. Among them 54 % had mentioned about the visits by the dais; 85 % mentioned about the visits by the Government and Prepare nurses, 24% by the village Health nurses, and only 5 % stated about the visits by the medical officers. Sixty four percent had mentioned about the visits by more than one health personnel.

As regards the nature of the services rendered by the dais in general, 74 % of the respondents had mentioned that the dais were conducting deliveries, 28 % said that treatment was given by the dais for minor complaints like headache, fever, abdominal pain etc., 19 % stated that the dais help the nurses in providing prenatal and post natal services and 5 % mentioned that the dais help in organising immunization camps (Table 3). Some of the respondents

had mentioned more than one type of service.

Regarding the availability of the dais in their respective villages, 78 % of the respondents had mentioned that dais were available for the required service in their villages, however 7 % had said that dais were not available in their villages and 15 % did not have any idea. (Table 4).

Among the 366 respondents who knew about the availability of the dais, with reference to the place of residence of the dais, 83 % had said that the dais were residing in their respective villages: 5 % had said outside the villages; and 12 % had 'no idea'.

Regarding the time of availability of the dais for their services, 63 % said that the dais were available at all times in their villages (Table 5). In all 82% had said that the services of the dais were useful. Among the male (137) respondents. 108 (79 %) had said that the dais services were useful, of whom 53 % were literate (who can read and write) and 47 % were illiterate. As regards the female (229) respondent: 193 (84 %) had mentioned that the dais services were useful, of whom 41 % were literate and 59 % were illiterate.

### **Discussion**

The present study has shown that the main role of the dais, in the rural areas studied is conducting deliveries at home. A

TABLE — 2 : Visits to Community by Health Personnel\*

Health personnel's visits	No.	%
Yes	395	85
NO	71	15
Total	466	100
If yes		
Dais	212	54
Nurses (Govt. & Prepare)	335	85
Village health nurses	96	24
Doctors	21	5

\* 64% of the respondents had mentioned visits by more than one health personnel.

TABLE — 3 : Type of Services Provided by Dais

Services	No.	%
Conducting deliveries	346	74
Pre & Post-Natal	89	19
Treatment for minor complaints	132	28
Immunisation	25	5
No Idea	51	11
Total	466*	

\* Some of the respondents had mentioned more than one service.

TABLE — 4 : Availability and Residence of Dais.

Availability of dai	No.	%
Available	366	78
Not available	32	7
No idea	68	15
Total	466	100
Area of residence		
Within the village	303	83
Outside the village	19	5
No idea	44	12
Total respondents	366	100

TABLE — 5 : Usefulness of Services by Dais

		Useful	Not useful	No opinion	Total No.	%
		%	%	%		
Male	Illiterate	47	43	23	59	16
	Literate	53	57	77	78	21
Female	Illiterate	59	80	71	139	38
	Literate	41	20	29	90	25
Total	No.	301	12	53	366	—
	%	82	3	15	100	100

similar finding has been reported from Aurangabad city by Doke P.P. et al. that 22 % of 661 deliveries recorded were conducted by the dais even in a city<sup>1</sup>.

Another interesting finding of the study is that both male and female respondents were aware of the services of the dais in the villages. Majority felt that their services were useful and available at all times, as they mostly reside in their respective villages.

Another important fact that is borne out from the present study is that the dais, even though illiterate, were able to supply drugs for minor ailments, after proper training. Both men and women in the community sought their help for the treatment of minor ailments. It is worth noting that 31 % of 466 respondents had not mentioned about the availability of the government health facilities in their villages. This finding confirms the fact that in the rural areas in general, availability of the health facilities and services are inadequate, considering the demand. In addition, shortages of medical and auxiliary staff and the limited financial resources meant that it was desirable to consider devising a new way of health care delivery system in rural areas.

The services of the dais have been utilised in the diagnosis of pneumonia by Bang et al in Gadchiroli<sup>2</sup>. The dais were able to diagnose pneumonia in 41 (82%) of 50

children using "Breath counter" after proper training. Similarly the dais have been effectively utilised in the control of Tetanus Neonatorum in a rural area by training of the dais and distribution of presterilised delivery kits to the dais, in addition to increasing the coverage of the tetanus toxoid to the pregnant mothers<sup>3</sup>. It is evident from these findings that the dais can be considered as the grass-root level health workers in rural areas and can be effectively involved in any health programmes. However the limitations are that the dais need some sort of financial support from the government.

In Mozambique, the shortage of physicians has necessitated the training and delegation of maternity care to other available health personnel such as traditional birth attendants, mid-wives and nurses<sup>4</sup>. The conditions are similar in India, hence involvement of additional health workers like dais, in rural areas are justifiable. They can also be utilised for spreading information on health related problems during their visits to the community, as 54% of the respondents mentioned about visits of the dais to the community.

In essence, the present study has provided the background information that the services of the dais are acceptable to the rural community. This task force is readily available in rural areas and can be effectively involved in implementation of health programmes in India.

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