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Phased Programme for the Involvement of Dais in MCH Services.

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India like many other developing countries has a class of birth attendants, who have practised their profession over a long time. This has been generally carried as a hereditary profession, the skill being taught by the mother to the daughter. These indigenous birth attendants or dais as they are traditionally called, wield considerable influence on the child-bearing and child-rearing practices. It has been fairly widely accepted that the dais should be incorporated in any scheme for the delivery of maternal and child care services.

In the field practice area of the Rural Health Training Centre Naila (attached to the Department of Preventive and Social Medicine, S. M. S. Medical College, Jaipur) which covers 54 villages with a population of 35,000 dais play a pivotal role in rendering midwifery services. It was felt therefor that better use can be made of the services of dais by involving them in the MCH services of the Centre.

Before the dais can be fully integrated into the rural MCH health delivery system, they need to be trained so that they can provide more adequate health services. It is essential, therefore, that one needs to know and understand the practices adopted by them. Then the practices that need modification or correction can be identified. Accordingly a survey of the dais led to the following observations:1). The dais had complete ignorance about the aseptic precautions-in conduction of delivery. 2). They had hardly any concept of antenatal, natal and postnatal care. 3). The umbilical cord is cut by any instrument like sickle, knife or even a sharp bamboo stick. 4) Cowdung is used by the dais to stop haemorrhage from the cord. There is a lack of knowledge about vaccination, nutrition of the mother and the child and ignorance and indifference towards family welfare.

A phased programme for the services of dais was evolved and the items

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of the activities spelled out as follows :

Phase-I—Improvement of the standard of practice of dais by introducing a delivery packet.

Phase-II—Training of dais.

Phase-III—Further involvement of dais in MCH activities of the RHTC, Naila.

This paper reviews phase I of the programme and outlines the objectives of the rest of the two phases.

Prior to initiating this activity, a complete census of dais operating in the area covered by the RHTC was obtained through the help of parmedical workers. Census revealed that there were 38 dais operating in 54 villages. The age and caste-wise distribution of dais is shown in table I. Majority of the dais belonged to the age group 31 40 years, constituting 34.2%of the total. 23.1% belonged to the age group 61 and above. 15.8% each belonged to the age group 30 and 51-60 years.

Caste-wise, 68.42% belonged to the *Dhanka* community, 26.3% were *Nayaks*, 2.63% being *Regar* and *Brahmin* each (Table I).

The area covered ay the dais is shown in table II.

The area of operation of these dais ranged from 1-5 kms. 34 (89.42%) operated within a distance of 3 kms. only. 4 (10.52%) covered beyond 3 km. The dais were contacted by our ANMs and EHVs and the use of delivery packet demonstrated and its utility explained.

The delivery packet is a very simple device of ensuring delivery aseptically and can be prepared at any primary health centre setting. The material used for the preparation of the packet includes :

(1) A polythene bag 4 inches by 4 inches size.
(2) A half piece blade (ordinary shaving blade)
(3) Thread for tying umbilical cord.
(4) An empty vial with stopper.
(5) Tincture iodine.
(6) Gauze and cotton.

The packet is prepared as follows :

1. The gauze piece along with the cotton and thread is sterilized by autoclaving.

2. The razor blade is sterilized by keeping in a chemical disinfectant such as cetavolon for 39 minutes.

3. 2 ml. of tincture of iodine is filled in the autoclaved empty vial. The rubber stopper is applied and the air withdrawn by means of syringe. This will not allow the stopper to open by itself.

4. Items 2 to 6 are put in the polythene bag. Blade is wrapped in the gauze to prevent cuts to polythene bag. The polythene bag is finally sealed by passing over a candle flame.

The packet is now ready for use.

TABLE I

Age and Caste-wise Distribution of Dais

Age Gr.	Dhanka	Nayak	Regar	Brahmin	Total	%
30 yrs.	4	2	–	–	6	15.8
31-40	10	2	–	1	13	34.2
41-50	2	2	–	–	4	10.5
51-60	3	2	1	–	6	15.8
61-	7	2	–	–	9	23.7
TOTAL	26	10	1	1	38	100.0

TABLE II

Distance (Kms.) covered by the Dais

Distance (Kms.)	No. of dais	Percentge
1	17	44.73
2	14	36.84
3	3	7.89
4	3	7.89
5	1	2.65
TOTAL :—	38	100 00

TABLE III

Distribution of Dais using packets Age-wise

Age Gr.	No. of dais using pack.	Percent	No. of dais not using pack.	Percent	Total	Percent
30 yrs.	1	16.7	5	83.3	6	15.8
31-40	7	53.8	6	46.2	13	34.2
41-50	4	100.0	-	-	4	10 5
51-60	2	33.3	4	66.6	6	15.8
60	2	22.2	7	77.8	9	23.7
TOTAL	16	42.1	22	57.8	38	100.0

TABLE IV

Distribution of Dais using packets Caste-wise

Caste	No. of dais using packets	Percent	No. of dais not using packets	Percent	Total	Percent
Dhanka	11	42.3	15	57.7	26	68.5
Nayak	5	50.0	5	50.0	10	26.3
Regar	-	-	1	100.0	1	2.6
Brahmin	-	-	1	100.3	1	2.6
TOTAL	16	42.1	22	57.9	38	100.

The instruction for the dais are as follows

1. Wash the hands properly before the use of packet.

2. Deliver the baby on a clean sheet or towel.

3. Wash the hands again before the packet is opened.

4. When the placenta has come out, tie the cord at two places with the string provided, clean the cord and cut it with the blade between the tied ends.

5. Paint the cut ends of the cord with tincture iodine provide and cover the cut ends with gaudge

6. The material provided is to be used for only one delivery Prior to the introduction of the packet, the dais were using a sickle or split bamboo to cut the cord and cord would be tied with any thread available. To begin with the dais at the main centres and the subcentres were contacted, the utility of the packet explained and its use demonstrated. These dais readily accepted the packet and found it useful. It was gradully accepted by other dais working in the RHTC area. After one year of introduction the utility of the packet was assessed. Table III shows the us of the paecket age wise. 16 (42.2%) of the dais accepted the packet and are regular users. All the 4 dais in the age group 41-50 are using the packet. 10 (76.9%) out of the 13 in the age group 31-40 have found the packet useful.

Table IV shows the caste wise use of the packet. 11 (42.3%) of the 26 dais belonging to the *dhanka* caste, 5 out of 10 dais belonging to caste *nayak* were the regular users.

The dais packet has gained further acceptance and the number of users has currently increased. The collateral benefits derived through the introduction of dais packet has spurred the health centre to absorb the dais further in the activities of the RHTC. Dais using packets were helpful in making birth registration more complete; they became agents for the motivation of females for tubectomy.

Phase : II

Having estab ished rapport w th the dais it was fe't that they should be trained. 52.6% of the dais at the time of interview desired to undergo the training. The broad objectives of the training are out ined below :

1. Recognition by the dais of the importance of their role in the care of the child bearing women and the new-born infants in the community.

2. Acquistion of the knowledge and skills requisite for handling a delivery with aseptic technique.

3. Replacement with more scientific alternatives of beliefs and practices which directly or indirectly jeopardise the health of the mother or baby.

4. Realisation of the many risks and complications that may occur during pregnancy.

5. Acquisition of elementary knowledge of newborn and infant care.

6. Understanding family planning as an integral part of MCH services.

7. Active co-operation and collaboration with the health agency in its campaign for early prenatal care, health supervision of infants and post-partum women and complete registration of births

The training has been initiated and in the first instalment 10 dais practising close to one of the subcentres are enrolled. The personnel chiefly responsible are AM, HIV and the health educator. The entire training period is spanned over 30 lecture-demonstrations for which a total remuneration of Rs. 300 is paid to the dai and an extra Rs 2/ per-delivery conducted with the assistance of the ANM. At the conclusion of the training the dai gets a delivery kit.

Phase : III

Involvement of dais in MCH services of the centre. After the conclusion of the training the dais are expected to perform the following duties and functions :

1. Refer expected mothers in the community where she resides for early and periodic prenatal check up in the health centre/subcentre.

2. Attend at normal deliveries with observance of aseptic techniques.

3. Advise the family on registration of births.

4. Immediate referral of the following types of cases to the health centre.

(i) Prenatal care with complication.

(ii) Women in labour showing sign, and symptoms of complication.

(iii) New-born infant who does not appear normal.

(iv) Women showing signs and symptoms of complications during postpartum period.

(v) Campaign for attendance in antenatal clinic, under-five clinic, motivation for immunisation, distribution of iron-folic acid and vitamin A concentrate.

(vi) Motivate and refer people for family planning.

Reference

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