Blog: Development (Health and Nutrition)

Indigenous Midwifery: Rendered obsolete by definitions: N. Shrish

“Are there cases of women who prefer to deliver at home? What are the indigenous practices of post-natal care followed by women here, if any?” I asked an ANM/JHAF (Auxiliary nurse midwife/junior health assistant female) during one of my field visits to a Primary Health Centre as part of a course on Public Health Policies and Programs. I was bewildered by her response. Lamenting that despite all the efforts put in by the establishment, people still indulge in “old-fashioned” practices, she said “we can only do as much as caution them against it and nothing more”. This made me wonder how the indigenous midwifery or the dai tradition which is still preferred by many women in different parts of India is rendered obsolete in the name of modern scientific practices of institutional delivery.

The National Health Policy of 2002 calls for a holistic “wellbeing” approach to healthcare and encourages plurality of knowledge systems and providers. The National Rural Health Mission (NRHM) has not taken this objective into account in its program design though it talks about revitalization of local health traditions. The NRHM guidelines clearly state that only the Nurse-midwifes (ANM) qualify as “skilled birth attendants” (SBA) and the TBA (Traditional Birth Attendants) or dais are seen as “unskilled”. Having had access to a large pool of traditional midwives, this is seen as an opportunity lost to revive and sustain the local tradition of midwifery. Instead, the state discourages families from utilizing the services of such “unskilled” birth attendants. It provides financial incentives for institutional deliveries, field health workers conduct campaigns promoting modern medical methods of delivery and the developing society’s own notion of “advanced” health care in the form of modern medicine.

The acronyms of TBA and SBA sound innocuous on the face of it. But we need to understand what this branding does to the people effected. Of the various forms of violence perpetuated on certain social groups, the violence of language is the subtest. It enters the lexicon as a definition and assumes a stature of significant proportion. Attitudes towards social groups are constructed around the language till the identity of the subject is lost. The subject then assumes the identity provided by the language. A similar form of violence of labelling the dais as unskilled birth attendants has been perpetuated in India. The “health for all” program during the 70’s gave rise to training programs for traditional birth attendants (TBA). The trained attendants were called as “Skilled Birth attendants” (SBA). Conversely, those who did not undergo this training were automatically categorized as “unskilled”.
The dais have been around long before the first book on modern medicine was even written. Ancient texts cutting across civilizations have references to midwives and their crucial role in childbirth. Midwives provide emotional support to the mother during the entire term of pregnancy and after childbirth. Their knowledge has been passed from generation to generation. Even today many families in rural India rely on their services for childbirth at home. By privileging institutional births over homebirth options, the state is ignoring the complex social relations that are built around childbirth in a community.

Though the process of modernizing midwifery in India began as early as 18th century, the process got accentuated in post-independent India. In a short journey of 60 years, we have systematically relegated indigenous practices in maternal health to the dustbin of history. Success of maternal health programs is quantified using, among other parameters, the increase in the percentage of institutional births. The policy push is to avoid homebirths to the extent possible. Even where a homebirth is necessitated, it needs to be under supervision of a trained “nurse/midwife”. This was a function performed earlier by a dai, who happened to be a local person, known to the expectant mother and well-versed in the art of assisting in childbirth.

The dais have a lot to offer to society in terms of their knowledge and skill base. Any program that seriously wants to consider plurality of health systems (like the NRHM purports to do), needs to consider this category of skilled workers and the services they offer in terms of going beyond simple birthing duties. Families and communities depend on them to provide the much needed social support to expectant mothers. Given the woeful lack of infrastructure in the public health system (be it human, financial or technological), it will be in the best interests of the state to integrate the dais into the formal system of public health delivery. Reviving this local health tradition will help bring a historic practice back to relevance in contemporary times and will allow the dais to live a life of dignity that they have long deserved.

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