CURRENT STATUS OF TRAINED DAIS

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SUMMARY

The current status of trained Dais and the role played by them in rendering MCH services to rural population was explored through a survey carried out in Kolhapur district during 1988-89 wherein all Dais were interviewed by a Nurse Midwife. Out of 1420 Dais trained over the years only 62% were functioning as Dais at the time of survey. Of these, majority were occassional birth attendents conducting only 2-3 deliveries per year. Their role in rendering antenatal care was unsatisfactory. Concept regarding risk screening and referral did not seen to exist.

In general, the birth conduct practices were hygienic and intrapartum referrals were advised for obvious complications like bleeding or fits. However clear ideas regarding early recognition of prolonged labour were lacking. Only 12% Dais took interest in advising the mother about neonatal care and immunization of infants. The study shows a need to revise the Dai Training Programme with equal emphasis on all components of M.C.H. care.

INTRODUCTION

Government has organised training programme for traditional birth attendants (Dais) with the aim of reducing the risk to the mother and baby through safe conduct of delivery with aseptic precautions. It was decided that every village should have atleast one Trained Birth Attendant for this purpose. A nationwide Dai Training Programme was thus launched in 1977 and around 5,44,000 Dais were trained by 1986. The training was conducted at PHC by the Medical Officer for a period of one month during which every week for 2 days the Dai was given training at the head quarters and

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for the rest of the week she was sent to the field for acquiring practical skills under the supervision of A.N.M.

As this programme did not have any qualitative evaluation following it's completion, it was decided to find out the existing status of trained Dais in the district of Kolhapur with an aim to find out the role played by Dais in rendering antenatal, intranatal and postnatal care to the rural mothers.

MATERIAL AND METHODS

The record of Dai Training Programme conducted since 1976 at 65 PHCs in Kolhapur district was scrutinised which revealed that, in all 1420 Dais were trained. The records of surveys conducted during 1984-85 were also scrutinised. A fresh survey was conducted during 1988-89 in the district to register the Dais. All the Dais were interviewed by Nurse Midwives as per an interview schedule, with an aim to find the role played by them in rendering MCH care services to the rural population.

RESULTS

Table I, shows the number of Dais actually working in the district. Out of 1420 Dais, trained over the years, only 1089 could be traced during the 88-89 survey of whom 220 were not functioning as Dais for various reasons. Thus the overall proportion of functioning Dais was only 61.83% (878), the rest (38.17%) being training waste.

The reasons for non-functioning of 222 Dais, inspite of training were death, migration, change of occupation etc. However, 125 Dais (56.8%) had no reason for not rendering any services to the population. (Table II).

The analysis of reasons for taking up the training revealed that, non-availability of Dais in these villages accounted for 81% of recruitment suggesting thereby that, the training programme was the concern of the health provides. Motivation by health staff was the reason for taking up the profession in only 10%. (Table III).

Out of 878 Dais, 69% were working

Table I

Current Status of Trained Dais

		Number	Percentage
1.	Total No. of trained Dais since 1976	1420	-
2	Total No. of Dais in 1984-85 Survey	1240	87.3
3.	Total No. of Dais 1988-89 survey	1098	77.3
4.	Total No. of Dais not working for various reasons (88-89)	220	15.5
5.	Total No. of Dais actually working (88-89)	878	61.8

Table II

Reasons for not working

	Reasons	Number	Percentage
1.	No reasons	125	56.8
2.	Migration	47	21.3
3.	Death	22	10.0
4.	Appointment as Peon/CHG	12	5.4
5.	Old age	14	6.5
	Total	220	100.00

Table III

Motivational factors for taking up the progression

	Reasons	Number	Percentage
1.	Non-availability of Dais	712	81.09
2.	Health Staff	91	10.36
3.	Other Dais	51	5.81
4.	Neighbour/Relatives	2	0.23
5.	Villagers	2	0.23
6.	Personal interest &linking	1	0.11
7.	Traditional Dai	2	0.23
8.	Other	1	0.11
9.	No information	16	1.83
	Total	878	100.00

as TBA for more than 5 years and 27% worked for 3-5 years. Only 23% Dais had conducted 50-100 deliveries while 29% had conducted only 10-15 deliveries indicating that they are occassional birth attendents conducting only 2-3 deliveries per year.

Perception of Dais about Antenatal services was explored. Two doses of Inj. T.T. were advised by 37% Dais. Iron folic acid supplementation by 24%, clinical examination was conducted by

only 17%, while majority of Dais referred the pregnant mothers to the Health Workers for antenatal care.

Advise regarding contraception was given by 83% Dais. However baby care and immunisation was advised only by 12%. The concept of risk screening and advising hospital delivery for selected cases did not seem to exist, and the Dai's first contact with the pregnant mother appeared to be mostly when called for some difficulty during labour.

Majority of Dais (67%) were called when the mother had mild pains, while 27% were called only when strong pains had set in. Around 92% Dais were sterilizing the instruments, however sterilisation of linen was followed only by 6.3% of them. Nearly 90% Dais delivered the mothers in supine position and only 9% delivered them in squatting position (Table IV).

Cord care practices appeared to be hygienic by 90% Dais and only 10% used turmeric oil or any other domestic applicants.

The recognition of abnormal labour was by observation of signs such as hand, foot or cord prolapse, reduction in intensity of labour pains and labour lasting beyond 12 hours. No clear concepts existed regarding recognition of slow progress or early diagnosis of abnormality. After recognition of abnormal labour 94% Dais referred the mother to a hospital while 6% seeked for an opinion of Nurse. Only 1% Dais admitted attempts at heroic measures like internal version in domicilliary setting.

For certain obstetric abnormalities the Dai's first action was enquired. For uterine inertia 6% Dais tried traditional domestic measures. For hand, cord or foot prolapse 15% Dais did not give any

Table IV

Proportion of Dais rendering different components of M.C.H. care

Antenatal	Clinical exam. (16.6%)	Inj. T.T. (37.4%)	Hematinics (23.7%)
Natal			
1. Sterilization	Linen and instruments 61%	Only instruments 31.%	No sterilisation 4.4%
2. Delivery position	Supine 82.7%	Squatting 9.3%	Both 8%
Postnatal			
Breast feeding	4 hrs 64%	12 hrs 77%	After milk secretion 6.3%

referral advice. For a patient getting a fit mostly urgent referral was advised. However simple measures like protecting the mother from tongue bite were not practiced. Only 4 Dais (0.46%) stated that they would put a spoon between the jaws. For PPH 92% Dais called a doctor or nurse for assistance. Simple measures like massaging uterus or bimanual compression of uterus were not known to any one of them. For retained placenta 18% Dais would try cord traction while 73% advised referral. About 2% Dais made the mother hold a ball of hair in the mouth to induced vomiting. (Table V).

Postnatal care consisted of giving a bath to mother & baby. Only 38% Dais looked for any excessive vaginal bleeding. No regular repeated visit schedule existed.

The baby was fed initially or sugar & water (79%), honey (19%) or castor oil (12% Dais). Around 75% Dais advised the mother to take the child to breast within 12 hours of birth. However, around 17% Dais deferred it to more than 24

Table V

Dais actions in emergency situations

Emergency situation		Dai's	Response
Prolonged labour	Referral to Hosp. (93%)	Referral to Nurse (5.8%)	Manipulative procedures (1%)
Utrine inertia	Referral to Hosp. (85%)	Referral to Nurse (9.4%)	Hot beverages, hot water on waist, enema etc. (9%)
Foot, Hand cord prolapse	Referral to Hosp. (82.5%)	Calling a Nurse (3.3%)	No referral (12%)
Eclampsia	Calling doctor (90.7%)	Calling a Nurse (1.6%)	Putting spoon in between jaws (0.5%)
PPH	Calling doctor (86.2%)	Calling a Nurse (5.8%)	No action (2%)
Retained Placenta	Referral to Hosp. (73.5%)	Calling a Nurse (1.8%)	Pulling cord, holding hair ball in mouth (2%)

hours mostly until milk secretion.

DISCUSSION

The observations in this study of only 62% functioning Dai indicate a need of conducting similar survey in all districts for organizing training programme for making up the deficits. The process of identifying untrained birth attendants should be an ongoing process & training programme should be organized for the newly identified women.

The training curriculum needs to be revised and it's scope should be widened to cover MCH care in it's broader perspective to include Antenatal, Natal, & Postnatal care to the mother and care of neonates. At risk approach should be emphasised and training should emphasize the recognition of complications during pregnancy, labour and peurperium alongwith timely & appropriate referrals.

Opinion leaders in the rural community should be encouraged to find a place for MCH activities in every village wherein the Dai should be provided with necessary supplies for safe conduct of labour. Shifting the labouring mother to such a place would make it easier for the birth attendant to make use of sterilised linen and instruments. This can bring more number of mothers under Dai's care rather than being delivered by a relative or a neighbour.

A link should be established between the Dai, VHG and other Health Workers like Anganwadi workers in order to have co-ordinated and integrated activities. This will improve the quality of care and its coverage too. Re-orientation of trained Dais and other Health Workers involved in MCH care delivery should be carried out periodically and quarterly meeting of all health Workers at the PHC Head Quarter may prove to be a useful refreshing activity. Also review of the situation from time to time will be possible. Simple manual in the regional language may serve as a ready reference for decision making in difficult unusual situation.

A long term aim would be to have every birth attended by a Nurse Midwife. However until this becomes feasible, there is a need to support the existing system of Dai in rural population. The support can be in terms of knowledge, facilities and referral back up. It would be economical too.