CHARACTERISTICS AND UTILIZATION OF MIDWIVES IN A SELECTED RURAL AREA OF EAST PAKISTAN*

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RESUMEN

El propósito de este estudio fue el de obtener información acerca de la utilización de parteras por parte de las mujeres del pueblo y conocer más acerca de las características y prácticas de esas parteras.

Se prepararon dos formularios para entrevista; el primero fue usado para encuestar 632 mujeres del pueblo y determinar por quien fueron asistidas en sus dos últimos partos. El segundo formulario se empleó para obtener información de 21 parteras.

Los resultados de la primera face pueden ser resumidos así: (a) *38% de las mujeres fueron asistidas por parientes;* (b) *33% de las mujeres se autoasistieron en el parto;* (c) *14% fueron asistidas por vecinos;* (d) *6% fueron asistidas por parteras;* (e) *2% fueron asistidas en el hospital;* (f) *el restante 7% fue configurado por categorías menores.*

Los resultados de las entrevistas con parteras pueden ser resumidos de la siguiente manera: (a) *las parteras son principalmente viudas y mujeres viejas;* (b) *ellas no tienen una preparación formal;* (c) *trabajan para amigos, vecinos y parientes y reciben un sari como conpensacion;* (d) *ellas no pueden asistir partos complicados;* (e) *ellas atienden tres o cuatro partos al año;* (f) *sus procedimientos de esterilización consisten en agua, jabón y creencias populares;* (g) *la mayoría piensa que su trabajo es un valioso servicio a la comunidad;* (h) *aproximadamente la mitad tiene un conocimiento general del proceso de reproducción;* (i) *la mayoría desconoce como prevenir la concepción;* (j) *aproximadamente la mitad piensan que la participación en un programa de planificación familiar es una buena idea.*

SUMMARY

The purpose of this study was to obtain information about the utilization of midwives (dais) *by village women and to learn more about the characteristics and practices of those* dais.

Two interview schedules were prepared. The first was used to interview 632 village women to determine who performed or assisted with their last two deliveries. The second was used to obtain information from 21 dais.

The results of the first phase may be summarized as follows: (a) *38 per cent of the women were delivered by relatives;* (b) *33 per cent of the women delivered their own children;* (c) *14 per cent were delivered by neighbors;* (d) *6 per cent were delivered by* dais; (e) *2 per cent were delivered in hospitals; and* (f) *the remaining 7 per cent were accounted for by several minor categories.*

The results of the interviews with dais *are summarized as follows:* (a) *they are mainly widows and older women;* (b) *they have no formal training;* (c) *they work for friends, neighbors, and relatives and receive a sari as compensation;* (d) *they cannot handle complicated deliveries;* (e) *they deliver 3–4 children a year;* (f) *their sterilizing procedures depend upon soap, water, and folk beliefs;* (g) *most think midwifery is a worthwhile service;* (h) *about one-half have a general understanding of the reproduction process;* (i) *most do not know how to prevent conception; and* (j) *about half think that it is a good idea to participate actively in a family planning program.*

INTRODUCTION

The proposed five-year plan[1] for family planning for East Pakistan called for 30,000 village *dais* (local term for midwives) or other village women to be em-

* Formerly titled "The University of California Public Health Education Research Project." At the time of the study the Centre was funded by the government of Pakistan and by the Ford Foundation through the Population Council. Advisers were provided by the Health Education Division, School of Public Health, University of California, Berkeley.

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[1] *Family Planning Scheme for Pakistan during the Third Five-Year Plan Period, 1965–70* (Ministry of Health, Labour & Social Welfare, Government of Pakistan, Rawalpindi), p. 22.

ployed as village organizers. The East Pakistan Research and Evaluation Centre in Dacca, East Pakistan,[2] studied the characteristics of *dais* in East Pakistan and the nature of their practice to obtain information that would be of value in utilizing *dais* effectively in the family planning program.

To gain this information, the Centre's best approach seemed to be to ask village women, "Who delivered your children?" We interviewed women in two adjoining villages 10 miles north of Dacca (Azampur and Shoilpur), where the project had been involved in action research in family planning. Although these villages are not necessarily representative of all the villages of East Pakistan, the maternal health services are not likely to improve in the more remote regions. So that we could obtain the "midwife data" as soon as possible, we kept the interview schedules short and simple; however, we included a few questions about the women's reactions to the family planning program in their villages and their attitudes toward the intrauterine contraceptive device.

[2] E. W. Clark *et al.*, *Pakistan: The Public Health Education Research Project in Dacca* ("Studies in Family Planning," the Population Council [December, 1964]).

After we had interviewed the married women in each village, we interviewed the *dais* named by them. These interviews focused on the characteristics of the *dais*, the nature of their practice, their knowledge of family planning methods, and their attitudes toward family planning and interest in learning more about it.

INTERVIEWS WITH VILLAGE WOMEN

At least 95 percent of the married women in the two villages were interviewed, 303 in Azampur and 329 in Shoilpur. Not all women had given birth to children, but 550 had given birth to one or more, and 457 had two or more children. The median number of living children was three.

The women were asked only about their last two deliveries to reduce the probability of poor memory's being a factor in their reporting. Table 1 gives the tabular results. With few exceptions, the percentages for the various categories of persons performing the deliveries do not differ much between the two deliveries or between the two villages. However, about twice as many Azampur women were delivered by *dais* as Shoilpur women, which may be somewhat related to the fact that ten of the *dais* mentioned lived in Azam-

Table 1.—TYPE OF PERSON WHO DELIVERED OR HELPED TO DELIVER RESPONDENT'S CHILDREN

Type of person	Last child		Child prior to last one	
	Number	Percent	Number	Percent
Total	550	100.00	457	100.00
Dai	34	6.2	29	6.3
Respondent herself	186	33.9	142	31.1
Relative from same village	153	27.8	142	31.1
Relative from other village	50	9.1	48	10.5
Neighbor	88	16.0	58	12.7
Women from another village	14	2.5	20	4.4
Respondent was in different village at time of delivery	9	1.6	6	1.3
Hospital	13	2.4	8	1.8
Precipitate	3	.5	2	.4
Unknown	...	...	2	.4

pur, seven in Shoilpur. A higher percentage of Shoilpur women had hospital deliveries, although the number in both villages is quite small.

The obvious conclusion is that very few women depend on *dais* and that the great majority depend upon relatives (average between the two tables of 38.5 percent) or themselves (about 33 percent). Reports from our field workers indicate less likelihood of the first child than of subsequent children's being delivered by the mother herself because of the greater difficulty with the first-born. Deliveries by the mothers themselves are by design not by accident, that is, they are not precipitate births.

INTERVIEWS WITH DAIS

Interviews were conducted with twenty-one of the twenty-six women who had been referred to as *dais* by the mothers interviewed.

Generally speaking, the findings were that (1) *dais* are usually widows and among the older women of their community; (2) their training is based on their own experience or the experience of women who have learned by doing rather than modern medical knowledge; (3) they work among friends, neighbors, and relatives for no fixed fee and depend upon the generosity of their clients for non-monetary compensation; (4) they cannot handle complicated deliveries; (5) they probably deliver an average of 3–4 children per year; (6) sterile procedure is dependent upon folk belief and soap and water; (7) about one-half have a general acquaintance with the anatomy and physiology of reproduction; (8) although almost half knew of sterilization, most do not know other ways to prevent conception; (9) although most said that their patients did not want to know about contraception, two-thirds said that their patients did not want more children; (10) most think midwifery is a worthwhile service and are given support by relatives; (11) about half thought that it would be a good idea for *dais* to actively participate in a family planning program; and (12) almost all believed villagers would not object to family planning education by *dais*.

These results indicate that these women function as *dais* in the sense of being requested to perform or assist with deliveries; however, it is doubtful that any perform enough deliveries for midwifery to be considered their major occupation.

CONCLUSIONS

The rationale for engaging *dais* in a family planning program is that they have contact with a large number of women when they are highly motivated to adopt family planning. The results of this study suggest that there are *dais* in East Pakistan who could be utilized by the government in a family planning program but, considering the small number of *dais* reported by 632 women in two villages and the relatively few deliveries each performs, it would seem that other persons who can reach women near the time of a birth must also be sought. Other village women and, of course, men may be just as effective or more effective.

The question of whether *dais* would be acceptable to villagers as family planning workers is not answered by this study. We did not explore the question of their status with village women; however, reports received before this study indicated that *dais* are of low status and may not be acceptable as family planning workers despite their own feeling that they would be accepted.

In employing *dais*, not only must their relatively limited contacts through deliveries be recognized but also their need for education about contraception. Their attitudes must be considered also, since about half expressed no desire to learn about contraception. Most said that their patients, though in many cases not desiring more children, did not want to learn of contraception, and about half were not interested in participating in family planning programs.