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## ROLE OF INDIGENOUS MIDWIFE (DAIMA) IN RURAL SECTOR: A CASE STUDY ON MATERNAL HEALTH COMMUNICATION OF THE SCHEDULE TRIBES OF BIRBHUM DISTRICT, WEST BENGAL

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### Abstract:

*What is the role played by the indigenous midwife (Daima) in rural sector for providing obstetric services in the different tribal communities of rural Bengal? The present paper has been attempted to examine how indigenous midwife are worked as a maternal health communicator in the tribal areas particularly in postpartum period. The main objectives of this study are as (a) to find out the customs and norms followed by the tribal groups during the time of childbirth. (b) to find out the covering area, learning pattern and method of obstetric services provided by the indigenous midwife especially in the postpartum period. A Case Study method had been applied in which was followed by in-depth interview techniques and some open ended questions were used as an instrument to collect the primary data from the field. The present study draws the conclusion that most of the remote tribal villages, where the communication systems are very poor, the indigenous midwives are taking care of a childbearing mother and providing obstetric services to the tribal community, as because of that is the part of their traditional customs, norms and values.*

### KEY WORDS:

Indigenous Midwife (Daima), Rural Sector, Health Communication, Schedule Tribes.

### INTRODUCTION

Maternal health care system is one of the emerging discourses in rural sector today. It must be taken extra care and need to be enlightened for the well being of tribal women. Women in rural sector are very much neglected in regard to getting proper health care facilities especially for those who are living in remote villages. The availability of getting doctors in time is very difficult in rural areas. Despite of that, the government are trying to offers better maternal health care services to the poor people, but they failed to achieve the goal. In the rural sector, the intact postpartum maternal health care services are managed by these indigenous midwives (Daima/Daibudi). The word Indigenous Midwife (Daima) usually means a women practitioner, who usually belongs to a particular community or a ethnic group, assists women in childbirth and also provides obstetric services to take care of childbearing women during pregnancy, childbirth and postpartum period. In addition to that midwifery is one sort of health care profession where service providers offer care to a women during pregnancy, child birth and the postpartum period. The model of midwifery health care indicates that all women from all background should get proper maternal health care services in which must be deserved safe, effective, satisfying care throughout their entire lifetime. Maternal Health is now a serious discourse in our society The term "Maternal Health" is referred to the

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health of women during pregnancy, childbirth and the postpartum period. Many health activists and programme implementers from the non government sector were completely dissatisfied about the maternal health care services in India. Still now, many women are suffered to die in because of proper maternal health care facilities and emergency obstetric services are not available and adequate in the rural areas. According to the World Health Organization (WHO)“.....maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. The two biggest conferences which had been taken place, one is International Conference on Population and Development (ICPD) at Cairo in 1994 and the other is Fourth World Conference on Women in Beijing in 1995 clearly gave an indication about the next shift in the understanding of maternal and women's health. In ICPD emphasized a global change policy regarding reproductive health and family planning by providing Peoples needs beyond the demographic targets. Here, ICPD also gave much importance on maternal mortality by keeping in mind the historical negligence of women health and needs. Maternal and Neonatal Health Program, 2001a, showed that maternal health is not only related to mother's health but also associated with newborn's child. According to that study more or less 15% women are faced the life threatening complications during the time of pregnancy. Detecting the health problems including mother and child, the poor health outcomes of mother and infants can be reduced within short span of time. A call to UN Member States on the development agenda beyond 2015 We welcome these statements from the UN Secretary-General stated on the development agenda beyond 2015 and suggested one statement in his report to UN Member States-3 that improve health by addressing universal healthcare coverage, access and affordability, and address the burden of non-communicable diseases. The present study main aim is to find out the maternal health communication of the tribal offered by the indigenous midwives alias daima. Health communication” is a broad term and usually describe as the use of a number of communication strategies in which lead to inform, to share information, to influence individuals and that can help to get better health outcomes. According to U.S. Department of Health and Human Services 2005, defined health communication as the study and use of communication strategies to inform, influence, and motivate individuals, institutions, and communities in making effective decisions to improve health and enhance quality of life .The Health Communication chapter of Healthy Alaskans - 2010,Volume-1 explained that “...Health communication is the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues.” The basic tenants of effective health communication are accuracy, availability, balance (between risks and benefits), consistency, and cultural competence, evidence-based, within reach, reliable, repetitive, timely, and understandable.

#### LITERATURE REVIEW

In their view Piotrow, Kincaid, Rimon, Rinehart, & Samson. – 1997, remarked that issues related to health have become increasingly critical and complex in our society; and the link between communication and health is increasingly recognized as a crucial element for improving personal and public health. According to Mokdad et al. – 2004, said that this is important recognition as these health behaviours are the leading cause of deaths in the US. Thus, healthcare providers, policymakers, the public, and researchers have been confronting the growing importance of individual health decision-making by turning to new technologies. Pine – 2001 talks about that the many health decisions occur in places other than medical settings it is imperative that people are provided access to accurate health information. Strecher et al.–1999, stated that the patients and health consumers have expressed greater desire for more health information, but are often unable to obtain the relevant material. Dutta & Bergman – 2006, explained that this has increased the salience of understanding the development of effective health communication practices. A variety of approaches are employed to find health information. Health orientated people, those engaged in healthy lifestyles, health issues, and health information practices, are more likely to discern health information, even if it is unintended. In accordance with Arora & McHorney – 2000, opinion that people who pursue active health information strategies tend to have healthier outcomes than those using passive approaches. Tate et al.- 2007,pointed out that interpersonal communication is a highly trusted and often effective source of health information. In their study Ashenden, Silagy & Weller – 1997, it has been found that advice provided by physicians is a strong predictor of behaviour change and that doctor-patient communication characterized by greater patient participation was associated with better health outcomes. Carbone et al. - 2007, talked about that communication between family and friends is a mechanism for providing support, information and guidance on health habits and health decisions. Family roles have been associated with both positive and negative self-management practices among people with diabetes. Syracuse -2006, remarked that while people often cite family and friends as an important and trusted

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source, they can serve as a source of poor decision-making, especially when cultural or social factors override good health practices. For instance, Hispanics often cite family as their most trusted source of health information, yet traditional Hispanic diets and physical activity practices are inconsistent with healthy behaviours. Obregon Rafael & Mosquera Mario remarked that The indigenous practice of development and health communication in the region often has taken some distance from dominant approaches to the field, primarily those arising out of the developed world. This is especially true when it comes to the emphasis on participatory approaches in development and health communication in Latin America, which often clashes with the more positivistic, strategic approaches developed by researchers and practitioners in the developed world.

### **OBJECTIVES OF THE STUDY**

To study the customs and norms followed by the tribal groups during the time of childbirth.  
To find out the covering area, learning pattern and method of obstetric services provided by the indigenous midwife especially in postpartum period.

### **RESEARCH DESIGN AND METHOD**

Research Approaches:- Qualitative research approaches were employed for picking up the empirical data from the field. Indeed, the secondary data were picked up from various sources like books, journals, articles, conferences, published and unpublished research work etc.

Methods & Techniques:- A Case Study method has been applied by following observation participant and in-depth interview techniques for picking up the empirical data from the field. Here, some open ended questions had been used as a tool of primary data collection from the field .

Universe & Population:-Here, the research universe is schedule tribes and the population are three sub-caste of schedule tribes like Santal, Kora, Sardar The present study has been made in Kankalitala Gram Panchayat of birbhum district, West Bengal. Four villages have been taken such as Dhultikuri, Jaljalua, Padmabatipur, Donaipur for the fulfilment of this research study. All these are the less connected tribal villages. It is more or less 15km from the bolpur city of birbhum district West Bengal, where 11km are metal road and 4 km are red soil road and not to have proper drinking and electric facility.

Sampling:- Non probability sampling like purposive sampling were utilized here as well. I had taken four indigenous midwives from the different tribal groups like Sardar, Kora, Santal as the samples of case study whereas two midwives were belonged to Santal community, one midwife from Kora and Sardar as well. Hence, 30 Kora, 45 Sardar and 75 Santal households were also the respondents of this empirical study.

### **RESULTS & DISCUSSIONS**

Indigenous Midwife (Daima) the concept is very much known to us but we have very little bit experience about it. These midwives have great acceptance in the tribal society. Either the child take birth at hospital or home, tribal people must call upon their own indigenous midwife (Daima) for looking after the childbearing mother by maintaining their own traditional customs and values. This indigenous midwife offers maternal health care services for the well being of child's mother for three to seven days throughout the postpartum period. These midwives take four to five hundred rupees for boy and two to three hundred rupees for girl child. In addition to that, the midwife is also to be provided two time food for three to seven days and one saree. This sort of things must have to bear the new born child's mother. Each of the tribal villages have their own midwife, she is neither trained nor educated. Some of them have learned about these obstetric services and has taken this either as a profession or providing this services from generation to generation. In fact, the literacy rate is very low among the tribal of birbhum district, West Bengal. Interacting with the indigenous midwives and with the villagers, I came to know looking after the childbearing mother during pregnancy and postpartum period is the main work of indigenous midwife. These indigenous midwives are accompanied with pregnant women from home to hospital for taking care of her and also help to reach her in the hospital safely. The main reason is to send the midwife with the childbearing women in because of; if the child takes birth on the way to the hospital then she should be there to take care of the mother. Now a day, rural people are losing these midwives, who are worked as a maternal health communicator in the remote tribal villages. They have their own covering area and serve their own tribal community. They cannot go to serve the other people, due to maintaining the norms and values of the tribal community. The main reasons of losing these midwives are firstly no tribal women are not coming forward to learn this obstetrics services and secondly they are not getting paid any amount from the



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government sides. Thus, the indigenous midwives are employing for the well being of tribal community and working in the villages as the maternal health communication agents. They are not the only health communicator in the tribal society, but also a good health service provider. Even though they are not either trained or educated, but still they are well versed in being taking care of a child's mother. Sometimes, tribal issues take place at the home safely with the help of these midwives. So, they are the health communication agents in the tribal villages and we should have to protect them. Hence, I have stated the detail profile of the indigenous midwives of different tribal groups name, year of practices, professional or generation wise etc. which has been mentioned in the below table.

**Table-1**  
**List of Indigenous Midwives (Daima) of Kankalitala Gram Panchayat, Birbhum ,West Bengal**

Sl	Name	Sub-Caste	Age	Year of Practice	Village	Sansad	Gram Panchayat	Block	District	State
1	Sukhsari Sardar	Sardar	48 Years	20 Years	Dhultikuri	kunchli	Kankalitala	Bolpur-Sriniketan	Birbhum	West Bengal
2	Moni Murmu	Santal	60 Years	25 Years	Dhultikuri	kunchli	Kankalitala	Bolpur-Sriniketan	Birbhum	West Bengal
3	Rashmoni Soren	Santal	40 Years	9 Years	Donaipur	Aditya pur	Kankalitala	Bolpur-Sriniketan	Birbhum ,	West Bengal
4	Niyoti Kora	Kora	50 Years	25 Years	Padmabati Pur	Aditya pur	kankalitala	Bolpur-Sriniketan	Birbhum ,	West Bengal

Table-1:- The table shows the Name, Age, villages, Panchayat, Block, District, State of the indigenous midwives where they are practicing midwifery for several years and also to teach this obstetrics services from generation to generation by traditionally maintaining their value and norms. In this table, I have showed several villages indigenous midwives full profile, year of obstetric care practices etc.

**Table-2**  
**List of the Expenses of Indigenous Midwives(Daima) beared by the family of childbearing mother**

Fees		Cloth	Food	Covering Area (Tribal Villages)
Before 20 Years	After 20 Years			
For Boy Child:- 50 to 100 Rupees.  For Girl Child:- 50 Rupees	For Boy Child:- 400 to 500 Rupees  For Girl Child:- 200 to 300 Rupees	One Saree  One Saree	3 to 7 Days (TwoTime)  3 to 7 Days (TwoTime)	Village:- Donaipur, Padmabatipur, Dhultikuri, Jaljala. Gram Panchayat:- Kankalitala. Block:- Bolpur-Sriniketan. District:- Birbhum State:- West Bengal. India.

Table-2:- Here, the table explains the remuneration of indigenous midwives separately for tribal's boy and girl child and other expenses etc. They charge for male child is more or less four or five hundred rupees and for girl child it is more or less two or three hundred rupees. Apart from that that childbearing family have to provide food and cloth etc.

### CONCLUSIONS

Indigenous Midwives (Daima) play very crucial role in rural sector for providing maternal health care services during the time of pregnancy, child birth and postpartum period. Indigenous midwives have great acceptance towards their own community. It is must that whether a child take birth at hospital or home, the family of women should have to be called upon the indigenous midwives (Daima) for health care of childbearing mother and newborn child, because it is part of tribal culture, traditional norms and values. These midwives have their own area where she offers maternal health care services to the pregnant women during postpartum period. The government has taken initiative to provide better maternal care services to the childbearing women, despite of that the tribal people are taking the help of these midwives during pregnancy, child birth and postpartum time. Indigenous midwives are act as a health communication agent in the tribal society. In the remote and less connected villages, it is the easiest way to communicate with the childbearing mother during pregnancy and postpartum time. The Government should think about these midwives and utilize them for the well being of tribal development. The indigenous midwives serve their own community and taking care of childbearing mother especially after the postpartum period and keeping the duo (Mother and Child) under observation for five to seven days.

### SUGGESTIONS

So, The Government should enable to last out these indigenous midwives and arrange some sort of training programme regarding maternal health care services and make them skilled of-course by maintaining their norms and values. In this way, Government can keep communication with the tribal people and can be offered better maternal health care services in time for reducing maternal mortality rate. The government should recruit these midwives as the maternal health service providers, thus who is supposed to be work for the well being of their own community.

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