The traditional birth attendant: current roles of rural *dais* and their potential future in maternal health programs in Matlab, Bangladesh

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### Who is a *dai*?

- South Asian name for a traditional birth attendant (TBA)—women who assist mothers with delivery and initially acquired their skills from delivering babies themselves or apprenticeships to other TBAs
- A significant source of maternal healthcare where facilities are unavailable or unaffordable
- TBA institutional support in developing nations discouraged because of inconclusive studies on the effectiveness of TBA training

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### Introduction

Traditionally, *dais* have attended the majority of births in Bangladesh, and in most regions of the country, this fact still stands true. However, in the rural community of Matlab, the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) runs a Maternal, Neonatal, and Child Health (MNCH) Programme as part of their novel life-cycle approach. Its facilities have been promoting and offering free maternal and child care to Matlab residents. Facility birth in Matlab has jumped from 48 percent to 68 percent in two years. In the wake of this transition, have *dais* noticed and adjusted to any changes? Will they have a future role in the community with the rise of institutionalized healthcare?  

### Objectives

- To define and clarify the role of *dais* in the pregnancy experiences of Matlab women
- To record the changes observed by community members as facility birth increases
- To explore some of the potential future roles of *dais* in institutional programs

### Materials and Methods

- Conducted open-ended interviews with randomly-sampled community maternal care providers: 8 *dais*, 8 support persons, 8 community health research workers (CHRWs), 3 MNCH research investigators
- Discussed basic components of *dais’* occupation, the shift to majority facility births, the role of support persons, the possible integration of *dais* in institutional programs, and Home Based Life Savings Skills (HBLSS)
- Voice-recorded all interviews, then transcribed in Bangla (English for MNCH staff), translated to English

### Preliminary Results

“Kakima, don't go anywhere. My delivery time is knocking at the door!”

<table>
<thead>
<tr>
<th><strong>Dais</strong></th>
<th><strong>Support Persons</strong></th>
<th><strong>CHRWs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participant characteristics</strong></td>
<td><strong>Roles: clean newborn &amp; mother, help mother to breastfeed, attend HBLSS</strong></td>
<td><strong>Average age: 43.5 years old</strong></td>
</tr>
<tr>
<td>Average age: 61.6 years old</td>
<td>-Help women in danger &lt;br&gt;-Respected in community &lt;br&gt;-Blessed by work after death</td>
<td>Average age: 41.5 years old</td>
</tr>
<tr>
<td>Married: 8 of 8</td>
<td>Avg period of practice: 29.6 yrs</td>
<td>Education: 3 none, 4 1st, 1 2nd</td>
</tr>
<tr>
<td>Education: 7 none, 2 1st</td>
<td>Avg number of trainings: 2.25</td>
<td>No obligations before birth &lt;br&gt;-Take mother to hospital if they cannot handle delivery</td>
</tr>
</tbody>
</table>

### Summary of Results

Some agreement about *dais* existed among the prevailing beliefs of *dais*, support persons, and CHRWs, although some beliefs conflicted among the groups. Both *dais* and CHRWs are open to training *dais* to work for ICDDR,B. One idea is to employ *dais* to refer pregnant women to facilities. However, results show that *dais* are not informed of a delivery until soon before it occurs, a practice agreed upon by all parties. All groups also concur that *dais* are necessary for speedy and middle-of-the-night deliveries. The next step is to look at MNCH staff interviews.

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