

## Heritage Information

Unique Id:

BGD-30.26.2023.00057

### Section-1: Identification of the element

#### Heritage Location

##### Division

Dhaka

##### District

Dhaka

##### Upazila

##### Details Address

##### Geolocation(Latitude)

##### Geolocation(Longitude)

##### Community Category

Artists

##### Community

Urban

##### Name of the Heritage, (as used by the community or group concerned)

Dhattri Biddya (Traditional Midwifery)

##### Short title of the Heritage, (preferably within 200 words)

Traditional child delivery system, falling under Domain 3 of Social Practices

##### Concerned Community(ies)/Group(s), (who recognize the element as part of their cultural heritage)

##### Physical location(s) of the element/how often it is practiced

Rural and urban Bangladesh

##### Short description of the Heritage, (preferably within 350 words)

Dhattri biddya is a child delivery procedure performed by experienced women's in Bangladeshi villages. Midwifery is relatively a new concept in Bangladesh. The traditional birth attendants commonly known as "Dhattri" are often mixed up with 'Midwives', if you visit any village in Bangladesh and come across an elderly woman who is active in the community, most likely that woman is a 'Dai' which is a Bangla word for midwife. The Dais are also popularly known as 'Dai Ma' the midwife mom, because they provide child delivery services to almost every woman in the villages, by providing personal care during through their reproductive age and pregnancies. More than 80% of the rural and urban poor women in

Bangladesh depend on the services provided by the midwives. Although government health services are extended to the village levels and hospitals are in the rural communities, very few doctors are available to deal with some of the reproductive health challenges faced by women. In these hospitals, women are only targeted for family planning programs. Socially, culturally and psychologically the Dais are indispensable in the life of rural women. They do not see their female patients as 'clients' or customers, but they view their provision of services as providing humanitarian assistance, therefore, they do not charge money for their services, nor do they say No, if they are called at midnight. They also combine herbal treatment for gynecological problems as well as care for infants. They command profound knowledge in plants, animals and local bio-diversity. They provide pre-natal and post-natal health care of the mother and child, therefore they are viewed as 'mothers' in a very significant sense; they are not merely 'birth attendants' as development agencies call them in English. Through the 'mothering' of the child they establish a bond with children in the community. They are respected and there are many stories and folk songs to celebrate this relation. They are readily available to help those who are in need of their services. Mostly the midwives themselves belong to the poor class, often they are widows. The community provides them with clothing and food when in need and depending on the family status, the Dais sometimes receive gifts after a child is born, particularly if the child is a son. But at the government level and also at the rapidly changing 'modernized' social level, the Dais are not recognized, — neither for their service, nor for their knowledge. Th

#### ☐ Domains of the Heritage (applicable fields)

- ☐ Oral Traditions and Expressions
- ☐ Performing Arts
- ☒ Social Customs and Traditions
- ☐ Knowledge and Practices related to Nature and Universe
- ☐ Traditional Craftsmanship
- ☐ Food

### ☐ Section-2: Characteristics of the element

#### ☐ Practitioner(s)/performer(s) directly involved in the representation or practice of the Heritage (including roles, name, age, gender, social status, and/or professional category etc.)

Experienced woman practitioners are only involved in this profession. Documentation was made with the help of following community members:: 1. Mosammad Mukta Begam, Age 51 Gram-Tumchor, Dakghor- Bodortuni 8261, Hija Upozila Barishal

#### ☐ Other tradition bearers (individuals/groups and their roles))

The midwife performs her duties with other elderly, married women of the family.

#### ☐ Language(s), register(s), speech level(s) involved

Local dialects of Bangla

#### ☐ Associated tangible elements used (if any)

Herbal medication, now mixed with use of allopathic medicine, if necessary.

#### ☐ How are women and people of other genders associated with this Heritage?

This is only performed by women midwives for pregnant women.

#### ☐ Division of labour during the practice of this Heritage

Normally the patient, or her family, contact the 'dhaima/daima' before she enters the 2nd month of pregnancy. The 'Dhaima' examines the patient regularly and takes care of the would-be mother, predicts the delivery time and finally completes the delivery at home.

#### ☐ Elements to which other customary practices or practices may be connected or accessed in any respect of the heritage (if any)

The delivery process is restricted to woman only.

#### ☐ Modes of transmission to others in the community

Dhatribiddya is transmitted from one generation to another. The practitioner learnt from her Grandmother and mother.

However, her daughter has not taken up 'dhatti bidya'.

#### □ Organizations concerned (non-governmental organizations and others)

Govt of Bangladesh Midwifery Training Program: There was a reluctance to revisit the traditional birth attendants programme, especially after the WHO report that training traditional birth attendants alone did not help in decreasing maternal deaths.<sup>6</sup> Instead, the government took the initiative in 2003 to retrain community-based female fieldworkers (family welfare assistants and female health assistants) in midwifery skills and identifying danger signs for referral. This cadre, who are already known at village level and accountable to their government supervisors, have been providing family planning methods, such as oral contraceptives and condoms, and advising on sanitation and preventive health measures. The training programme was designed through a consultative process with professionals from different training institutions, such as the Azimpur Maternal and Child Health Training Institute and Institute of Child and Maternal Health at Matuail, the Bangladesh Nursing Council, the Obstetrics and Gynaecological Society of Bangladesh, UNFPA and WHO. The six-month course is intensive and competency-based, and stresses both clinical and community practices (Dhattibidya)

### □ Section-3: State of the element (viability)

#### □ Threats to the enactment

##### □ Enactment Threats Description

Widespread training of midwifery by the Govt of Bangladesh has led women to take assistance from midwives trained by the Govt, which has intelligently incorporated traditional knowledge. However, many indigenous communities still remain dependent on traditional midwives.

#### □ Threats to the transmission (if any)

Traditional midwifery is incorporated into Nursing & Midwifery Training by the Govt of Bangladesh. However, many communities still remain dependent on 'dhaimas'. Knowledge of herbal medicine needs 'safeguarding'.

#### □ Threat to associated tangible elements and resources (if any)

Threat to knowledge of herbal medicine.

#### □ Viability of associated intangible elements (if any)

Herbal medication is used and is cost-effective.

#### □ Have been taken any safeguarding measures to preserve this Heritage practices? (if any)

As Govt of Bangladesh has included traditional community practices within its Maternal Child Health programs, tradition knowledge is incorporated and safeguarded within these programs. However, there is need to document 'dhatti-bidya' more in details.

### □ Section-4: Data gathering/documentation, Consent and preparation of inventory entries

#### □ Consent of community/group/individuals concerned for data collection with a view to inventorying

Dhaima Mukta Begum, aged 51 performed near 8000 normal deliveries.. +8801751652039

#### □ Restrictions on use of collected data, (if any)

Practitioner is only comfortable with women.

### □ Section-5: Resource Person

#### □ Data provider/Resource person (persons/groups, community representatives)

Tahmina Parven (Relative) Senior Teacher, Ramna Buddi Protibondhi School +8801716192089 Arthy Ahmed, Dancer

and researcher.

**□ Date of data collection**

24-06-2020

**□ Place(s) of data collection**

Gram: Tumchor, Post Office: Bodortuni 8261, Hija, Barishal

**□ Section-6: Safeguarding techniques**

**□ Existing safeguarding techniques adopted by the community for the safeguarding of the Heritage**

Govt of Bangladesh is incorporating parts of this knowledge, within its training while a number of NGOs are recording 'dhatti bidya' and related knowledge of herbal medication. However, there is need for 'safeguarding' the herbs needed for this.

**□ Suggestions for safeguarding of the Heritage from the community**

1. Document the techniques 2. Understand the benefits of herbal medication 3. Financial support for aging 'dai mas'.

**□ Section-7: References to literature, discography, audiovisual materials or archives**

**□ References to/in literature**

Bibliography 1. George, Joby. 2020. "Safe motherhood in the time of Covid-19." The Daily Star, May 29. 2. Chowdhury, Samina. 2015. "Midwifery not a dream anymore in Bangladesh." Prothom Alo, May 11. 3. Ahmed, Tahera, and Jakaria. 2009. "Community-based skilled birth attendants in Bangladesh: attending deliveries at home." Reproductive Health Matters 17 (33): 45-50. 4. Rahman, M, A Rahman, F Mehrin, A Kawser, and AH Tushar. 2018. "Birth Practices Among the Rural Women: Facts & Reasons." AKMMC J 9 (1): 05-09. 5. UBINIG. 2011. Maternal, Newborn and Child Health Care (MNCH) Service. Accessed June 25, 2020.

[http://ubinig.org/index.php/home/showArticle/153/english/UBINIG/Maternal-Newborn-and-Child-Health-Care-\(MNCH\)-Service](http://ubinig.org/index.php/home/showArticle/153/english/UBINIG/Maternal-Newborn-and-Child-Health-Care-(MNCH)-Service).

6. BRAC. 2020. Improving Maternal, Neonatal and Child Survival. Accessed June 25, 2020.

<http://www.brac.net/program/health-nutrition-and-population/maternal-neonatal-and-child-health/improving-maternal-neonatal-and-child-survival/>.

**□ Audiovisual materials or archives**

**□ Discography or archives**

**□ Section-8: Modalities for updating the information contained in the inventory entry**

**□ Data Compiler (persons/groups, including community representatives, who compiled the information)**

Resource person will regularly help to update. Information can also be sought with related NGOs.

**□ Date of Community Consent**

**□ Consent of community/group/individuals concerned for data collection with a view to inventorying**

Verbal consent from the practitioner, during COVID19, and photographed signature

### □ Present Condition of Heritage

Threatened with extinction

### □ Brief description of Present condition of the Heritage, (if any)

Threatened with extinction

## □ Section-9: Community suggestions

### □ Brief description of suggestions for safeguarding of the element by community members/experts/holders, (if any)

Rural communities continue to rely to 'dhattri bidya' but the herbal medication is not readily available.

### □ Restrictions on use of collected data, (if any).

N/A

## □ Section-10: Upload Document

### Consent Document



### Heritage Details Document



### Heritage Images

