

THE SYSTEM OF “DHAI”- LIGHT HOUSE FOR THE ENTRY OF WOMEN IN MEDICAL PROFESSION

S. PREMA

*Assistant Professor, Department of History
Government Arts College (A), Salem*

A. THENNARASU

*Associate Professor & Head, Department of History
Government Arts College (A), Salem*

Abstract

This system of Dhai was adopted lasted for four hundred years and during this long period, for many women were delivered in the hospital. They learned the tradition of skilled, though not necessarily scientific Dhai. They were dedicated themselves to the welfare of the patient, an embodiment of self effacement, gentleness and courtesy, the motto being ‘the patient first and always There was no break in this noble tradition when the hospitals were founded on secular lines. The Dhais were the god mother of women folk during the time gavebirth the child, mensural issues and other women sick. They were the lighthouse for the women in the dark sea (evil society) to realize the truthfull of medical service which help to recover the ailment both phycialy and mentaly.

Keywords: *Origin and Growth of Dhai System, Profession, Bianary Liability of Dhais, Job Tension, Health Problems.*

Introduction

The status of women must be understood before attempting to develop an overall strategy for their empowerment. She has ties with emotional, customs of family norms, ethics, and good manners etc in silenced way. Mostly her inability as a non-economic entity stems as the main cause of several of her problems in life. But aftermath, the economic imbalance came into existence she come forward to uplift the scarcity and helping hand to the men to maintain a balanced economy. It results the women workers in the form of industrialist, professionalist, and socialist are dazzling in the world. Women astounding many fields in the professional work, particularly in medicine like physician, Dhai ,and pharmacistare tackling with responsive moment. The profession like nurse frequently copes by men, but nowadays women occupy this profession in massive level in our country. This paper deals about the origin

and growth of women in Dhai, role of profession and responsibility in their family and health issues.

Objectives of the Study

- Origin and development of women in Dhai, how they received education.
- The role of missionaries in Dhai education, hospitals.
- To measure the women’s role to fulfill the expectations of society.

Origin of Women in the Profession of Dhai

In India the system of Dhai started thousands of years ago as indicated in our ancient treatises Samhita. Susruta defined a nurse as knowledgeable, devoted to helping patients, pure in body and mind. Veda teaches the students of medicine and Dhai to preserve a prefect body with his own determination.

The aspect of Dhai declined due to above factors and religious restrictions. Professional storytellers

and musicians were often engaged in hospitals to entertain and uplift the patients by singing and delivering poems to them. These men Dhais were sub casts of Brahmins or priestly orders. The Charaka Samhita stated the qualifications required both physical and mental freeness of the attendant of a patient should be maintaining the sanitation that was done by Female Dhais.

Dhais System

Before the adoption of the western medical system, the Dhais was the sole arbiter in maternity cases. She was the gynaecological consultant, midwife and health worker for the women of a community. Her services were recognized and rewarded by the whole community. The profession of the Dhais was hereditary; it passed from mother to daughter, or in some cases, to daughter-in-law. Dhais were not a separate caste, but belonged to several castes, always low in the social scale. In Madras, they belonged to the barber caste. In north India, Muslim women also practised midwifery, but they, too, belonged to the lower classes.

Childbirth has long been regarded as a time of 'impurity' in India. Among the Hindus, for some time after delivery, the woman was regarded as being untouchable; other members of the family were forbidden to attend on her. So she was left in the care of the Dhais. Since the bed and clothing needed frequent changes during confinement, only worn-out and discarded clothes were allotted to the new mother. The delivery and confinement were conducted in the worst quarters of the house; clay vessels, which could be discarded afterwards, were used; the mother herself became an outcaste for the time-being.

The cleverer among the Dhais accumulated a certain amount of wisdom either from their predecessors or from their own experience. They had no idea of the mechanism of labour, nor of the inbuilt

forces which delivered the child. They used crude artificial force to induce the delivery, often with disastrous consequences. Death during childbirth was common during the heyday of the Dhais.

However, since the majority of births are normal, the Dhais practised midwifery with great aplomb. She worked hard, but got paid meagrely, and did all sorts of menial jobs, such as washing of clothes and burying the placenta. She typically swaps out even her normal career attire for dirty rags. This delay is beneficial since the patient would suffer considerably more if she arrives to the patient during the early stage of labour. If these exercises don't result in enough development, she puts heavy weights on the abdomen or implants a vaginal plug made of filthy rags. She also has her run around the room, pull heavy weights, or squat on the mud floor. These procedures frequently hasten birth, resulting in bleeding; harm to the kid, and of course, perineal rupture.

The Dhais has inherited a despised calling, and is always wretchedly poor. She has valour of ignorance and is out to earn a living according to her lights; more times she is very badly paid. It should be remembered that the conditions of maternity Dhais have outlined do not apply merely to houses of peasants and labourers, but are to be found in the inner recesses of pretentious. The Dhais's fee includes attendance not only during labour but also for about ten days afterwards, at the end of which period it is customary for the woman to have her ceremonial bath. The Dhais is expected to leap with cow dung the defiled accouchement chamber and to wash all the soiled linen of patient and baby, which the Indian washer man will not touch.

When the woman had a normal delivery, everything went well. But when was a difficult or abnormal case, the Dhais blundered with her primitive methods to the extent of causing death of the infant, or the mother, or both. In many cases she caused

mutilation of the baby's limbs. The number of serious cases mishandled by Dhais startled the European doctors. It was strongly felt that providing proper training to the Dhais was essential in order to mitigate needless suffering and deaths in maternity cases.

Training for Dhais

Miss Hewlett who was employed in the Church of England Zenana Missionary Society came to Amritsar began one of the best programmes to train the native midwives in India in 1866, and it had a significant impact. She had extensive medical knowledge and was also a licenced nurse and midwife. She came to the conclusion that the Dhais needed to be trained as a result of her work with the women of Amritsar, but she had the insight to understand what others had not: that training alone was insufficient; monitoring of their work was also required. By charging a little charge for each attendance, Miss Hewlett persuaded the Dhais to come to her classes then attended the examinations and passed persons only received certificates. This concept guaranteed the Dhais to get remunerations for their duties and their social conditions were uplifted.

“Lady with the Lamp” Florence Nightingale’s Role in Dhais Nursing Education

In May 1860, a new tradition began with Florence Nightingale, during the end of Crimean War she received a large sum of money in recognition of her services and this sum she generously used to found a training school for Dhais at St Thomas’ Hospital. Her intention was to create a superior class of women who should, in turn, act as ‘Dhais missionaries’ to leave the entire Dhais world as it then existed. The plan succeeded admirably and within a few years the Dhais in every civil hospital changed radically.

Dhais Schools

The nurse was the skilled servant who operates in strict obedience to the physician's powers. St. Thomas Hospital in London was the first school established in 1840. The Nightingale's concept was that of an independent autonomous dignified profession allied to the medical profession rather than subordinate to it. The World Health Organization insisted upon to train and motivates Dhais educators to train the Dhais for better primary health care, and some of the important health aspects to include in the curriculum and to implement them. By this, thus, it is possible to mobilize Dhais leadership for primary health care.

The 1988 Indian Dhais Council figures show 389 Schools of Dhais have been attached to hospitals in the country which train 1092 diploma graduates yearly. Master's Degree in Dhais started in 1959 at Christian Medical College in Vellore. Specialized courses in paediatric, maternity and child health, medical, surgical and community health.

Dhais can offer health care that is cost effective; sometimes they were played the role physician in the circumstances of unexpected and emergency. Research findings revealed for Dhais practitioners are more effective than physicians at controlling obesity and hypertension relieving symptoms and providing continuity of care. Dhais care can reduce geriatric patients getting admitted in Dhais homes and thus reduce their cost of treatment.

The First Dhais Training Started by Missionary Hospitals

In 1871, Dr Chipperfield an acting physician in Madras General Hospital, wanted to improve the level of Dhais, during the time, a short term course of instruction in midwifery at the Hospital for Women, which was a woman who devoted to this hospital for three months of further training. After these changes there were 12 pupils might be under training at first,

and at the end of the year, 16 pupils might be retained as hospital Dhais and 6 sent out to gain a livelihood by the exercise of their calling in private houses; then 12 more pupils might be taken under tuition, for the experience the 6 hospital Dhais would have obtained would render them efficient aids in tuition.

Subsequently, as many pupils as were required could be taught, and for them provision could be made to fill up any vacancies which occurred in the hospital staff. This plan envisaged a sort of training school for Dhais which, in time, could meet the needs of competent matrons and Dhais for the various hospitals throughout the Madras Presidency, and would be sufficient to meet additional demands at private hospitals and houses.

In October 1874, the first matron superintendent, Miss Martyr, accompanied by a head nurse, Miss Pierpont from England, joined the staff of the General Hospital. At that time, there were only 6 women undergoing training for short periods of 3 to 6 months. Soon after, however, a permanent establishment was sanctioned, with 6 first-grade trained Dhais and 6 second-grade or pupil Dhais. From July 1885 to September 1887, two trained Dhais, Mrs McIntyre and Miss Coady, acted as matron superintendents in the Madras General Hospital.

On 31st October 1887 matron superintendent M.A. Nisbet gave her assessment of the Dhais staff in the Madras General Hospital to the then acting senior medical officer, Dr. Sibthorpe, at his request. Among other things, she pointed out: 'The system of giving a person (so-called nurse) of a few weeks' or months' hospital experience (which is unavoidable under present arrangements) the entire Dhais charge of from 40 to 50 patients, either on day or on night, is subversive to order or discipline, as neither can be reasonably expected or enforced. A higher rate of pay and distinctions in dress, with an opening for promotion, would act beneficially on the trained Dhais.

Community health Dhais Programme

William Rathbone introduced the system of visiting Dhais, which placed an emphasis on philanthropy, free care, etc. It has an impact on India because of the dreadful circumstances in which children were born, which are known to contribute to a high death rate. Because Dhais were accompanying women during childbirth are unskilled. Patients were unwilling to accept the outdated conventional practices, and Dhais were resistant to training. So, the government is starting to feel the need for community Dhais training in Delhi, Vellore, and Madras.

Conclusion

Although they are the brains and backbone of healthcare organisation, Dhais still don't get enough credit. Many people have expressed concern about this, but no clear recommendations or evident implementation of laws and policies have been made as of yet. To change the current situation, Dhais need to take the initiative and engage in more high-level participation. Although becoming a nurse practitioner will not be simple, it will deliver the pride and honour that every nurse craves. The country's health outcomes would improve if Dhais and doctors worked together in a respectful and cooperative manner.

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