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March 22, 1978

PD-AAQ-484
1CN 38698

MEMORANDUM

TO : AA/DS, Mr. Sander Levin
THRU : DS/RES, Floyd O'Quinn *980*
FROM : DS/H, Dr. L. M. Howard *[Signature]*
SUBJECT : Small Research Grant - Indigenous Systems of Health Care

Problem

Few developing countries with GNPs of less than \$300 per capita can provide rural health coverage for their people using systems which rely on paid government workers. The A.I.D. policy of supporting and encouraging community based village health worker projects represents acceptance of this reality. Systems which rely heavily on physicians are entirely beyond the financial capability of most developing countries.

The World Health Organization has recognized the economic impossibility of physician-oriented systems, as well as the difficulties in providing large numbers of middle level workers such as the MEDEX or the physician's assistant. Since developing village health workers will be an even longer and more arduous task, WHO and A.I.D. have begun to pay greater attention to indigenous systems of medicine, and to their practitioners. There is, however, a dearth of objective information of these workers. The literature is primarily anecdotal in character. The Agency is interested in learning more about indigenous practitioners and indigenous health systems.

Purpose

The Agency made a large investment in financing a research center in Narangwal, India for better understanding rural health. The Rural Health Research Center during its tenure conducted four separate studies over a period of twelve years which resulted in a wealth of data being collected. There is much to be learned from analysis of this data which was collected at great expense, and to put the information together into published book form for dissemination.

The proposed volume would be composed of four major sections integrated to deal with the subject of present and potential relationships between indigenous and governmental systems of health care. The sections proposed are as follows:

1. attitudes of rural people towards diet and disease
2. present patterns of use of indigenous medical practitioners with cost comparisons to government services
3. potential for integration of traditional systems into government health care
4. Dai (traditional midwife) practice profiles

All proposed sections deal with areas of knowledge about which published knowledge is scanty. Each section is briefly described in the attached four page proposal.

Discussion

The Johns Hopkins Department of International Health has a long and proven record of scholarly productivity in the rural health field. It has the staff, experience and competence to deal with the subject authoritatively. The cost of this study is modest since data will be analyzed by those who did the field work. This study can be carried out at a fraction of the cost of de novo research.

Finally a specific purpose, for which the small research grant program was established, was "for quick, specific analyses of data in hand, or other small, one time research activities." (Memo: TA/RES, Small Research Projects, August 8, 1975, page 2, para 2). This proposal meets this stated criterion.

Management

Very little management from DS/H would be called for with this project. This is an activity which differs only in content, but not in form from the work the Department of International Health has been engaged in for 16 years. The principal investigator, Dr. William Reinke has been a consultant to the World Bank, to WHO, PAHO, the governments of Thailand, Saudi Arabia, India, Peru, and a variety of private and public international organizations. He is a full Professor, and a former Associate Dean at The Johns Hopkins University School of Hygiene and Public Health.

Recommendation

The attached proposal has been favorably reviewed by the Chief, Health Delivery Systems Division, and by the Director and Deputy Director of the Office of Health. We find merit in the proposal,

believe it will contribute to knowledge in the field of rural health and will contribute to Agency objectives through broadening knowledge on a poorly understood but important problem area.

This proposal has been reviewed by DS/H and meets the requirements of an unsolicited proposal contained under AID PR7-4, 5301(3). It is recommended that a contract be awarded to the Johns Hopkins University without consideration of other sources.

APPROVED *William D. Gunning*
5/1/78

DISAPPROVED _____

DATE *April 21, 1978*

Clearances:

DS/H: DCEFe

DS/H: CAPease

DS/PO, JGunning

A large, stylized handwritten signature or set of initials is written over the three clearance lines. The signature appears to be 'JG' or similar, with a large flourish extending upwards and to the right.

THE JOHNS HOPKINS UNIVERSITY
Baltimore, Maryland

GRANT PROPOSAL

Submitted to: Agency for International Development

Project Title: Present and Potential Relationships
Between Indigenous and Governmental Systems
of Health Care

Period of Support: January 1, 1978 - December 31, 1978

Funds Requested: \$34,942

Grantee: The Johns Hopkins University
34th and Charles Streets
Baltimore, Maryland 21218

Performance Site: Philadelphia and New York*
under auspices of
The Johns Hopkins University
School of Hygiene and Public Health
615 N. Wolfe Street
Baltimore, Maryland 21205

William A. Reinke

William A. Reinke, Ph.D.
Professor
Department of International Health

Approved:

Edyth H. Schoenrich

D. A. Henderson, M.D., M.P.H., Dean/or
Edyth H. Schoenrich, M.D., M.P.H., Associate Dean

* Data collected in India will be analyzed by individuals in scattered locations and coordinated by Johns Hopkins.

DS/PO OFFICIAL FILE

AID Grant Proposal
November 1977

PRESENT AND POTENTIAL RELATIONSHIPS BETWEEN
INDIGENOUS AND GOVERNMENTAL SYSTEMS OF HEALTH CARE

In the growing focus on primary health care for less developed countries there has been a surge of interest in the present and potential role of indigenous practitioners. A great deal of rhetoric and few facts lead to widely different interpretations of the possible range of options. As AID moves with a strong congressional mandate toward promoting attention to integrated services for the poor, the need for measures that achieve coverage rapidly is increasingly evident. Justification for an increased role for traditional practitioners to rapidly increase health care coverage can be based on economic as well as cultural reasons. To use people who are accepted within their communities and are already providing coverage for the poor, especially in rural areas, and to improve their capacity to provide selected services in the integration of MCH/FP/Nutrition has a basic logic in cost-effectiveness terms. Surprisingly little information is available other than general descriptive studies, that would indicate how health programs that re-train or involve traditional practitioners could be designed and implemented effectively.

At Narangwal Rural Health Research Center in Punjab, India, four separate studies were conducted over a period of twelve years which provide a unique constellation of various kinds of data. This grant request is for funds to complete the analysis of these data and to put this information together in a book.

1. Attitudes of Rural People About Diet and Disease

Seven Indian social scientists living in rural teaching health centers in all parts of India were part of our research on rural orientation of physicians*. This provided a unique opportunity to get comparable information on beliefs of village people about diet and disease, so as to define regional variations. A cluster of diseases was selected which represented a range of illness patterns, and detailed questions were asked about these diseases, such as what the people thought were their identifying characteristics, causes, possibilities for prevention, preventive measures, therapeutic measures and to whom they would turn for care. Similarly, detailed questionnaires were completed on dietary beliefs and practices especially in relation to the hot-cold classification of foods.

2. Present Patterns of Use of Indigenous Practitioners (IMP) with Cost Comparisons to Government Services

As part of a functional analysis of health needs and services in Punjab, Kerala, and Karnataha (Mysore) a detailed study was made of indigenous practitioners. All practitioners in two community development blocks of about 100,000 population were identified and questionnaires were administered by Indian social scientists. Then check lists were filled out of what was actually done in practitioner-patient interactions. Additional data on practitioner utilization patterns were collected in household surveys. Cost of care by IMP's was calculated in comparison with government services.

* Taylor, C.E.; Alter, J.D. et al. Doctors for the Villages. Delhi: Asia Publishing House 1976.

3. Potential for Integration of Traditional Systems into Government Health Care

In Kerala a doctoral thesis explored the attitudes of indigenous practitioners, the public, and government health workers to alternative patterns of integration, especially focussing on family planning.

Detailed questionnaires were filled out on all practitioners, government health workers and a sample of the village people. The data relate particularly to expectations and opinions about the conditions under which the indigenous practitioners might cooperate with government services.

4. Dai Practice Profiles

Perhaps more than any other group the dais (indigenous midwives) have already been incorporated into rural health services. Present patterns of retraining are, however, artificial impositions of hospital practices. A detailed participant observation study of dai practices by a nurse-anthropologist resulted in a consolidated profile of usual practices which permits a new approach to working out their retraining and integration into MCH services. The fundamental principle derived from this analysis is to change only those practices which are clearly detrimental to health, such as the care of the umbilical stump; to encourage those practices which are clearly good, such as the squatting position during delivery; and to leave untouched all those practices which are neutral in their effect. This will provide a better basis for the preparation of training manuals for dais and auxiliary workers focussing on women's services and family planning. The information on dai practices

will influence what is taught to auxiliary nurse midwives and other village level workers.

PROPOSAL

The data from these four field studies are available in Baltimore and are partially analyzed. In addition, considerable information has been collected on the historical and legal aspects of the use of indigenous practitioners. Funds are needed to complete the analysis and write up the results. This will require faculty and staff support for the time necessary to do the work. It is anticipated that all this work can be completed in one year of part-time work of members of the original research team as indicated in the budget.

BUDGET

<u>Personnel</u>	<u>% of Effort</u>	<u>Amount</u>
Prakash Grover, Med. Sociologist	20%	\$ 6,000
Robert Parker, Health Planner	5%	1,550
Carl Taylor, Health Planner	5%	2,325
Nandini Khosla, Field Dir., Dai Study	25%	6,000
Mark Nichter, Med. Anthropologist	25%	2,500
Secretarial Assistance	29%	<u>2,900</u>
		\$21,275
Fringe Benefits 16%		3,404
Travel		500
Supplies, Computer and Publication Costs		<u>3,000</u>
Total Direct Costs		28,179
Indirect Costs - 24%		<u>6,763</u>
Total		<u><u>\$34,942</u></u>

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

The Johns Hopkins University
Charles and 34th Street
Baltimore, Maryland 21218

JUL 10 1978

Subject: Specific Support Grant
Grant No. AID/DSPE-G-0004

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D." or "Grantor") hereby grants to the Johns Hopkins University (hereinafter referred to as "JHU" or "Grantee") Thirty Four Thousand Nine Hundred and Forty-Two Dollars (\$34,942) in support of the Grantee's program on Present and Potential Relationships Between Indigenous and Governmental Systems of Health Care.

The funds are granted on condition that the Grantee administer them in accordance with the terms and conditions as set forth in Attachment A entitled "Program Description", Attachment B entitled "Grant Proposal", and Attachment C entitled "Standard Provisions", which has been agreed to by your organization.

The grant is effective on the date of signature by the Grant Officer and shall apply to costs incurred during the period set forth in the Budget and the Article entitled "Term of Grant".

CERTIFIED A TRUE COPY THIS
28th DAY OF August 78
BY Alvinda Hinton

JHU
AID/DSPE-G-0004

Attachment B, "Standard Provisions" are hereby amended as follows:

a. Delete the following clauses:

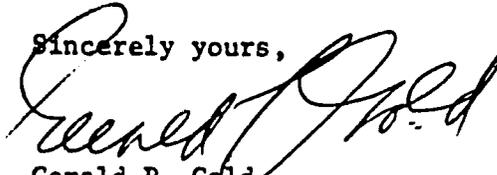
1. 5B. Negotiated Overhead Rates - Educational Institutions
2. 7A. "Payment --- Federal Reserve Letter of Credit (FRLC)"
3. 7C. "Payment --- Reimbursement"
4. "Procurement of Goods and Services Under \$250,000" and substitute in lieu thereof, the attached Clause No. 10, entitled "Procurement of Goods and Services under \$250,000".
5. 12B. "Title To and Care of Property (U.S. Government)"
6. 12C. "Title To and Care of Property (Cooperating Country Title)"

Please sign the "Statement of Assurance of Compliance", enclosed herein, and the original and all copies of this letter to acknowledge your acceptance of the conditions under which these funds have been granted.

Please retain one copy for your records, and return the Statement of Assurance of Compliance, the original and remaining copies to this office, being sure to return all copies marked "Funds Available."

JHU
AID/DSPE-G-0004

Sincerely yours,



Gerald P. Gold
Grant Officer
Chief, PE Branch
Central Operations Division
Office of Contract Management

Attachments:

1. Program Description
2. Grant Proposal
3. Standard Provisions
4. Statement of Assurance of Compliance
5. Negotiated Overhead Rates

ACCEPTED:

THE JOHNS HOPKINS UNIVERSITY

BY: 
D.A. Henderson, M.D., M.P.H.,
TYPED NAME: Dean or
Edyth H. Schoenrich, M.D., M.P.H.,
TITLE: Associate Dean
DATE: July 26, 1978

FISCAL DATA

Appropriation No.: 72-1181021.6
Allotment No. : 846-36-099
PIO/T No. : 3187871
Project No. : 931-0001
Total Grant Amount: \$34,942

Program Description

A. Program Objective

The objective of this grant is to complete the analysis of the four separate studies listed in Paragraph B below, "Specific Objectives"

B. Specific Objectives

The Grantee will, over the one year life of project, conduct research on the following four subjects:

- 1) Attitudes of villagers in India relating to diet and disease
- 2) Present patterns of use of indigenous practitioners with cost comparisons to government services in India
- 3) Indigenous practitioners and family planning in Kerala
- 4) Dai (midwife) practice profiles

Data on which the research is to be conducted will be from a data bank of unanalyzed surveys, interview and other material, and from cross-tabulations, and correlative studies of data sources collected in previous studies.

C. Implementation

To achieve the above objectives, the Grantee shall carry out the specific work in accordance with the Grantee's proposal, dated November 1977 and revision dated January 1978, as contained in Attachment D to this Grant.

D. Reporting

1. Progress Report - A brief, written progress report shall be furnished by the Grantee mid-point in the research (about six months after award) to the AID Technical Officer at project site.

2. Fiscal Report - A fiscal report shall be prepared in accordance with the AID Grant Handbook 13. Expenditures should be reported by project input costs. The fiscal report should provide a useful quantification of program achievements.

3. Final Report - As a final report, the Grantee shall submit three copies of the technical report covering the four subjects enumerated in the work statement above, to the Documentation Coordinator, DS/PO/EUI, Development Support Bureau, Agency for International Development, Washington, D.C. 20523 or his designee. An additional (fourth copy shall be forwarded simultaneously to the AID Technical Officer, DS/H, Agency for International Development, Washington, D.C. 20523, Such reports shall include a title page showing the title of the report, project title as set forth in this grant and the grant number. One copy of each report shall be clearly typed or printed on white paper so that it may be photoprinted to produce a microfilm master. Technical reports shall be accompanied by an author-prepared abstract.

E. Budget 7/10/78 - 6/30/79

The funds provided herein shall be used to finance the following items:

1. Salaries	\$20,428
2. Fringe Benefits 16%	3,371
3. Travel	500
4. Supplies, Computer & Publication Cost	3,000
5. Indirect Costs - 28%	<u>7,643</u>
Total	\$34,942

The Grantee may not exceed the total amount of the Budget. Within the total amount, the Grantee may adjust individual line items as reasonably necessary to accomplish the Grant project.

Revisions to Research Proposal: Present and Potential Relationships
January, 1978 Between Indigenous and Governmental Systems
of Health Care

1. Attitudes of Villagers in India Relating to Diet and Disease

Description of Study

In each of seven distinct geocultural regions of India an Indian social scientist familiar with the local language and culture conducted a comparative study of local beliefs relating to health. In each area a sample of 100 households was drawn from typical village populations.

To get comparable data a standard form was developed by the social scientists involved. To ensure adaptation to all local conditions each investigator first conducted in depth open-ended interviews with 25 of the older people in the village. The purpose was to explore the whole range of beliefs about diet and disease. Out of this experience the social scientists then selected 8 diseases which seemed both common and important, and decided on a clear question format that covered the most important beliefs. They also selected 50 commonly used foods for questioning about diet. In each area these questions were then pretested on 25 respondents to get the responses which would be most important to record. At a further meeting the questionnaire format was standardized. This included a clearly defined set of closed responses for each question. Similarly a standardized closed form was developed for the survey of beliefs about diet.

The final questionnaire included questions on: cholera, leprosy, diarrhea, tuberculosis, roundworms, rheumatism, scabies and filariasis.

The questions on each disease covered: beliefs about causation, whether the condition was preventable, what they would do to prevent the disease, what they would do to treat it and to whom would they go for care.

For beliefs about diet it seemed most important to define how people classified foods in terms of whether they produced hot, cold or neutral effects on the body. Dietary prohibitions follow these classifications and it was presumed that a descriptive analysis of patterns in various parts of the country would provide a basis for improved nutrition planning. We also assumed that there would be generally uniform patterns, but from preliminary analysis this does not seem to have been the case because major geographical differences emerged.

Analysis

Preliminary tabulations have been made of the marginal distributions of responses in various areas. There will have to be more detailed study of the interrelationships. Most importantly there is need for careful study of patterns of responses by geographical area to see whether generalizations can be made for policy purposes.

2. Present Patterns of Use of Indigenous Practitioners (IMP) with Cost Comparisons to Government Services in India.

Description of Study

a. Interviews with various types of indigenous practitioners eliciting practitioner characteristics, level of training, experience, knowledge, description of practice, use of or willingness to use preventive measures,

willingness to participate in government services, frequency of family planning advice, etc.

- (i) 75 full-time practitioners in two community development block in Punjab, 1967-1969
- (ii) 30 full-time and approximately 300 part-time practitioners in Mysore (Karnataka), 1968-1969
- (iii) approximately 50 full-time practitioners in Kerala, 1967
- (iv) 30 full-time practitioners in Punjab

b. Observation of care given to patients by indigenous practitioners. Details of diagnosis, treatment, advice and patient characteristics were obtained. Frequency of use of modern (Western) drugs and equipment were ascertained.

- (i) 500 patient visits were observed in Punjab, 1967
- (ii) 500 patient visits were observed in Mysore in 1968-69

c. Sample household interviews ascertained the prevalence of various illnesses, the proportion of these illnesses for which medical consultation was sought and the proportion of these consultations provided by indigenous practitioners. Use of IMPs for different illnesses, reasons for use and out-of-pocket expenditures for these consultations was ascertained. Types of treatment received and number of visits made were determined.

- (i) cross-sectional survey of 1,000 households in Punjab and Kerala, 1966-1967
- (ii) cross-sectional survey of 1,500 households in Punjab and Mysore in 1968-69

(iii) longitudinal (one year) fortnightly survey of 300 households in Punjab and Mysore in 1968-69

(iv) cross-sectional survey of 2,200 households in Punjab in 1973-74

Analysis of the above three types of data will primarily be descriptive, using frequency distributions, cross-tabulations and rates of use. Patterns of use will be related to patient and practitioner characteristics. Implications for possible training of indigenous practitioners and their involvement in, or cooperation with, organized health care delivery will be explored. Costs associated with visits to indigenous practitioners ascertained in the surveys will be aggregated and per capita expenditures on health care in the private sector will be compared with information about available government expenditures.

3. Indigenous Practitioners and Family Planning in Kerala

Description of Study

An important issue in all discussions of indigenous practitioners is the possibility of involving them in promoting family planning and preventive activities. Almost uniformly their primary role is curative although many preventive maxims are built into their routine practices. Most attention has been devoted to ways of using the traditional clinical skills and practices of indigenous practitioners.

In this study an effort was made to find out what might happen if indigenous practitioners were used in promoting family planning in Kerala. The approach was to do three kinds of surveys with sufficient overlapping

of questions to provide comparability.

The first group studied was the community with the objective of finding out what they thought of local practitioners and whether they thought they would be effective in promoting family planning. A three stage sample of 551 (99% coverage) households was selected with stratification to ensure essentially equal representation of the three religious groups: Hindu, Christian and Muslim. This represented about 16% of the households in nine villages from three panchayats of Ettumanoor Block in Kotayam District, Kerala.

The second group surveyed was the indigenous practitioners themselves to get information on their background, preparation and practice. They were also asked whether and under what conditions they would participate in the national family planning program. Kerala has a higher proportion of indigenous practitioners per population unit than any other state of India. Each household in the survey was asked for names of practitioners in the area and 300 were identified. The sample was the 144 practitioners who were mentioned three or more times including: 34 Ayurvedia (ancient Hindu medicine), 37 dais (traditional birth attendants), 25 homeopaths, 12 magicians and faith healers, 16 Visha vaidis (snake bite healers), 15 masseurs and marmanies (including bone setters), 4 Unanis (ancient Greek and Persian medicine used mainly by Muslims), and 1 herbomineralist.

The third group was all the staff of the two government primary health centers in the block, excluding the four physicians. The objective was to find out whether they would cooperate with a program to include indigenous practitioners. This sample included 64 health personnel.

Six different questionnaires were used in the various samples. The survey was conducted by two specially trained local interviewers under the supervision of Sunny Andrews, a doctoral candidate from Johns Hopkins who had originally come from this area of India. A high level of quality control was achieved.

Analysis

Much of the data have already been analyzed. Further analyses will mainly be to refine data and focus on key questions. This analysis indicates that the community expressed preference for scientific medical practice especially for adult medical care and prenatal care. For natal care, postnatal care and child care, dais and local practitioners were clearly preferred. There was a generally high level of acceptance of family planning but practice was low. Both the community and the health center staff seemed willing to have indigenous practitioners participate in family planning. Only one third of the practitioners indicated unwillingness to participate in family planning but these seemed to include the practitioners who were seeing the largest numbers of patients.

From these data far more can be gotten in relation to policy issues. The report will especially consider practical implications of these findings.

4. Dai Practice Profiles

Description of Studies

a. Participant observation of the practice of 17 indigenous midwives (dais) in Punjab was carried out over a two year period, 1971-1973. Data was collected by a nurse-anthropologist who stayed with, talked with, and

observed the practice of these dais in depth. Data was descriptive, and recorded or taped in an open-ended fashion. The volume of information was then carefully transcribed, cross-indexed and organized.

b. Detailed pregnancy histories were obtained during interviews of 6,000 women 15-49 years of age in Punjab in 1969-1972. Information about source of maternity care and previous complications or outcomes of pregnancy were obtained on a majority of these women. Use of dais was part of this data.

c. Interview survey of 16 dais in 1967. Details of the dais practice, number of deliveries and the dais characteristics were obtained.

Analysis will again be primarily descriptive with some frequency distribution and cross-tabulations. The primary contribution of this analysis will be to develop a detailed profile of the dais and their practice. From these data a training program to improve the ability of dais will be developed along with suggestions for on-going supervision and cooperation with government health services.

AID Grant Proposal
November 1977

PRESENT AND POTENTIAL RELATIONSHIPS BETWEEN
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In the growing focus on primary health care for less developed countries there has been a surge of interest in the present and potential role of indigenous practitioners. A great deal of rhetoric and few facts lead to widely different interpretations of the possible range of options. As AID moves with a strong congressional mandate toward promoting attention to integrated services for the poor, the need for measures that achieve coverage rapidly is increasingly evident. Justification for an increased role for traditional practitioners to rapidly increase health care coverage can be based on economic as well as cultural reasons. To use people who are accepted within their communities and are already providing coverage for the poor, especially in rural areas, and to improve their capacity to provide selected services in the integration of MCH/FP/Nutrition has a basic logic in cost-effectiveness terms. Surprisingly little information is available other than general descriptive studies, that would indicate how health programs that re-train or involve traditional practitioners could be designed and implemented effectively.

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PROPOSAL

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