Childbirth complications leading to maternal and neonatal mortality or later disabilities are a genuine concern among health policy-makers as well as medical and development profes- sionals. Policies that rely exclusively on hi-tech biomedical facilities and on personnel trained only in such technology ignore the vast national resource of indigenous knowledge, skills and practitioners and are less than adequate to address these problems. It is within this context that the non-recognition of traditional birth attendants (TBAs) or dais and their contributions to the wellbeing of mothers and newborn infants becomes a point of attention.

Dais are indigenous health care providers for women in India. They offer available, afford- able and culturally acceptable midwifery services during and after childbirth. There are no cor- rect estimates of their numbers, but assuming an average of one to two per village1 there would be about six hundred thousand dais. At one time they served all sections of society in their local vicinities. Colonialism's imposition of modern medical ideology has not only margin- alised dais but also projected them as “ignorant and dangerous”. Today they work mostly in impoverished populations living in degraded environments. This consistent process of exclu- sion undermines official efforts to reduce infant and maternal mortalities and morbidities.

Understanding the dais' role in neonatal and maternal welfare in the rural context requires an interdisciplinary approach to help explore the interface between knowledge domains, both modern and traditional, that mould the working of health care providers in these systems. The poor and the marginalised, whose physical, social and economic access to modern services is severely limited, continue to depend upon the traditional dai. Her work is woven into the social fabric of the villages where, among the poorest sections with monthly per capita expenditure of Rs.340 or less, homebirths are still as high as 61.0 percent2. Hence to appreciate her con- tribution we need to understand her location within the village social structure and dynamics, her skills, knowledge and their cultural rootedness, and the inherent potentials in her relation- ships with other providers. These linkages can be strengthened to make her work complimen- tary and bring her closer to the health service system for promoting neonatal and maternal survival and wellbeing.