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From Healers to Outcastes: Dalit Midwives and the Politics of Childbirth Knowledge in Colonial North India

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Abstract:

This paper examines the transformation of Dalit midwives (dais) from respected custodians of indigenous childbirth knowledge to socially marginalized figures in colonial North India. It argues that the colonial medical establishment, in collaboration with upper-caste social reformers, systematically devalued traditional midwifery by portraying Dalit midwives as unhygienic, unscientific, and incapable of providing safe maternal care. Such representations not only legitimized the expansion of Western obstetrics and institutional medicine but also reinforced caste hierarchies by displacing Dalit women's authority over childbirth practices. The paper explores how childbirth became a site where colonial governance, caste ideology, gender, and medical knowledge intersected. It highlights the contradiction between the indispensable role of Dalit midwives in ensuring maternal and infant health and their simultaneous social exclusion. By recovering the historical agency and expertise of these women, the study challenges dominant narratives of medical modernization and demonstrates that the marginalization of indigenous midwifery was as much a political and caste-driven process as a medical one. Ultimately, the paper contributes to the histories of colonial medicine, caste, gender, and subaltern knowledge by foregrounding the experiences of Dalit women whose contributions to childbirth and community health have long remained overlooked.

Keywords: Dalit Midwives, Dais, Colonial Medicine, Childbirth, Caste, Indigenous Knowledge, North India, Gender History, Medical History, Colonialism.

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Introduction:

> No low Caste woman can be a good midwife. It has become a business. Even the mere expression of desire by a low caste woman to practice midwifery makes people avail her services. These women are very dirty. They come in with dirty clothes, full of disease and germs. The dai does not allow fresh air to enter the room. It is imperative that other castes take on this work…-*Chand* 1928.

Traditional midwives (dais) occupied a significant place in the childbirth practices of pre-colonial North India. They were not merely attendants at birth but custodians of indigenous obstetric knowledge, ritual specialists, and trusted healers within their communities. Despite their indispensable role in ensuring safe childbirth, most of these midwives belonged to Dalit communities, particularly those classified as "Chamar Caste" whose labour was simultaneously essential and socially stigmatized. The contradiction between their indispensable service and their marginalized social status forms the central concern of this paper.

During the colonial period, the position of Dalit midwives underwent a profound transformation. Colonial medical discourse, reinforced by upper-caste reformist writings, increasingly portrayed traditional midwives as unhygienic, ignorant, and responsible for unsafe childbirth practices. A revealing example appears in Chand (1928), a reformist Hindi journal, which declared that "No low caste woman can be a good midwife" as quoted above and described Dalit midwives as dirty and unfit for the profession. Such representations did not merely question their medical competence; they reinforced caste prejudices by associating Dalit bodies with impurity and disease.

Ironically, the same women who were considered "polluting" because of their caste were invited into the most intimate spaces of upper-caste households during childbirth. Childbirth itself was regarded as ritually impure, and the responsibility of managing this pollution was assigned to Dalit women, particularly Chamar dais or Chamains. Their duties extended beyond assisting delivery to cutting the umbilical cord, disposing of the placenta, observing ritual practices, and restoring ritual purity after birth. Thus, their exclusion from society coexisted with their indispensable presence at one of life's most significant moments.

This paper argues that the transition from healers to outcaste was not a natural consequence of medical progress but a historical process shaped by the intersection of caste ideology, colonial medicine, and social reform. The introduction of Western obstetrics and professional medical training marginalized traditional birth attendants by delegitimizing indigenous knowledge while privileging biomedical expertise. As hospitals and trained nurses increasingly replaced dais, Dalit midwives lost not only their livelihood but also their social authority. Childbirth was one of the most essential events in village life, yet the women who possessed the knowledge necessary for safe delivery occupied one of the lowest positions in the caste hierarchy. The article argues that this contradiction emerged from the intersection of Brahmanical ideas of ritual pollution and colonial attempts to classify, regulate, and professionalize indigenous medicine. This article argues that the marginalization of Chamar dais was not simply the consequence of caste prejudice but the outcome of intersecting Brahmanical notions of purity, colonial ethnographic classification, and the medicalization of childbirth. Together these processes transformed hereditary childbirth knowledge from a respected community skill into a stigmatized occupation

associated with untouchability. Drawing upon colonial reports, vernacular literature, texts and recent scholarship this paper examines how Dalit midwives negotiated the contradictory realities of indispensability and exclusion.[i] It explores how colonial and upper-caste discourses transformed respected community healers into stigmatized outcastes and analyses what this transformation reveals about caste, gender, labour, and the politics of childbirth in colonial North India.

The history of midwifery in colonial India demonstrates that childbirth was not merely a medical event but a deeply social and political process shaped by caste, gender, and colonial rule. Historians such as David Arnold, Waltraud Ernst, and Mark Harrison have shown that the expansion of colonial medicine sought to redefine indigenous healing practices through the authority of Western obstetrics, public health, and professional medical institutions. At the same time, scholars including Deepak Kumar have emphasized that colonial medicine was never imposed upon a social vacuum but interacted with existing hierarchies of caste and gender. Building on this historiography, this study argues that the history of Chamar midwives reveals how colonial medical interventions operated through Brahmanical notions of purity and pollution, transforming women who had long been custodians of indigenous childbirth knowledge into stigmatized practitioners. By foregrounding the experiences of Dalit midwives, this paper demonstrates that the history of childbirth in colonial India cannot be understood solely as a story of medical modernization, but must also be read as a history of caste, labour, and the politics of knowledge.

Negotiating Purity and Pollution: Childbirth Practitioners:

The incorporation of Chamar women into the occupation of midwifery cannot be understood simply as a matter of occupational specialization; rather, it was deeply embedded within the caste ideology of purity and pollution that structured everyday social relations in colonial North India. Childbirth was widely regarded as a ritually polluting event, rendering both the mother and those assisting in delivery temporarily impure. Within this ritual framework, the responsibility for conducting births fell disproportionately upon Dalit communities whose hereditary occupations were already associated with bodily substances, death, leatherwork, and other forms of ritual pollution. As Mary Douglas (1966) has argued, concepts of pollution are not merely religious beliefs but mechanisms through which societies classify bodies, labour, and social boundaries. In colonial India, such notions ensured that midwifery became a caste-bound occupation, performed primarily by women from communities designated as "untouchable."

Colonial ethnographic records reveal, however, that the association between the Chamar caste and midwifery was far from homogeneous. William Crooke's The Tribes and Castes of the North-Western Provinces and Oudh (1896) demonstrates considerable variation among Chamar sub-castes in the United Provinces. Two principal sub-groups, the Jatiyas and the Jaiswars, predominated in different regions. The Jatiyas were concentrated in the Meerut, Agra, and Rohilkhand divisions, particularly in the districts of Meerut, Agra, Moradabad, and Badaun. The Jaiswars, by contrast, were located chiefly in the Allahabad, Benares, Gorakhpur, and Faizabad divisions, with significant populations in Jaunpur, Azamgarh, Mirzapur, and Faizabad (Crooke, 1896).

These regional differences corresponded with important occupational distinctions. While Jatiya women were generally prohibited from practising midwifery, Jaiswar women regularly worked as traditional birth attendants. Such

differences indicate that the relationship between caste and childbirth knowledge was mediated by internal hierarchies within the Chamar community rather than determined by caste identity alone. Similar patterns are evident among other Dalit groups. The Arhar Chamars of Bundelkhand, especially in Jhansi and Hamirpur, were reported to have moved away from leather work, and in many localities their women likewise did not practise midwifery. In contrast, women belonging to the Dhusiya (Jhusiya) community, concentrated in the Benares Division and adjoining areas of Gorakhpur, continued to serve as childbirth practitioners. These examples demonstrate that midwifery was unevenly distributed even among communities classified collectively as Chamars.

The occupational history of the Dusadh further illustrates the relationship between social mobility and childbirth work. George Weston Briggs (1920) observed that the Dusadh had abandoned leather work, ceased eating carrion, and relinquished the practice of midwifery as they sought higher social standing. Instead, they increasingly worked as agricultural labourers, weavers, domestic servants, and village watchmen. Likewise, although the Dhanuk community was occasionally classified alongside the Chamars in colonial ethnographies, Dhanuk women continued to function as midwives despite gradual occupational diversification. Such examples reveal that childbirth work itself became a marker of ritual status: communities aspiring to greater respectability often distanced themselves from occupations associated with bodily pollution.

Perhaps the clearest example of this process is provided by the Mochis. Historically regarded as an offshoot of the Chamar caste, many Mochis experienced upward economic mobility through specialized leather craftsmanship. Colonial observers noted that with improved economic status they abandoned practices identified with ritual impurity, including the consumption of carrion and pork, while Mochi women no longer served as midwives. The rejection of childbirth work therefore formed part of a broader strategy of caste mobility, through which communities attempted to renegotiate their social position by dissociating themselves from occupations marked as polluting. In this sense, the abandonment of midwifery represented not merely an occupational change but also a symbolic rejection of the social stigma attached to hereditary caste labour.

These variations demonstrate that colonial classifications of the Chamar caste concealed significant internal differences shaped by occupation, region, and social aspiration. Midwifery occupied a particularly complex position within this hierarchy because it required intimate engagement with bodily fluids and reproductive processes, both of which were regarded as ritually polluting. As Nicholas Dirks (2001) has argued, colonial ethnography simultaneously documented and reified caste distinctions by p resenting occupational identities as fixed social categories. Yet the evidence from Chamar sub-castes suggests a far more dynamic reality, in which communities negotiated, abandoned, or retained childbirth practices in response to changing economic opportunities and aspirations for higher social status.

The politics of childbirth knowledge in colonial North India was therefore inseparable from the politics of caste. The designation of Chamar women as dais reflected not only Brahmanical notions of ritual pollution but also the unequal distribution of reproductive labour within Dalit communities themselves. Childbirth knowledge, while indispensable to village society, became devalued because it was associated with untouchability. Ironically, as colonial medicine increasingly sought to professionalize obstetric care

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during the late nineteenth and early twentieth centuries, it appropriated aspects of indigenous birth knowledge while simultaneously marginalizing the women who had historically preserved and transmitted that expertise.

Preventive Practices during Childbirth: Hygiene, ritual and Colonial Medicine:

Colonial administrative and medical reports frequently portrayed Chamar midwives (dais) as lacking knowledge of hygienic childbirth practices. Their methods were routinely described as unsanitary, and high rates of maternal and infant mortality were often attributed to their practices. For instance, Briggs argued that Chamar women were particularly vulnerable to diseases such as plague and malaria because of their domestic responsibilities and prolonged confinement within the household. He further claimed that the "unclean" methods of Chamar midwives significantly contributed to female mortality. In cases where a woman died during childbirth, the midwife was frequently held responsible and subjected to punitive measures. Each midwife served a fixed group of clients, and attending deliveries outside this customary network could result in financial penalties imposed upon her family. Besides assisting childbirth, Chamar women also performed a range of customary services for their clients, including collecting firewood, procuring earthen vessels, supplying cow dung, and grinding grain, reflecting the broader service obligations associated with caste-based labour.

Historians of colonial medicine have argued that such representations were not objective assessments of indigenous obstetric practices but formed part of a wider colonial discourse that sought to legitimize Western biomedicine. David Arnold has demonstrated that colonial medical policies often interpreted indigenous healing traditions through the lens of scientific superiority, thereby portraying local practitioners as backward and unhygienic. Similarly, Waltraud Ernst contends that colonial medical knowledge was deeply intertwined with imperial power, where indigenous expertise was systematically marginalized rather than objectively evaluated. These perspectives suggest that colonial critiques of Dalit midwives must be understood within the broader politics of knowledge production and caste hierarchy rather than as neutral medical observations.

According to colonial officials, several childbirth rituals were interpreted as ineffective or superstitious attempts to prevent diseases such as neonatal tetanus, which they believed to be widespread among infants. The room in which the mother was confined was kept closed, and both the mother and the objects within the room were regarded as ritually impure. Colonial observers criticised these practices, arguing that poor ventilation increased the risk of infection. A fire was kept burning continuously, while incense, red chillies, old leather, and other aromatic substances were burned to produce dense smoke. Briggs interpreted these practices as evidence that childbirth customs were governed more by superstition than by medical knowledge, suggesting that unpleasant odours and smoke were intended primarily to ward off evil spirits believed to cause illness.

Recent historiography, however, has challenged these colonial interpretations. Scholars such as Deepak Kumar and Mark Harrison have argued that colonial medicine frequently dismissed indigenous preventive practices because they did not conform to European scientific frameworks. Rather than viewing these rituals as irrational, historians have emphasized their practical and cultural significance within local systems of health. Continuous fire helped maintain warmth for the

mother and newborn, while ritual fumigation with smoke may have functioned as a form of insect control and environmental purification. Postpartum seclusion regulated social contact during a period considered physically vulnerable and reflected indigenous understandings of contagion, ritual purity, and maternal recovery.

Thus, despite colonial criticism, many of these practices can be understood as culturally embedded preventive measures intended to safeguard both mother and infant. They combined empirical observations, environmental adaptations, and ritual beliefs into an integrated system of maternal healthcare. The colonial dismissal of these practices as merely "unsanitary" overlooked their social and therapeutic functions and reflected broader attempts to delegitimise indigenous obstetric knowledge while promoting Western medical authority. Consequently, the history of Dalit midwifery illustrates not only the contest between indigenous and colonial medicine but also the intersection of caste, gender, and imperial power in shaping the politics of childbirth knowledge.

Conclusion:

The history of midwifery in colonial India has increasingly attracted scholarly attention, particularly through studies that examine the intersections of colonial medicine, indigenous healing traditions, caste, and gender. Historians have shown that the colonial state sought to professionalize childbirth through the promotion of Western obstetrics, the training of certified midwives, and the regulation of traditional birth attendants (dais). While much of this scholarship has focused on the encounter between indigenous and biomedical knowledge, less attention has been paid to the caste-specific experiences of Dalit midwives and the ways in which their labour was shaped by social exclusion. By placing Chamar midwives at the centre of analysis, this study contributes to this growing historiography by demonstrating that the transformation of childbirth practices cannot be understood solely through the lens of medical modernization. Rather, it reveals that colonial interventions operated within existing caste hierarchies, reinforcing social inequalities even as they introduced new forms of medical authority.

The history of Chamar midwives in colonial North India demonstrates how caste, gender, and colonial medical policies intersected to transform respected indigenous healers into socially marginalized figures. Before the expansion of colonial medicine, traditional dais possessed valuable experiential knowledge of childbirth and maternal care and played an indispensable role in their communities. However, colonial public health initiatives, supported by upper-caste notions of purity and pollution, increasingly portrayed these midwives as unhygienic, unscientific, and incapable of providing safe maternal care. Colonial archives and medical reports often exaggerated these representations, constructing the Chamar dai as the "other" while overlooking her indispensable contribution to childbirth. Although she occupied a central role during delivery, ritual practices frequently excluded her from the household once the birth was complete, reinforcing her ambiguous social position.

At the same time, the Dalit midwife was not merely a passive victim of caste oppression. Despite her disadvantaged social status, she exercised agency by negotiating her remuneration, which often varied according to the gender of the newborn, reflecting the complex economic and social dynamics of her occupation. The absence of references to Dalit women working as midwives in many Dalit autobiographies from the region further points to changing social aspirations and the gradual

transformation of the profession during the colonial period. The spread of Western medicine, the professionalization of obstetrics, and missionary efforts to train and employ Dalit women in hospitals created alternative avenues of employment while simultaneously contributing to the decline of traditional midwifery.

Thus, the marginalization of Chamar midwives was not simply the outcome of medical modernization but the result of broader processes in which colonial governance, caste hierarchy, and gender politics reshaped the authority of indigenous medical knowledge. Recovering the history of these women challenges linear narratives of colonial medical progress and restores the voices of those whose expertise sustained generations of childbirth despite social exclusion. Their experiences reveal that the politics of childbirth in colonial India was deeply embedded in questions of caste, labour, and power, leaving a legacy that continues to shape debates on traditional birth attendants, maternal healthcare, and the recognition of marginalized knowledge systems in contemporary India.

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