



# SWASTHYA SWARAJ NEWSLETTER

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## New Year, New Vigour

*Editor : Rakshikha*

The last quarter saw us resuming the organisation's traditions of the pre-Covid era! The team took a 2 day pause to come together to have some leisure time and to have fun. We also took the time to pause and reflect on our journey so far, to zoom out and look at our impact, to make course corrections wherever necessary, to discuss about scaling. This issue is going to be stories from our team members which will help the readers' look at Swasthya Swaraj's impact and the gap areas there in, through their experiences and reflections.

We hope you enjoy the read!



## Reflecting on the agency of young tribal women in matters of pregnancy

*Dr Surabhi Sanjay, Junior Medical Officer*

It was one of those relaxed OPD days at Kerpai where we sat down late evening soaking in the cool breeze after a hot sunny day, when Maha Dei, one of our Swasthya Sathis from Kerpai village came running into the clinic premises barefoot and panting. While she tried to catch her breath, she informed us about a young woman who had delivered a baby in the upper part of the village much before her date.

I had always heard stories from the staff about how the tribal women deliver in the villages, outside the comfort of their homes, unassisted, on their own and even cleaning up after themselves once the ordeal is over. So, we put on our headlamps and I keenly accompanied Anjana and the other clinic staff as we followed the Swasthya Sathi to the place of birth.

I'm not sure what I was expecting while I walked up there. Was I expecting them to be happy a doctor came all the way to assist a woman to deliver or was I expecting to see a situation where I could jump right in and save lives? We were walking into that dark lane on top of a hillock, led us to a cowshed or a pig pen where a small petite 15-16 years old girl was squatting in the dirt over a pool of blood. A small baby about the size of a man's palm, covered in dirt and fresh turmeric was held next to a bucket of water, being washed and scrubbed by one of the elder women of the village. At this point my ability to jump right in and save the day immediately took a back seat. I stood there watching helplessly while the staff sprung straight to action.

We divided into two groups, four helping the woman get to a cleaner spot and two of us tending to the baby. I took the baby into my hands and realised I was holding a little girl who hardly weighed a Kilo, eyes still glued together, with a feeble weak cry as she shivered due to the cold. We immediately dried and cleaned the baby. The chord was already cut and was bleeding as it wasn't tied. We clamped the chord and tied with the thread. She was then snugly wrapped with a clean blanket. I held her close and tight to keep her warm till help arrived.

While Anjana and I managed the baby, Napa along with the DCHP interns Basanti, Damen and Sasmita tended to the mother and got her to lie down in a dry place. On checking her vitals, she had a very low BP. Women from the neighbouring houses had surrounded us by now, not to provide a helping hand but to see what the ordeal was about. They told us that she hadn't eaten anything for two days, so she was then given ORS in sips and comforted as we helplessly waited for the clinic vehicle to pick us up from here. None of the men from the village came forward to help including her husband who was not any older than 20 himself.

Soon we were picked up and brought to the clinic where Sasmita, Dr. Sandya and the remaining clinic staff promptly took care of the mother and baby ensuring they were comfortable and their vitals stable.

Once the mother's condition improved, we began trying to initiate breastfeeds but since she did not have any breast milk for the first couple of hours the decision to start formula feeds was made. Consulting a paediatrician on call, we began 2 hourly feed for the baby via an NG tube, medication through an IV cannula and round the clock nursing care ensuring the baby was doing okay.

All of this felt challenging to us, taking risks and managing a VLBW baby this small in a centre so remote. The staff took up the challenge with utmost dedication and confidence. They took turns on their own and managed to take care of this tiny neonate all by themselves. They ensured the baby received KMC when not being fed and also involved the father in the process by encouraging him to stay inside and help with feeding and care as well.

The mother began having adequate breast milk 3-4 days after birth. Formula feeds were stopped and direct breastfeeding was initiated along with expressed breast milk being fed through a paladai. The staff at Kerpai even called me a few days later to let me know how happy and comfortable the mother has been, that she doesn't want to go home and would want to stay at the clinic till the baby gains some more weight.

While the story could have ended well with the little girl born in these harsh conditions managing to pull through, the reality is that the struggles were just beginning. The baby was instead taken back home by her father and his family despite the mother's displeasure. After a week in the clinic this little infant still weighing just one kilo, went back home for rituals and traditions that wouldn't wait till the baby gained some weight.

What choice did this young mother really have this entire time? Did she have a say in anything at all? She is just one of the many young girls in this part of the world who got married as soon as she attained menarche, got pregnant before she knew how, and will endure this again and again without thought and opinion till she can't anymore.

Frustrated and helpless is what I felt that night. Not being able to do anything, watching this young girl take home her baby who might not survive.

Despite the odds, if this baby does manage to survive, I hope she grows into a healthy child. And one day when she does grow up into a woman of her own, I pray society helps her take charge of her life, make choices and do what she feels right - For there's no need to have survived if she can't thrive.



# Understanding Verbal Autopsy through experiential learning

*Dr Ameena Mumthaz, Tribal Health Fellow*

All of us would have heard of Autopsy, more commonly ‘Post-mortem’ - the examination of a dead body with an intent to search for the cause of death in cases where foul play is suspected. The medical examiners reach a conclusion thorough examination and dissection of the body. However, not many of non- medical personnel would have heard of “Verbal Autopsy”.

During my MBBS, in forensic medicine paper, I remember thinking of how interesting the concept is while reading about verbal autopsy. I imagined how the process of finding the cause of death from dissecting the history gathered from the close relatives would be like. But there were few questions in my mind - Why do we have to do Verbal Autopsy? Why can't we just do usual autopsy? Why it is not practiced widely in urban areas? Even though I had read about it in books, I wanted to practice it. Little did I know that the answers to my questions would come from my experience here in Kalahandi.

Few months back, our field animator informed us of the death of a young lady in one of our project villages. When we visited her home a few days later, we met with her mother in law. We started conversing with her. It was during my initial months here and hence my understanding of the language was poor. With the help of our clinic staff and Swasthya Sathi of the village, we started enquiring about the young lady. Initially we asked her to narrate to us about the day she died and if she noticed anything unusual. She gave a very vague story like every day she was going to work, one day she was having body pain, she seemed tired and then she passed away the next day. No history of fever, cough or any infection bleeding, injury, trauma. Nothing!!

Within the next half an hour, people started gathering - relatives, neighbour ladies, children. Everyone had their own version of the story. It was going nowhere. Then we started asking a few leading questions. We asked details about where she goes to work, what kind of work, and finally somebody mentioned that she had difficulty to drink water the day before dying and then we



tried to get more details about it. It seems, she had hydrophobia and aerophobia and we came to a conclusion that the cause of death could be rabies. Post this, we did a quick screening of others in the village for any symptoms and to get information on any rabid animal history. It turned negative. However we communicated to the villagers to inform the clinic in case of any contact with animals.

Had the incident taken place in an urban set up where there is robust health system in place, the patient would have got timely treatment and moreover the cause of death would have been detected and recorded. Verbal Autopsy is a method that enables identification of cause of death where no other routine systems are in place and where many people die at home. When you work in a rural health sector, in a community whose approach to life and health seeking behaviour is much different, autopsy is not possible to get the cause of death. First, you will come to know about death only after a few days. Second, their health seeking behaviour is low and hence the possibility of having the medical records would be low. Respecting the community and their mourning period, you will be able to visit them only after the funeral ceremonies are over. The process will involve asking them questions about exactly how did the death happen, what all happened before the death, what was the previous health status, what were the symptoms before death and so on. Basically, one would ask them leading questions to rule out some possible causes of death. Verbal autopsy is usually conducted by a trained health worker. And finally after collecting information from different reliable sources, all the different versions are compiled and analysed by the doctors to come to the inference. This can be the cause of death of this person.

It is important that data on cause of death are available, reliable, timely, and collected for a robust evidence base to make strategic health interventions and policy. Since the case was in a remote village, if the verbal autopsy was not done, the chances for the spreading of the virus would have been high. In many low and middle-income countries, there is a pervasive lack of death registration inclusive of notification of medical cause of death due to low investment over decades. This situation highlights an important gap, as one in two deaths go unreported globally, the majority occurring in low and middle income countries. Today VA is a well established surveillance method used in many low and middle income countries mainly in research settings, and/or as part of large household surveys to calculate disease burdens in populations. At the macro level, VA has the potential to help close the gaps in the availability and use of data, and guide policy implementation, evaluation and investment in health systems.

#### References:

1. Thomas LM, D'Ambruoso L, Balabanova D. Verbal autopsy in health policy and systems: a literature review. *BMJ Glob Health*. 2018 May 3;3(2):e000639. doi: 10.1136/bmjgh-2017-000639. PMID: 29736271; PMCID: PMC5935163.



## Village women's confidant

*Excerpt from the conversation with Malendri Majhi, Swasthya Sathi*

“In my 7 years of working as SWASTHYA SATHI, I have gained more confidence and respect in my village”, says Malendri Majhi. Swasthya Sathi is a village health worker chosen from among the women of the village and given periodic training on primary diagnosis and health practices. In a village tucked away in the interiors of Karlapat Wildlife Sanctuary, Malendri welcomed us with a warm smile. She had just come from her work in the donger.

When asked about her biggest achievement so far, she was quick to highlight that there were many Low Birth Weight (LBW) babies in the initial years, but now it has been reduced to nil. She quickly added that all pregnant women from her village receive 4 checkups. Receiving all 4 health checkups during pregnancy is a huge achievement. For context, in the year 2021-22, only 30.5% received all four ANC checkups in all the project villages of Swasthya Swaraj. She gleamed with pride when she mentioned it.

As we were talking few women came in with complaints of cough and fever. She pulls a big can of ‘Viagri leham’ fills a smaller box with it, and guides the woman on the specifics of taking the medicine. She also hands over a couple of Paracetamol tablets. We watched her do it with such ease and confidence. She then turned to us to add that working with women is the favourite part of her job. Over the years she has closely worked with pregnant women, seen their journey throughout the pregnancy, knows who are the high-risk pregnancies who need her special attention, motivate all to attend the antenatal camps of Swasthya Swaraj without fail, accompany those who need special care to the hospital, and followed up with them in case of any difficulty and in some cases, helped them through delivery and following up the newborn baby and postnatal care of the mother. She recalls lessons from the monthly trainings and tries to say the exact words the trainer told them.

In most of the village meetings she conducts for women, she speaks about care during pregnancy and the importance of the health and nutrition of the mother. She stresses doing less laborious work, especially during the 3<sup>rd</sup> trimester, and taking nutritious food. In these meetings, she also talks about the concept of spacing and why it is important for the mother and the family. “These

days, a lot of women come forward to register themselves once they are pregnant. I need not take the trouble to pull them for checkups like I used to”, says Malendri.

She lowered her tone and came closer to me as she said women also come to her with other problems. In many instances, women do not know how to draw boundaries with their partners. Malendri recalls that she talks to the women and sometimes has even taken the women to the clinic. “To know that they can confide in me their problems, makes me happy doing this work”, says Malendri. There are women from her village who themselves ask for inserting ‘Copper-T’ and insist on understanding why the spacing is important.

“There was a very strong belief that the more the children, the better. This belief is slowly fading”, adds Malendri. Clearly, the health-seeking behavior of the pregnant women in the village has improved over the years and the words of Malendri is a testament to that.



## **TULSI clubs as social influencing platforms**

*Excerpt from the conversation with Paldei Majhi, TULSI Sathi*

“A few years back, my friend Savitri\* was married off to a boy from a nearby village. We were only 13 years old and it was within 2 months of commencement of her menstruation. The marriage ceremony was very huge and she was also very happy. She got pregnant within next few months and she gave birth to a baby boy. But during the delivery, the placenta did not come out and some other complication had happened. Even though the elders rushed her to a clinic and then a higher care hospital, she passed away in Burla Hospital. This was the first death of this kind in our village. I remember her face very vividly. We were very close friends. When I heard the news of her death, I felt very bad and devastated. Her body was fully puffed up. I was only 13 years then, I did not understand why she died even. The whole village was mourning her death for days”, recalls Paldei Majhi of Melghara village. As she narrates the incident, she mimics how her friend looked and her eyes teared up as she spoke.

It's been 2 years since she joined us as TULSI SATHI. It's been a wonderful learning journey so far for her. She enjoys the training classes the most as she is able to understand more about her body, what changes happen to her body during menstruation, understand what food gives what

kind of nutrition and learn some mathematics!

TULSI Sathis are village-level adolescent girls' peer group educators who are trained every month on various themes like Sexual and Reproductive Health, gender equality, Nutrition, Life Skills, common health issues, Non-formal education, and Livelihood skills. Swasthya Swaraj works with adolescent girls as they are the important link towards improving the health and survival of the present and future community. Most of the TULSI Sathis are school dropouts or never been to school. They act as peer group educators who mobilize the adolescent girls from her village and impart training to the girls in the TULSI clubs twice a week in the evenings.

Paldei Majhi loves meeting the 'didis' of Swasthya Swaraj. In the beginning, she seemed to have struggled to take training to her own friends but she says that she mimics some training styles of the didis in her clubs. "To know so much about my body and to be able to teach my girls about it makes me feel empowered", says Paldei while holding the hands of our TULSI coordinator. She adds that she seems to feel responsible for the girls of her village.

For Paldei, the story of Savitri is very relatable. It is the same for the girls of her village and hence it was easier for her to talk to the girls. She says that she is aware that a girl can be pregnant out of wedlock. Since all the girls in the village spend most of their time together, we are aware of each other's personal matters and is aware of each other's menstrual cycle. They speak about the ill effects of early marriage and the consequent early pregnancy, among themselves. They even speak of contraceptives in the groups. The group is very careful of any of the girls missing their date and they follow up.

"My girls tell me that they will marry only after 5/6 years after commencement of menstruation now", adds Paldei Majhi. The TULSI group acts as a positive peer pressure in the village! Since the knowledge is with the adolescent girls themselves, it's interesting to see how they make use of it to make informed decisions. The clubs are examples of how peer pressure can positively influence social change. Teenagers are more susceptible to the influence of their friends. While they are learning about their social place and their identity, they are subconsciously looking to their friends for information about how to act and interact with others. The TULSI Club acts as a social influencing platform to resist child marriages and grow up as empowered women.

## **From running away from me to running towards me**

*Rupsing Majhi, Sikhya Sathi*

When I joined Swasthya Swaraj as a SIKHYA SATHI, I was given the responsibility of improving the state of Kachalekha Govt Primary school. It is a High School in the Kerpai GP. Children from Kerpai, Kachalekha, Tadadei, Pindapadar, Chimrang, and Mardiguda villages and hamlets come to this school for doing their studies. The number of enrolled children in this school is more than 300, but the average number of children actually attending the school used to be about 13. Some hamlets and villages had boycotted the school and none from those villages were attending this school. There was a huge gap between teachers and children, and they avoided the school.





One of the primary responsibility as a Sikhya Sathi is to improve the community involvement and to improve the interest of children on schools. This turned out to be a big challenge. I found that in the villages the parents did not force or encourage the children to go to school as they themselves did not find relevance in the school education. Children were roaming around, grazing cows and goats or going to donger. I found it difficult to engage the children in conversation as they tried to avoid me as they assumed that I'm also a teacher. It was saddening to see that even a child of 12/13 years did not know to read and write Odiya or English alphabets and also do basic arithmetic.

I did not give up and I persued my efforts. I visit the villages and hamlets daily, call the children from their homes. I continued doing it day everyday even when the children avoided me, even when the parents did not cooperate with me. It was discouraging at times. Having a word with the brothers in SSS would encourage me again. I later started to organize games for them, tell stories, make them tell stories, used song as a medium to teach them to count numbers, do physical exercises, nurture interpersonal communication between the children and other ways. I also took efforts to make the parents see value in school education. I visited all the 6 villages and met the parents in their houses to talk to them about why school education is crucial in these times. Soon I was able to establish a friendly connection with most of the parents. Quite frequently, I organized village meetings in each village and hamlet to talk about the importance and necessity of Education with the help of my senior colleagues in Swasthya Swaraj. I accompanied the children from the village to the school daily in the morning where the resistance was the highest.

Slowly the resistance reduced and change started happening. Students started coming to the school and the number and regularity improved gradually over a period of 5-6 months. Now more than 100 students attend the school regularly. I find that now the children are not as shy as they were earlier, and they now freely ask me doubts. I feel so happy and gratified to see that their personality is slowly blooming. Even though I picked up the job out of necessity, I have become passionate about teaching the children now and children also look out for me daily. Even during the summer vacation, I'm going to the villages to meet them and teach them. As soon I come to their villages, they come with their pen and paper and slates to study!

## ANNUAL GATHERING & EXCURSION



In between all the work, all of us took the time out to come together for a night full of fun and games, followed by an excursion to a waterfall nearby. We had resumed this tradition after a gap of 2 years.

## IN OTHER NEWS

### TEACHERS' SENSITISATION WORKSHOP

Swasthya Swaraj team conducted a sensitisation workshop for the Government teachers and HMs of the 15 schools in Kerpai GP on the concept of Health & Nutrition Promoting Schools. Through this workshop, we came up with areas where both of us could work collaboratively.



### GSPG INAUGURATION

On the 16th of December 2022, the inauguration of the GSPG in the Silet GP took place. The GSPG was inaugurated by the Th Rampur block's Tehsildar, Mr Eswar Chandradas. The event was graced by the presence of Marguma Sarpanch, Kerpai Sarpanch, Ex Sarpanch of Silet and the land owner. The BEO of the block also graced the occasion. Ms Swagathika Naik representing SELCO, our long-time partner was also present.



### REPUBLIC DAY CELEBRATIONS

The Swasthya Swaraj team split up and we attended the celebrations in almost all of the 15 schools in the Kerpai GP. In all of the schools, we participated in the flag hoisting ceremony.

### GRADUATION OF 2ND BATCH OF DCHP STUDENTS

Graduation ceremony of the 2nd batch of DCHP graduate was held in the School of Community Health Science & Practice campus. Prof. Sunil Kumar Jha, Dean, School of Paramedics & Allied Health Science, CUTM was the Chief Guest of the event. Mr Dayanidhi Majhi, Block Chairman and Mr Dhurbakanta Majhi, Sarpanch of Kaniguma were the guests of honor. The current batch of DCHP students showcased their artistic talents.



### SKILL DEVELOPMENT WORKSHOP

On 21st February 2023, 4 guests from from 'Days for Girls' (Bombay Accueil and Connexions groups) visited our centres for a workshop on making clothpads. They provided hands on training session on how to stitch cloth pads on the machine to the TULSI girls. They also donated one machine to our centre for our use.



### SWASTHYA SAATHIS' EXPOSURE VISIT

We took some of our Swasthya Sathis, who are our pillars of strength in our community health programme on an exposure visit to Bhubaneswar, in two batches. They visited the Tribal museum, Udayagiri, Khandagiri Caves, and Nandankanan Zoological Park.



## GANDHI'S TALISMAN

“ I will give you a talisman. Whenever you are in doubt, or when the self becomes too much with you, apply the following test. Recall the face of the poorest and the weakest man [woman] whom you may have seen, and ask yourself, if the step you contemplate is going to be of any use to him [her]. Will he [she] gain anything by it? Will it restore him [her] to a control over his [her] own life and destiny? In other words, will it lead to swaraj [freedom] for the hungry and spiritually starving millions? Then you will find your doubts and your self melt away.



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