

SWASTHYA SWARAJ NEWSLETTER

VISIT US : WWW.SWASTHYASWARAJ.ORG



IN THIS ISSUE:

Reflections on the
training of Traditional
Birth Attendants
(TBA)
Pg 2

Report:
First Graduation Day
Pg 7

Safe Delivery Kits – A
low cost initiative to
promote safe
motherhood.
Pg 9

A flashback from last year

EDITOR: DAANISH SINGH BINDRA

The summer heat is setting in and so is the second wave of the COVID-19 virus, reminding us of almost an year back, when the lockdown was first announced. As the number of cases reaches new heights, it would not be surprising if another lockdown is announced in Odisha, and we know what would follow: Shutdown of all transportation facilities, small businesses would fail, and the brunt of the calamity would be faced by the migrants and the most isolated. We have a majority of both those groups in our project areas.

We need funds, doctors and resources, but most of all, we need the willpower to pull through. Just like last year during this time, we have a shortage of doctors on field, during one of the highest loads of new patients in the year. What drives us is the immediate needs of the people we serve. However it is not enough. People in this region need to be heard and need support from those who sleep comfortably in their homes.



Reflections on the training of Traditional Birth Attendants (TBA)

WRITTEN BY DR. AQUINAS EDASSERY

Women delivering at home is an accepted tradition and even today in underdeveloped tribal areas more than 75% of the deliveries happen at home. Swasthya Swaraj implements many programmes in the far flung tribal villages in order to improve maternal and newborn health. One such activity is training of Traditional Birth Attendants (TBAs) which is becoming obsolete in our country today. One such training was carried out recently and it was a three days' residential, intensive training and was attended by 62 TBAs from 62 villages/hamlets. It was done in two batches in two locations each training lasting for 3 days. The language of the training was Kui as none of the participant was conversant with Odiya language. Tribal women rightly consider delivery as a natural phenomenon for women, not a medical intervention to be carried out in hospital setting. All the 62 women were above 40 yrs age except for two, and all attended the training for the first time getting trained as Trained birth attendants.

A look into the lives of the TBAs:

All these 62 women are first generation TBAs, meaning that there were none who handed over the tradition to them or trained them. All of them had delivered themselves with no assistance from anyone whatsoever. All of them are illiterate, were married at a very tender age of 13-14 yrs and became mothers soon, not knowing anything about child birth or parenting. When the labour pains set in, they were told to bear down hanging on to a rope tied in the ceiling, squatting on the floor when the contractions became strong, and they pushed the baby out and then after the placental detachment they cut the umbilical cord with the kitchen knives which were kept ready. Some had delivered up to 10 babies like this and many of the participants had lost one or two babies in this process (perinatal and neonatal deaths).

How did they and why did they start assisting women in delivery?

These women took to helping other women in birthing babies out of necessity- when a neighbouring woman was struggling, she went out to help her not knowing anything other than that she herself had given birth to at least one live baby; but then more women started calling her and she realized it as her vocation to help the women in acute need and has not since then turned back from attending to these distress calls. All had the same story. Many of them could not say how many pregnant mothers they had assisted. It numbered to hundreds. But to our great surprise no maternal death happened in their hands. Two women had inversion of uterus which is a dangerous obstetric complication and somehow it was corrected and the mothers survived. Some reported 1- 2 neonatal deaths out the many they assisted.

How are they paid for their work?

They hardly receive any remuneration. Some said they receive Rs. 10 or a meal, occasionally a Saree. They consider this as a voluntary job, not to be remunerated. Many times they have to leave their household work or field work and attend the call, sometimes waiting the whole night with the woman in labour, foregoing her own sleep. These women who gave birth to so many babies un- assisted by any one and now reaching out to other women voluntarily for no reward are respected by all. Their presence and gentle confident approach to women in labour imparts courage and reassurance to the expectant mothers and their families. These women do need recognition. They are the unsung heroes in tribal villages.

Birthing practices in tribal hamlets

Very often till the last minute the pregnant women are engaged in farm work up in the hills and when the labour pains start , they come home and deliver the baby! They do not think about going to the hospital even when the hospital is nearby, and usually are not prepared to go.

In the back of the houses in dingy rooms/ corridors these women deliver all by themselves silently with none to share with and receive support from. Once the umbilical cord is cut, other women from neighbourhood come and assist in bathing the baby and heating water for the mother to bathe. But while delivering even if the mother struggled or bled or died nobody would know immediately. However, with the advent of TBAs this situation is changed.





Scientific and unscientific aspects of home deliveries:

There are many positive points in home delivery practices. Some of these age-old practices are now proved to be scientific:

- a. Natural birthing positions (squatting and bearing down) speeds up the descent of the head of the baby and delivery.
- b. The perineum is capable of stretching enough to allow the passage of the baby's head. Routine episiotomy in every primi is not advised any more.
- c. The TBAs have their way of identifying danger signs in labour. According to these women the danger signs are: transverse lie, breech, hand prolapse, foot prolapse, uterine contractions not starting after rupture of membranes, convulsions and bleeding, Foetal position is determined by palpating the fundus and finding the limbs of the foetus.
- d. Delayed cutting of the umbilical cord which they practice improves the iron stores of the newborn and is recommended today.

Most unscientific and unhygienic practices are:

- a. After delivery, the baby is left in the mud floor uncovered and unattended till the placenta detaches. Only after the placenta detaches the umbilical cord will be cut and baby will be taken care of by the TBA. If the placental detachment takes very long, they patiently wait and only then decide about shifting the patient to hospital. This long delay leaving the baby to unhygienic conditions and exposure to cold is the single most important factors contributing to high neonatal mortality in this area.
- b. No immediate breast feeding. Only after the mother had a warm water bath, the baby is put to breast
- c. After delivery none would touch the mother and even carrying her in a stretcher becomes a big problem. Very often Swasthya Swaraj team when they are called to help the mother in these situations have to carry ourselves as it is taboo for them to touch or carry her.

Why should we train Traditional Birth Attendants?

According to the World Health Organization a TBA is "a person who assists the mother during childbirth and initially acquired her skills by delivering babies herself or through apprenticeship to other TBAs". Traditional Birth Attendants (TBA) have been in existence as long as the human race has inhabited the earth. TBAs play an important role as far as the delivery of maternal care is concerned, especially in remote rural and tribal areas. TBAs are more geographically accessible, culturally acceptable, socially and emotionally close and handy to provide most of the basic but most important care that pregnant women require. Most pregnant women in tribal hamlets prefer the services TBAs provide at home as against trained ANMs and hospital based care because women believe childbearing is a natural phenomenon for women and it is supposed to be without complications which the TBA can easily handle. It only becomes necessary to consult a trained nurse/midwife if there are complications the TBA who are more patient, tolerant, and soft and can gently touch and examine them till they are delivered of the babies cannot handle. The illiteracy of pregnant women, socio-cultural factors and the belief that the herbs, concoctions, and prayers offered by the TBA are efficacious are other reasons pregnant women will prefer the TBA ; also it is due economic factors such as the lack of money, poor road network and lack of transport to the clinic. Most women will patronize the services of the TBA because the TBAs practice some of their longstanding traditional practices which are part and parcel of the beliefs and culture of the tribal community and the mere fact that the TBA lives in the community and speaks the same language means that pregnant women will develop trust in them.

It is sad to notice that despite the role that TBAs play in the far flung tribal communities as far as maternal health issues are concerned, these women have not received any recognition from Govt and have received no trainings so far in improving their knowledge and skills.

In the SDG (Sustainable Development Goals) 3.1 and 3.2 all countries aim to reduce global maternal mortality ratio to less than 70 per 100,000 live births and preventable deaths of newborns (neonatal mortality) to less than 12 per 1000 live births and under-five mortality to at least as low as 25 per 1000 live births respectively by 2030. When India as a country and Odisha as a state are making remarkable improvements in these indices, the tribal areas are lagging behind with the worst indicators. Poverty, illiteracy, long distance to health facilities, poor quality of antenatal care programme, lack of transportation facilities, lack of communication facilities.. all these contribute to this state of affairs in tribal areas. While it takes some time to improve all these factors which are connected with maternal and child health, there are some low-lying fruits and one of them is training of TBAs. The feedback we get from these women are so very promising, but they need follow up and RCTs to prove the outcome.





The TBAs who underwent trainings became familiar to use the safe delivery kits prepared by Swasthya Swaraj and the use of TBA kits to each one. They now use gloves, look meticulously for the danger signs as soon as they are called in for assisting the delivery, early referral to health facility, care of the newborn baby, importance of resuscitation of the newborn immediately, importance of putting the baby to breast at the earliest, not to delay unduly the cutting of the umbilical cord, hygienic principles to be followed, weighing of the baby, coordination between TBA and Swasthya Sathi in assisting in deliveries, use of Tab Mesoprostol etc.

TBA training programme in tribal areas can be effective and successful in disseminating evidence- based knowledge on birthing practices and improving delivery outcomes. These women can provide essential maternal and infant healthcare services during delivery and ongoing community care more effectively if they are trained.

References

1. Ribeiro Sarmiento: Traditional Birth Attendance (TBA) in a health system: what are the roles, benefits and challenges: A case study of incorporated TBA in Timor-Leste. *Asia Pacific Family Medicine* 2014, 13:12 <http://www.apfmj.com/content/13/1/12>
2. Leander Achageba Allou: Factors influencing the utilization of TBA services by women in the Tolon district of the northern region of Ghana. *Scientific African journal* www.elsevier.com/locate/sciaf
3. Sasha Hernandez, Jessica Bastos, How a Training Program Is Transforming the Role of Traditional Birth Attendants from Cultural Practitioners to Unique Health-care Providers: A Community Case Study in Rural Guatemala. *Front. Public Health*, 19 May 2017 | <https://doi.org/10.3389/fpubh.2017.00111>
4. Sheela Saravanan, Gavin Turrel. Traditional birth attendant training and local birthing practices in India. *Evaluation and Program Planning* Volume 34, Issue 3, August 2011, Pages 254-265
5. Traditional Birth Attendant Training for Improving Health Behaviours and Pregnancy Outcomes. *Obstetrics & Gynecology*: November 2007 - Volume 110 - Issue 5 - p 1017-1018 doi: 10.1097/01.AOG.0000289081.70777.36

Report: First Graduation Day

WRITTEN BY JUSTEY P. ALEX

Swasthya Swaraj Society in collaboration with Centurion University of Technology and Management, Bhubaneswar, organised the first graduation ceremony of the School of Community Health Science and Practice for the batch of 2018-20 on 8th March, 2021, coinciding with International Women's Day, at Antodaya Campus in Kaniguma. All the 6 students turned Community Health Practitioners were awarded the certificate of Diploma in Community Health Practice from Centurion University after completing the 2 years of course and 6 months of rigorous internship in the Clinic thereafter.

We had the esteemed presence of Dr Supriya Pattanayak, the Vice Chancellor of Centurion University as our chief guest, Dr John Cherian Oommen, the Deputy Medical Superintendent of Christian Hospital, Bissamcuttack and the Head of MITRA (Madsen's Institute for Tribal and Rural Advancement) as our Guest of Honor along with Dr Aquinas Edassery the executive director of Swasthya Swaraj Society on the dais. The function was also attended by local dignitaries like the Sarpanch, local NGO heads and the headmaster of the local school.

The ceremony was commenced with the welcome address by Mr. Prashant Kumar Bandila, the Health Programme Coordinator of Swasthya Swaraj Society. The dignitaries were greeted with Sambalpuri Gamcha, symbolizing the tribal culture of Odisha.

Thereafter, the function was graced with lighting of the lamp by Dr. Supriya Pattanayak, Dr John Cherian Oommen, Dr Aquinas Edassery and Ms. Sarojini Majhi who represented the graduating students.

The executive director of Swasthya Swaraj Society, Dr Aquinas Edassery gave the introductory address wherein she briefed about the inception of DCHP course and its larger objective of community empowerment and making healthcare reachable in the remotest of tribal villages. She thanked all who helped Swasthya Swaraj on the way of fulfilling this dream.

Thereafter, Dr. John Oommen gave the keynote address. He pointed out the disparity in healthcare especially among tribal populations and motivated the graduating students to be the bridge between the community and the healthcare facilities. He also stressed upon the challenges that they might face in this journey and further encouraged them to be determined in their conviction of serving their community.





After the message by Dr. Oommen, an audio-visual message by Dr. Kanishka Das, the Vice President of Swasthya Swaraj Society was played at the venue, in which he extended his hearty congratulations to the passing out students.

Thereafter, the Chief Guest of the function, Dr Supriya Pattanayak in her address reminded the graduating students that being the first passing out batch of this course, they are the torch bearers who are expected to lead and inspire the upcoming batches of DCHP. Commemorating International Working Women's Day, she also emphasized on the changes that women can bring about if they are empowered in the society.

After the address by the chief guest, the VC awarded the graduating students the Diploma Certificate in Community Health and Practice from Centurion University of Technology and Management, Bhubaneswar. They were also presented with a Medical Kit each from Swasthya Swaraj Society. Thereafter, the oath as Community Health Practitioner was taken by the graduates which was recited by Sr. Seena Xavier, the current in-charge of DCHP School.

Mr B Sudhakar Reddy, the former Programme Coordinator of Swasthya Swaraj who had played a key role in initiating the DCHP programme in 2018 and Dr. T Sandeep Praharsa, who has served as Medical Officer in Swasthya Swaraj from 2017 - 2019, gave their felicitation messages to the students.

After receiving the award, Ms Jananti Majhi, one of the graduated students gave her inspiring testimony of her journey, the challenges that she faced and shared with the crowd how proud she feels to be standing on the podium as a tribal woman and receiving the opportunity to serve her people as a community health practitioner. The current DCHP students congratulated the graduates with a beautiful rendition which was followed by cultural programmes.

The event was concluded by vote of thanks by Mr Abiel Khosla, the Coordinator of DCHP Programme who extended his gratitude to all the dignitaries, guests, faculties, staff, students and their family members who were present for the ceremony and made the event a success. This was followed by a scrumptious lunch for all.

The graduation Ceremony ended with a note of pride and joy that is sure to inspire the students to achieve greater heights

Safe Delivery Kits – A low cost initiative to promote safe motherhood

WRITTEN BY SR. RANI

Healthcare interventions today are more and more technology based and digital apps. But in remote tribal areas while focusing on the essential and realistically achievable maternal and newborn health goals, Safe Delivery Kits is a cost-effective measure that child birth is conducted in clean environment. The Safe Delivery Kit consists of basic supplies that are required at child birth i.e. sterile gloves, plastic sheets, cord ligature, razor blades, soaps, cotton, baby wiping towels, wrapping towels and sanitary pads. Some additional items are: baby blanket, baby sling for mother, wiping sponge and a small packet of glucose for the exhausted mother in labour.

It is given free of charge to all pregnant women who come to the health centres for antenatal check up in their last trimester. Whether the mother comes to Swasthya Swaraj or Govt facility or home delivery, this kit is so very useful for the mother and baby.





Gandhi's 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.”

To visit or contact us:

Swasthya Swaraj Comprehensive Community Health Programme
Swasthya Swaraj office, Mahaveerpada, MSA Chowk, Bhawanipatna,
Kalahandi, Odisha- 766001

Tel No:06670295476

Mob:7326874618

Email: swasthyaswaraj@gmail.com

Website: www.swasthyaswaraj.org

Please send your donations to:

Swasthya Swaraj Society

BANK OF BARODA, Bhawanipatna

A/C No: 33670100007358 Bhawanipatna Branch

IFSC: BARBOBHAWAN(middle letter is digit 0)

