



Honouring Women

A Report on Women-Centred
Midwifery Training

N Srilakshmi

Rural Women's Social Education Centre (RUWSEC)

(Cover outside)

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N Srilakshmi

RUWSEC

Rural Women's Social Education Center (RUWSEC) is a grassroots women's organization in Tamil Nadu founded in the year 1981. The organization evolved from an adult education programme. Women who came together to form the organization were *dalit* women who were working as adult educators in a pilot project of the National Adult Education Programme (NAEP) initiated in 1978. Both as a result of the training and exposure received from working as adult educators, and as a consequence of the experiences as women who were playing an important role in the community for the first time the women began to question their oppression as poor *davit* women. Conflicts in the domestic front and opposition from the male leadership in their communities; and other concerns such as need to know more about the many reproductive health concerns they had, led to their meeting regularly as a women's group.

After several months some of them felt that the experience of meeting together as women to address gender issues and issues around reproductive health and rights should be extended to women's group in the respective villages. Reproductive health and women's well being overall was the main focus. This owed itself to the conviction that had evolved from their personal experiences, that women cannot become successful 'change agents' addressing social issues without dealing with the lack of control over their bodies and their lives that they experienced. They felt powerless in their personal lives and needed to start with it and continue to address it alongside other issues of social concern. After two years of ad hoc meetings and numerous workshops with women in different villages the group consisting of twelve *dalit* women and a woman official of the NAEP decided to constitute itself into a women's organization addressing issues related to women's well-being through women's empowerment, working in the twelve villages to which the women belonged. Rural Women's Social Education Centre (RUWSEC) was thus formed.

From the start, RUWSEC has been both women-centered and community-based in its values, objectives and strategies, which includes the belief in women's right to control their bodies and lives, the belief that women experience subordination vis-à-vis men and that women have a right to demand quality health care. The community-based approach is founded on the conviction that even the most marginalized communities can act collectively to change their circumstances including their health.

In 1998, RUWSEC's activities covered 98 hamlets with a total population of 30,000 intensively, while the outreach activities extending over various parts of the district, especially in Chengalpattu taluk (sub-district). Interpreting 'health' in its broadest sense, as overall 'well-being', the organisation's objectives include helping women belonging to the lowest caste groups and who are consequently economically backward and socially marginalized, to develop critical consciousness and leadership skills so that they are able to intervene collectively and constructively to change the circumstances and their lives. In support of this objective, the organization extended its activities to cover men as well. Achieving

women's well being through women's empowerment has been the focus of RUWSEC work since its inception. In pursuit of this goal, the organisation carries out wide spectrum of activities that include:

- Community-based health education and health promotion;
- Community- based health reproductive health care for women;
- Gender training for women;
- Formation of women's groups;
- Life-skills education for adolescent boys and girls;
- Gender training and reproductive health services for men;
- Campaigns against violence against women;
- Reproductive health services through a clinic and hospital;
- Advocacy for promotion of quality of care in reproductive health services;
- Publication and distribution of popular education materials and training manuals;
- Training support for grassroots NGOs;
- Action research projects on specific health problems and interventions; such as user perspectives on the diaphragm; the impact of health education campaigns on health of women and newborns and health-seeking behavior; and audits of primary health centres by trained community groups to develop indicators for monitoring progress in community-based reproductive health programmes.

The Community Based Reproductive Health Programme

The community-based action for health promotion, which was started in late 1981, forms the foundation for all RUWSEC's activities. RUWSEC has continuously involved the local community in its mission towards ensuring quality reproductive health delivery to the villages. RUWSEC's strategy for health promotion in the community is to hire a local woman and train her as a community health worker (CHW). She then mobilizes a core group of women as informal leaders in her village to form a woman's *sangam* [association]. These informal leaders may or may not be educated. They are usually married with two or more children. Those women who have shown interest in participating in RUWSEC's programme are trained and motivated to bringing about awareness and change in the communities' response to health issues. The women then become actively involved in the organisation's activities, and demonstrate leadership qualities within the village *sangam*.

The informal women leaders then activate women's groups or *madhar sangams* in their villages. These *sangams*, whose membership sizes vary, act as pressure groups in initiating and engaging in a wide range of health promotion activities. The premise for this strategy is that the process of coming together to discuss their problems as women to demand their health and reproductive rights encourages the women to challenge other dimensions of their subordination as women, wage labourers and dalits. The strategy of forming *sangams* and providing leadership training to village women has created groups that are largely self-sustaining and

highly action oriented in assessing the health needs and providing general health back up wherever necessary. These include, among other things, helping out in creating awareness about pregnancy, delivery and child care, assisting in timely help during deliveries, acting as guided experts in case of identifying complications and immediately advising on hospital care.

When RUWSEC started the process of identifying and training health workers, the health workers reported that there were any number of cases that needed external intervention. For example, maternal and infant mortality and other delivery related complications were some of the issues, reported to RUWSEC trainers by the women. The RUWSEC trainers and staff also conducted informal observation studies and found that to a large extent, reproductive health practices were woefully inadequate in arresting the larger socio-economic ills of child and maternal mortality.

The observation studies also revealed that a number of deliveries were conducted by the Traditional Birth Attendants [TBAs] or the village dais at the homes of the pregnant women. The study also brought into focus the crude and often unhygienic practices that the TBAs were employing during the course of a delivery. This was found to be extremely harmful and resulted in adverse and painful results for the mother and child. Some of the practices that the TBAs advised and often used during deliveries included, cutting the cord with a kitchen knife or grass cutter, placing diet restrictions on women for several days after the delivery, applying fundal pressure during delivery when this was not required, spreading chulla ash or hay and making the woman lie down over it during delivery.

RUWSEC decided to focus on training the TBAs to deliver better health care to pregnant women. The dais had after all a very important role to play in the reproductive health care delivery system. The first training started in 1986. The objective of training these traditional midwives/birth attendants was to reduce maternal mortality and morbidity, provide pregnancy care and conduct deliveries through safe practices. The Traditional Birth Attendants who were providing delivery care and support in the villages that RUWSEC worked in, in Thirupporur and Tirukazhukundram blocks of the Chengalpattu taluk were chosen for the programme. They were given intensive training on aspects such as antenatal and postnatal care, recognizing complications during delivery, providing critical care to the pregnant women for all nine months, post partum care, counseling on birth control and child birth and also on contraceptive methods.

In 1988-89, RUWSEC's community health workers carried out a baseline survey in the 43 hamlets that they had been working in. The main objective was to establish the health and socio-economic status of the community. Some of the key findings of the survey reveal the low levels of importance given to the status of women's sexuality and their reproductive health systems. Besides the survey also brings into focus the prevailing patriarchal structures inherent in the social system.

- A vast majority of women marry and begin child bearing while in their teens.

- Forty-two percent of the women suffer from one or more serious problems related to pregnancy and childbirth. Most of these were related to complications of delivery.
- Seventy-five percent of all previous deliveries to women covered by the survey had taken place at home.

The research in a way substantiated the need for the continuation of the Reproductive Health programme among the villages that RUWSEC had started in 1981. RUWSEC continued with its programme of identifying the reproductive health needs of the communities and imparting training to the health workers. RUWSEC also closely monitored and worked towards expanding the network of health workers and the *madhar sangams* that acted as major catalysts in bringing about positive changes in the area of health among the villages.

Thus, the initial trainings for traditional midwives/dais were carried out for 2 days in a month, either at the organisation campus or at villages, which ever was convenient for the TBAs. Allopathic and Siddha medical professionals and the staff of RUWSEC conducted the programmes. The topics covered during the trainings included care during pregnancy, measles, delayed labour, post partum haemorrhage, eclampsia, post partum depression, indigenous healing systems: the Siddha system including practical training in preparing herbal tonics and teas.

In 1990, in the continuous review process of the programmes conducted by RUWSEC, the dais training programme review revealed certain sociological changes in the very profession of dais themselves. There were a large number of dropouts from the programme. Most of the dais had become old, and their vision was also becoming poor. However there were not many among the young who were taking to midwifery as a professional alternative in the villages. Some of the dais had also passed away during the period. The health workers at RUWSEC then decided that they would train the women leaders of the *sangams* on midwifery and delivery methods. In time, they would become the Traditional Birth Attendants in the villages. A structured identification process was carried out among the women leaders and the health workers of the villages, and about one hundred and twenty women from Thirupporur and Tirukazhukundram blocks were selected for the programme, which was to continue for another five years.

In 1996, in another review process, the dais training programme recorded that about 80 women were regularly attending the programme meant for training them as effective birth attendants. An evaluation exercise was carried out among the participants to further fine-tune the process of identifying potential women who would become full-fledged dais. RUWSEC believes that institutionalising all deliveries is not the only solution to provide quality reproductive health services. If home births can be conducted safely and referral care is easily available, then one should also strengthen such options at the grassroots level. RUWSEC objectives have been to train local women leaders as "Barefoot gynaecologists", who will be in a position to deliver high quality care to the village communities.

Training course was subsequently revamped in 1997-98 and a well thought out modified training programme was conducted for the members of the *sangams* who were training to become dais. RUWSEC also provided referral support including emergency transportation to RUWSEC's clinic or another facility during the training process. Regular contact was maintained with midwives/dais and they were also provided with other forms of support to help them function effectively in their role as TBAs.

In December 1999 these midwives/dais were again evaluated for their skills and knowledge. A stringent evaluation process was conducted among the dais for participation in a dynamic programme. Of the women who performed well during the evaluation, the first twenty women were selected to undergo further training in midwifery.

In March 2000, an international expert on midwifery was invited to train the RUWSEC staff health workers and the midwives/dais trained by RUWSEC. About 32 women were selected for the programme. These included 18 "graduated dais" from RUWSEC, 13 reproductive health staff from RUWSEC and one coordinator from RUWSEC. A detailed report of the training process conducted by Diane Smith follows this chapter.

RUWSEC's training schedules for the health trainers

The trainers at RUWSEC are continuously updated on their knowledge base on reproductive health and practices. Most training sessions are tailored to impart key processes of reproductive health in particular and physiological health in general. On reproductive health modules, gynecologists have addressed the women health trainers on both the theoretical aspects as also the practical experiences of delivery and childcare. Health workers of RUWSEC have also attended trainings in midwifery conducted by the Health Department of Tamil Nadu at the Government Primary Health Centres. Training methods are also constantly reviewed and upgraded to suit the needs of the participants. In the course of the training, aspects such as use of foetuscope, blood pressure apparatus, thermometers, is also imparted to the participants.

TRAINING OF COMMUNITY HEALTH WORKERS
OF RUWSEC, CHENGALPATTU, SOUTH INDIA
Programme Outline

DAY 1: Recording medical histories and performing medical examinations

DAY 2: Medical examination of pregnant women: routine check-up, and looking for risk factors/abnormalities

DAY 3: Antenatal care: Taking blood pressure, carrying out tests, and blood test for anaemia, in a community setting. /skill practice followed by community visit to practice skills

DAY 4: Preparing for normal delivery in the home, assembling simple delivery kit, and using it appropriately.

DAY 5: Recognising and managing complications in pregnancy and delivery.

DAY 6: Use of partograph for managing obstructed labour; and management of obstetric haemorrhage

DAY 7: Puerperal sepsis: causes, manifestations, diagnosis management

DAY 8: Routine postpartum care (lecture followed by community visit).

DAY 9: Contraceptive methods: what they are, how they work, can and who cannot use them, and what are the necessary check-ups before use of each method

DAY 10: Abortion: various procedures in a comparative perspective. Use of RU-486 as a non-surgical abortifacient.

DAY 11: Counseling for birth control and abortion: learning by doing in a clinic/hospital setting, as well as in the community

DAY 12: Recognition and management of complications related to abortions (especially back-street abortions); and those related to obstetric surgical procedures such as tubal ligations and cesarean sections.

DAY 13: Gynaecological complications and health problems related to high fertility and complications in labour: prolapsed uterus, incontinence, and obstetric fistulae

DAY 14: Records keeping as a tool for effective patient care

DAY 15: Records keeping- continued; summary and revision of topics covered.

TRAINING PROGRAMME TOPICS FOR TBAs

<p>1. <i>Orientation and needs assessment</i> a) Introduction to RUWSEC b) Discussion on skills, experiences And expectations of participants</p> <p>2. <i>Maternal mortality: complex cause.</i> Feed back of action taken during past month a) Mrs. X's story and discussion b) Mrs. Xs in our communities: Group work on case studies and presentation as plays c) Identifying the social and medical causes of maternal death from case studies d) What can TBAs do? Making up an action list</p> <p>3. <i>Women's status and women's health</i> Feedback of Action taken during past month a) Story discussion: And thus God spake to women b) The 24 hr day for women and men c) Proverbs ad sayings about women and their bodies d) Traditional beliefs and practices surrounding menstruation, pregnancy, birth and postpartum: sorting the beneficial from the harmful e) Learning about our bodies f) How does women's status affect women's health? Video of maternal mortality play and discussion Home work: Taking history of currently pregnant women with the help of a checklist</p> <p>4. <i>Recognising referring and reducing risk; preventing delay (delay could mean death)</i> Feedback of Action taken during past month</p>	<p>a) On the basis of case histories of pregnancies collected, doing a Risk analysis and listing action to be taken for each woman b) 'Delay means death' exercise c) Care during pregnancy, and post partum d) Preparing for and managing for normal births Home work: Studying recent maternal deaths or serious complications in birth in their work areas</p> <p>5. <i>Major complications: I</i> <i>Obstructed Labour</i> action taken during past month the problem: Diagnosis and diagnosis effectively including referral following obstructed labour: and treatment Reporting on current pregnancies</p> <p>6. <i>Major complications: II</i> <i>Postpartum haemorrhage</i> Same topics as above</p> <p>7. <i>Major complications:III</i> <i>Puerperal sepsis</i> Same topics as above</p> <p>8. <i>Major complications:IV</i> <i>Eclampsia</i> Same topics as above</p> <p>9. <i>Post partum depression/neurosis</i> Same topics as above</p> <p>10. <i>Preventing Unsafe Abortion</i> Feedback on current pregnancies/deliveries</p>
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a) Pattu's story: case study	
Analysing causes underlying women's	b)
have an unsafe abortion	choice to
plan to prevent unsafe abortion	c) Action
k: Meeting those with a spacing need and advising on family planning	Homework
10. Family Planning methods	
Feedback on homework	
a) What is contraception?	b) Why do
women want contraception?	c)
Introduction to and evaluation of FP	methods
. d) Counselling and referring women for Family planning	
Homework: Meeting those with unmet FP need drawing up a profile.	
11. Management of miscarriages	
Feedback	
on homework	a)
Recognising threatened miscarriages	b)
Management and referral for evacuation	c)
Managing post-miscarriage infections	
12. Management of the newborn	
Special	
care of newborn who does not cry or	breathe
	Regular
newborn care	Breastfeed
ing support	Arranging
for BCG Immunisation	
13. Common gynaecological problems:	Self-help,
local care and referral	

14. Sexually transmitted diseases	
Recognition of the problem, counselling and referral Partner notification	Following-
up effective treatment completion	
15. Clinical practice (to be decided whether to integrate from session 5 or 6 onwards. Or to have it follow the above sessions, for six sessions)	
	TOTAL
NUMBER OF SESSIONS: 20	

A Women-Centered Approach to Midwifery Training

In continuation with the objectives of achieving women's well being through women's empowerment through the process of delivering better health care to the communities, RUWSEC evolved a unique training for the Traditional Birth Attendants and the health nurses in Chengalpattu sub district.

The Dai training

The main objective of this training programme was to develop a women-centered approach to midwifery in the context of the village and RUWSEC's Reproductive Health Clinic and Hospital situated in Chengalpattu. This training was to improve the skills and practical knowledge of dais, health care workers in the villages and the government trained nurses working in the clinic. The aim was to build self-confidence in the women to provide labour support and delivery care in both the villages and the clinic.

The training sessions were presented with a participatory focus on gender, women's rights and empowerment. The training was held exclusively for the attending dais and health care workers while the style of women centered care was demonstrated through hands-on teaching at the clinic. The programme was conducted from March 2000 to October 2000. All participants gained both theoretical and practical training during this period.

The sessions were held once a day every week. The session was structured for a greater part of the day from 10 am to 5 pm Lunch and tea were provided. However some times it was not possible to adhere to the strict schedule since most women travelled long distances to attend the programme and had to depend on the public transport services. Therefore the sessions were not of a regimental nature but the concept of flexible timing was used in the sense that late attendance and early closure of training sessions were sometimes pursued.

Throughout the session, the women were made to practise yoga, massage and stretching exercises, with a focus on prenatal exercises.

The Trainer

RUWSEC employed the services of Diane Smith, a Canadian midwife, who had been extensively involved in training village dais in north India since 1996 through the NGO, *Jagori*. Diane Smith's training programme is a pragmatic training method of using a gender sensitive model of midwifery care that promotes safety, power and dignity for birthing women. Her work takes the common cultural norm of clinical births in India from the level of degradation of women, to honouring women in the process of giving birth. Diane Smith's training is such that the village dai is respected for her traditional knowledge within the realm of birth as a normal event in a woman's life, and is provided an additional opportunity for the upgrading

of skills and knowledge in the birth process towards reducing the twin problems of maternal mortality and infant mortality.

The Participants

32 participants were selected for the training. Of these, 18 women had undergone intensive training as dais in RUWSEC programmes. Thirteen women were staff members of the community-based RH programme, including a coordinator.

Training Methodology

The methodology throughout the training was participatory in nature. All the attending women shared in their experience of their learning processes. The training was designed around equality, freedom of speech and gender sensitization. Teaching tools included colorful visual charts, dramatizations of topics, and life-size models of the female reproductive system and fetus/newborn and pelvis. The women used discussions in small groups for exploring new ideas and information and gathering their existing knowledge, and both were shared extensively in the larger group and through repetition. The participants who were pregnant were invited to involve themselves as role-players for pre-natal checkups, which was a part of the training. The trainer used the English language in her sessions. N Srilakshmi translated the sessions in Tamil.

Some of the broad modules of the training programme could be elaborated as follows:

- Gender sensitization, violence in a family, alcoholism
- Health, illnesses, diseases,
- Perceptions about the body, sexuality and reproduction
- Aspects such as ownership of the body, relationship with the body, Pregnancy, labour, childbirth, postpartum care
- Complications and problems during pregnancy and childbirth, miscarriage
- Feedback and evaluation of the programme

The Topics Covered During the Theoretical Training Sessions

Period	Topic	Method
March 2000 Day 1	Introduction, Curriculum and Status of Women	Lecture and Discussions
Day 2	Women's feelings about themselves.	Lecture and Discussions
Day 3	Existing living Conditions of women in the villages	Lecture and Discussions
Day 4	Our Body Ourselves	Chart Display and Lecture
Day 5	Food and Nutrition & Functions of Hormones	Chart Display and Lecture.
Day 6	Functions of Human Body and all its systems.	Chart Display & Lecture
April 2000 Day 7	Miscarriage & Abortion - Reasons	Lecture and Group discussion.
Day 8	Menstruation to Conception and Baby Birth	Photographic Display and explanations.
Day 9	Prenatal Care & Danger signs during pregnancy	Group Discussions and Lecture
Day 10	Treatment in Hospitals	Lecture and Group Responses.
Day 11	Identification of Problems during pregnancy and Counseling.	Lecture and Group Discussions.
Day 12	Health Problems related to Blood Pressure, Tuberculosis, Rabies and Jaundice.	Lecture and Discussions.
Day 13	Problems during Pregnancy	Group Discussion.
May 2000 Day 14	Evaluation of the training.	
Day 15	Traditional Healing Practices.	Experience Sharing.
June 2000 Day 16	Labour to Delivery	Dramatization and Explanations.
Day 17	Complications during Delivery and Postpartum care.	Lecture and Group Discussions.
July 2000 Day 18	STD/HIV/AIDS	Lecture.
Day 19	Review of the Training topics and Handling postpartum Bleeding	Group Discussions and Lecture.
Day 20	Pre-eclampsia and Resuscitation.	Lecture.

A Journal Documentation of the Training: Theoretical Sessions

Day 1

The training began with introductions and a look at the world map to introduce the trainer's home in Canada and a look into midwives working around the globe. This enlarged the idea of working alone in the village and connected the women to the importance of their work worldwide. The trainees were then taken through the history of midwifery and a historical construction of the status of women. It was elaborated that for nearly 32,000 years women were honoured for their fertility and powers of creation, and that in these last 7000-9000 years of patriarchal rule their status has been diminished and destroyed. With male domination, women have lost their power, And, in India, are relegated to the role of a caretaker in the family and society, often without respect or honour. Worldwide, the women's movement and destruction of the planet have driven women to determinedly fight for their rights of freedom and equality. Indian women are moving into this new era by establishing new spaces in various sectors of society and have begun to attain equality to some extent, within their culture. But how is this reflective in the experiences of women giving birth?

The trainer asked the participants to list their expectations of the training. She in turn presented the basic curriculum of the proposed training:

- Gender sensitization
- Body awareness
- Physiology and anatomy
- Pregnancy
- Labour
- Childbirth
- Postpartum care
- Complications

The participants' list of expectations from the training include information/clarifications regarding:

- Physiology & anatomy
- The physical and emotional changes after beginning sexual activities
- Sex during pregnancy
- Pain during the third trimester of pregnancy
- Feet irritation (heat)
- Premature labour and birth
- Bleeding during pregnancy
- Post partum depression
- Skills for attending deliveries
- Delivery methods
- Post partum bleeding
- Childlessness/infertility
- Self-development & independence
- Delivery positions
- Instilling confidence in a birthing woman, as her attendant
- Premature pushing
- Waterbirth [introduced by the trainer previously]
- Cord entanglement
- Hand or foot delivery
- Twins
- Retained placenta
- Prolapsed uterus
- Miscarriage
- Born in the 'caul'

Day 2

Day 2 happened to be the International Women's Day. The trainer started the discussion by asking them of the significance of international women's day and gradually led them to discuss about their perceptions about their bodies.

What does this day mean to you personally, and collectively?

"We do all the work and deserve a day of rest, which this day is. It is a day to recognize potential freedom from male domination, a day to rejoice in our strength and our dream of freedom."

" Today is the day to remember all women all over the world who have struggled for our freedom and rights and a day to imagine equality between the sexes."

" It is a day to bring women out of their homes who are never allowed out, or are too shy, or who have very big problems, and be with them and encourage them to sing and dance and celebrate. These women need support. This day is also a day to request men to pay respect to women."

What changes have you seen in your lifetime that give you hope for change?

"Women have been sitting with men in panchayats for some time, but they have been controlled and coerced by the men who take all the power. Even though they have their seat, they are token heads with men making all the decisions. Slowly this is beginning to change and gives me hope that women are gaining more say and power in decisions."

" In the past women had no freedom to travel to towns, other villages or even leave their homes. This is changing, but there is still a lot of suspicion toward a woman who wants or takes this freedom. Being here today is a freedom our mothers may never have had, attending this training with a woman from another country".

The common agreement was that women possess the qualities of giving and caring for the family members but often accord them first preference while caring for themselves last. As the subject of the training moved towards a study of the body, in the context of looking at freedom, ownership and oppression, the trainer posed the question:

Who owns your body?

"I own my body, I am responsible for my body".

"God owns my body" .

"The earth, as it takes us after life, life is for the body and the body is for the soil".

"I feel that during sex, it is being taken and owned by another".

Responses on this question ranged from spiritual and philosophical ponderings to the real status of who controls a woman's body.

How do we take care of our bodies?

The responses of most participants underlined the fact that they look after their bodies only when they are sick or weak. The concept of the well being of a body and taking care of it through preventive measures rather than curative methods did not seem to be one of the most basic answers to this question. Participants responded that they use home remedies when they are sick and go in for medical treatment when there is no cure from the home remedies. Often tablets are taken and injections are sought for relief.

What is your relationship with your body?

"My body, and me we do everything together".
"I have a friendly relationship with my body".
"I have the responsibility of not to cause harm to it".
"I decide what is good and what is bad for me".
"I rely on it as a medium for action".
"I have great gratitude towards my body".
"My body acts as the mode of the statement and communication about myself".
"The relationship with my body changes over life's growth and stages".
"I don't like it during menstruation".
"My body should be beautiful or wealthy to be valued".
"I feel a fatigued and sad relationship with my body because of the abuse".
"I feel both good and bad about my body".
"It serves me physically through the senses and the response to the environment that surrounds me".

The above question was more of a probing nature and this is when participants started looking at their bodies from the socio-psychological angle, through the process of aided awareness.

How do you, others and the environment abuse your body?

"Sexual abuse and assault".
"Harassment if I am beautiful and other kind of abuses if I am not".
"Bodies are 'used' and not appreciated".
"Forced to take the responsibility of contraception, and undergoing surgery when men consider themselves not involved in the process".
"Abuse during widowhood".
"Abortion".
"Early marriage".
"Expected to be fertile and produce children".
"Prolonged illness because medical care is inadequate and families do not provide money for care".
"Considered by others as a sexual object".
"Pollution in the environment".

The word "abuse" invoked very real images of how women are perceived as sexual objects. Assault and violence, both domestic and societal, sexual exploitation and the question of actual control over their bodies were all discussed by the participants. Women are not treated with dignity and respect, as should be the case, instead, early marriage and early childbirth, responsibility of childbirth, spacing and contraception are major responsibilities that women often take individually, with no help forthcoming from the male partner.

The day ended with the celebration of International Women's Day with singing and dancing. The participants shared with the trainer their feelings and impressions of the programme, and mentioned that the trainer had touched a chord in them. They also expressed that they felt that someone was there to listen to them and console them when they felt disturbed. Women's voices were heard.

DAY 3

In continuation of studying the body it was stated:

"We have never thought of our bodies beyond them being mechanical. Your questions have opened our minds to look beyond. This can create a slow start toward change and perhaps a better life".

The trainer then took them through the process of caring for their bodies.

How do you take care of your body?

"During menstruation I keep it clean and hygienic".
"For a fever or cold I try to go in for 'home remedies' rather than visiting the doctor for expensive medicines, which may not necessarily help".
"I feel that postpartum, cleanliness and hygiene are important".
"I feel taking care by taking care of one's personal beauty".
"I think trying to have a diet, which is good and balanced as possible".
"I feel that by requesting moderate sex if my partner and his willingness to hear me and treat me kindly".

After listening to the response of the participants the trainer reiterated that women actually postpone caring for their bodies when they are in need of care because family economics and everyone else's needs come first. This actually compromises their health.

How are you not able to care for your bodies?

"A Woman is hindered from seeing a doctor repeatedly for her problems or illness because she will be held in suspicion as to her whereabouts, aside from the costs incurred by the family to send her".
"Regarding food for the body, men and others must eat first and the women eats last, the leftover, which is not sufficient for me to be healthy".
"Women are commanded to produce children, most of all sons, and be 'child producing machines'.

"Postpartum and during pregnancy food restrictions affect our health".
"Being 'married off' at an early age affects our health".
"Our wages for food and shelter are taken by our husbands who spend them on liquor and related expenses (Non-vegetarian food – eating hotel food), so we were unable to keep money of ourselves and to take care of our health".

The discussions continued with the trainer asking the participants about the existing living conditions of their daughters. All the participants responded that they take care of their girl children well, send them to schools for education and provide them with healthy food. The participants concluded that they would not allow their daughters to undergo the socio-economic ills that they underwent. The trainer then posed a perceptual question to the participants.

In your wildest, open imagination, what would you like for your daughters?

"I would allow her to marry when and whom she pleases".
"I will provide her with the freedom to live outside a cage, travel, be educated, not forced to 'be shy', and be given the freedom to speak her mind".
"I will see that, that she is independent, study, save money for her own life and see to that she marries under her own conditions, and that she marries for love".
"I hope that her marriage will be a union of mutual respect".
"I will see to that she does not marry an alcoholic".
"I hope that she is brave, educated and works in a good position".
"I have two sons and I take care of a young girl who has no family. I have taken her in as an orphan. There is pressure from others that she must marry one of my sons but I don't think they will even treat her well and respect her. I want freedom for her and my heart is broken that I cannot provide her with this".

The participants explained to the trainer that the problem of alcoholism causes them mental despair. The trainer shared her personal experiences on the problem of alcoholism in her own family. The trainer also explained that alcoholism is a universal phenomenon throughout the world, and it is the women who are the worst sufferers, since they are the basic caregivers and providers of the family. The participants listed out their problems with alcoholism.

What problems does alcoholism create for you?

"Husbands are unable to work or hold down a job".
"Men are Irrational and women are consistently beaten whenever their husbands are drunk".
"Having to hold a silence in fear of being raped, beaten or killed when the husband is drunk".
"When my husband is drunk he is threatened if I appear beautiful in any way, so I have should not appear beautiful in front of him to avoid his anger and reactions". He holds more power over me when he is drunk".

"My life is threatened if I don't give him my "thali" which he takes and sells it for money to buy his liquor, and then if I do break down and give it to him, not only have I lost its worth but I am shunned and ostracized by the family and the community for being without my "thali", my only symbol of status as a married woman".

Alcoholism is a vice that vitiates the atmosphere of the home and its economics. The women were universal in their condemnation of alcoholism and sought remedies of how to tackle it from the trainer. The group suggested, that in such a condition, the women themselves must come up and console the abused and help her in rebuilding her psychological condition. The distressed woman will feel comfortable, when somebody is there to console her. In this common situation they have each other and this solidarity could be the beginning towards dignity and freedom.

DAY 4

The day began with the study of the body from a collective perspective. Each woman took a marker, a paper and drew the body, as she knew it. The exercise was met with resistance, laughter, inertia and a sense of challenge. The trainer divided the participants into four groups. One person from each group had their body outlined and the group jointly drew the body parts within this outline, mapping out the body, as they collectively understood it.

The trainer introduced the body as a miracle, an art form, and a highly complex and sophisticated life form. The body faced several obstacles, such as going without proper food, undergoing hard labour, enduring illness, or suffering abuse and environmental assaults, and despite this, the body continues to grow, function, age and become old, despite these odds. The body is not a machine but a miracle life movement with unbounded energy, which moves in one unified whole with the support of many systems at work every second of our existence. The trainer then carefully steered the session to the relationship between the mind, the body and the spirit.

Is there a relationship between the mind, body, soul and our health?

"The mind thinks to buy something, the heart feels the goodness of having and the body appreciates receiving!"

The trainer continued the session with explanations of body parts and their functions through the use of body charts and the importance of knowing what is happening inside the body.

The muscular, skeletal, nervous, circulatory and respiratory systems of the body were explained. The trainer used a paper-mache pelvis and cloth models of the uterus and baby to demonstrate the functions of the uterus and pelvic bones in her presentation of the reproductive system. These models were used to explain how the baby makes its way through the pelvic bones and comes out of the amniotic sac into the world and is born,

followed by the delivery of the placenta. This method was very descriptive and the participants really liked it and they felt as if they were watching a delivery process. This process was absorbed in the minds of the participants.

The trainer shared the vital fact that the body has a way of revealing what the mind and heart is experiencing. The truth is always revealed in the body's statement. The body seems to need to express itself, as though this is a natural impulse, and when the statement is suppressed it tends to show up slowly in an illness or disease forming within the body.

There were discussions on the emotional problems resulting in mental despair. The participants felt that the face is the index of mind, even if they act happy, others could make out that something is wrong with them. The discussion continued with the response of the participants for the question asked by the trainer.

Do you feel an awareness of positive and negative thoughts affecting your body?

Does your body tell you when you are being deprived emotionally or enhanced in some or the other way?

"Tension in my family results in a lot of tension in my body."

"When I am happy my body is at ease and I feel so relaxed".

"Lots of problems in my life seem to create chronic problems in my body".

"The heart is not seen, but how the body looks and what the mind appears to be thinking are so quickly judged by others".

The participants then started discussing the state of the body during pregnancy and childbirth. The body speaks profoundly during the event of birth. It seeks positions that are right for the process; knows when to eat and not and gives an observant caregiver clues as to what is needed and what is going on. Knowledge of how the body functions enhances a dai's methods of care, combined with a developed sense of reading the language of the body. The anatomical study of the body began with the muscular and skeletal structures. The session was playful and full of movement as the women were encouraged to move all the bones and joints of the body bending, twisting, and dancing.

The trainer, through her explanation and dramatization, gave a clear picture of the organs that are connected for the functioning of the systems. Each and every system was explained one by one clearly and thoroughly so that the participants had a good picture about the happenings inside the human body. The day's session concluded with the participants doing a meditation in body awareness. The participants sat on their own, not touching anyone else, in a comfortable sitting position with eyes closed. They became aware of their body and noticing their breath through inhalation and exhalation. They began to feel the places in their body that were tense, sore tired, or any other sensation. The women felt the sensations, noticed them and remained in a position of observation. They then continued to breathe in a rhythmic manner and remained thus for a

few minutes. They then slowly became aware of the room, the person next to them and opened their eyes. The participants 'visited' themselves.

DAY 5

One of the participants who suffers from asthma, started the day's session recounting an argument she had with her husband that morning. She spoke of his consistent violence and abuse and of how she has terrible panic attacks when he comes her way, which has become a regular practice. Even the last time that she had an argument she had her gone to her neighbor's in a hysterical condition, but this morning, she had decided to do the awareness breathing practiced in the last session. She said that she was much more relaxed, in control of her breathing and was able to think more clearly. She had had enough of her husband's tirades against her.

This was followed by a discussion on food and nutrition and looking at the body's main nutritional requirements and food rich in iron, minerals, proteins and vitamins. There was more discussion about the food rich in iron because of the high rates of anemia in pregnant women. The participants listed out the food items, which the pregnant women were not allowed to eat. The common belief was that if a pregnant woman eats a lot the baby would grow big and it would be a tough delivery. This and such other prevalent beliefs related to food were discussed and clarified. It was discussed that pregnant women should have a balanced diet to have a normal delivery and a healthy baby. The trainer explained that the body needs fluids for its optimum functioning and explained about the importance of consuming enough water. The digestive system was studied.

What are hormones? What do they do?

"Hormones promote breastfeeding".

"It helps in the blood circulation".

"It prevents the 'infection' of the breast".

"Hormones are necessary for the functioning of the human body".

"It is essential for the secretion of saliva."

"It helps in digestion".

"It is vital for menstruation and conception".

"It is vital for human growth and development."

Through explaining about the hormonal system, the trainer clarified the group's knowledge by organising the information on hormones so that the system is understood as an interdependent chemistry and orchestrator of many of the body's functions. The trainer focused on the importance of the hormone oxytocin in the process of childbirth.

DAY 6

The session started with a review of the functioning of human body.

This was done through a visualization exercise. The participants had to find a place on the floor where they could stretch out on their backs and lay flat, without touching anyone else or being distracted by others.

Lying down with eyes closed they had to pay attention to their breath inside their body. The trainer guided them through all the parts and systems of the body that they had learned about, starting from muscles, bones, lungs, heart and digestive system. The left hand placed over the heart feeling it's beat, and the lungs felt through observing their rise and fall. The circulation and digestive system followed by imagination and the muscles through contraction and relaxation.

"My body felt so relaxed and free, unrestrained".

"The awareness of my breath is never there and this came to me for the first time, with relaxation".

How does the body protect itself from illness and disease?

"White blood cells protect our body from disease and destroy germs".

"The symptoms of illness are fever and body ache. Take antibiotics if the body is weak".

"Pus and fluids that drains out cleans our body."

"Bad food and water create illness and then the body needs to be treated".

"Keep the external environment clean and drink boiled water to avoid getting infection."

"Usage of Mosquito nets"

"Lack of red and white cells causes disease".

"Weakening your body with toxins invites disease".

The trainer explained about the Immune System, which ended in a discussion about the overuse of antibiotics and the weakening of the human immune system while bacteria became resistant and the body loses it's natural ability to fight against infection. The overuse of chemical pesticides and the weakening of indigenous crops over to the cultivating of genetically engineered seeds was used as an analogy of the body coming to rely on synthetic antibiotics rather than strengthening the immune system.

DAY 7

The participants used the word "abortion" in their native language *Tamil* for both abortion and miscarriage. The trainer explained the difference between the two and explained the reasons for miscarriage.

What do you see as the reasons for miscarriage?

"Carrying too much of weight"

"Sudden shock (emotional)"

"Violent sex or forced sex without consent"

"Fibroids"

"Rh incompatibility"

“Weakness”

The participants had doubts with regard to whether sex is safe during pregnancy and it was clarified that, if it is not rough or abusive it is safe. The trainer demonstrated the steps and procedures for finding the position of the baby and the baby's heartbeat. There were explanations on indicators for wellness in the fetus.

The concept of normal weight and underweight was explained. Pregnant woman who are poorly nourished give birth to low birth weight babies which leads to high risk of death rates amongst babies due to diarrhoea, acute respiratory problems. Girl babies who are born with low birth weight grow up with a degree of compromise towards their health, which denies them the integrity they need as child bearers

DAY 8

Menstruation, fertility, conception and fetal development were taught through charts and photographic illustration of the fetus developing in the uterus. The concept of abortion took on another dimension as the women realized that the heart of a fetus begins to beat at four weeks and the development of the body is well under way at this time. The notion that the body is a 'piece of meat' until four to five months when it then sprouts legs and arms was dispelled. The discussion on the growth of the baby inside the womb became an intense and excited personal journey for the women themselves in the miraculous process of fetal development. Further, awareness was shaped to understand the chromosomal arrangement in the fetus determining a male or female baby and the stage of development of the fetus when the sex maybe determined. This is possible between the 10th and 12th week of gestation. This led to a discussion on the use of ultrasound to determine the sex of the baby for selective abortion of females.

What is the white creamy substance that is present all over the child's body during birth?

Participants mentioned that the white creamy layer on the child immediately after childbirth is considered unclean and unnatural. The trainer dispelled the concept. She explained that the white creamy substance (vernix) protects the baby when it is inside the amniotic sac, floating in the amniotic fluid. The baby's skin absorbs the vernix once it is born, keeping the skin hydrated and protected in the process. It was explained why the vernix should not be cleaned off with soap.

What nourishes the baby when it is inside the mother's womb?

It was explained how from the woman's heart a main artery supplies blood and oxygen to the child via the placenta. The umbilical cord is connected to the placenta. The cord has three vessels, which takes in nutrients, blood and oxygen, and removes waste from the baby's system. If the pregnant woman is malnourished the baby's nourishment also diminishes by way of this system. The trainer gave a quote, "Serve good food to the pregnant

women for her to have a healthy baby." A pregnant participant was requested to lie down and the participants took turns to feel the position of the baby and to listen to the heartbeat of the baby in the mother's womb.

The day was spent on looking at the politics of feeding women, caring for pregnant women and being more aware of the growing human fetus within the mother.

DAY 9

The human body needs nutrients and fluids and a pregnant woman needs a balanced diet to have a healthy baby. There was a discussion about the care for pregnant women. The responses for the care to be provided during the pre and postnatal care are as follows:

How do you normally care for a woman during prenatal period?

- "Nutrition, emphasising foods rich in calcium, iron and protein".*
- "Monitoring the mother in-law regarding food restrictions".*
- "Urine, blood weight gain" .*
- "Partners have blood tests for group and Rh factor compatibility".*
- "Suggesting for taking supplementary food".*
- "Promoting hygiene".*
- "Treating anemia with whole foods, jaggery and milk".*
- "Staying alert for symptoms of danger".*

The session continued with the further discussions on care during pregnancy and identification of risks during pregnancy.

What are symptoms of complications during pregnancy?

- "Swelling, headaches"*
- "Smallpox, chicken pox"*
- "Continuous vomiting"*
- "Bleeding"*
- "Twins"*
- "Pregnancy below 18 years of age and above 35 years of age"*
- "No fetal movement"*
- "Sexually Transmitted Diseases"*
- "Asthma and heart pains"*
- "Epilepsy or fits/convulsions"*
- "Uterine prolapse"*
- "History of stillborn"*
- "Pregnancy of a Handicapped woman"*
- "Woman with poor childbirth history"*
- "Underweight or overweight"*
- "Psychological disturbances, suicidal tendency"*
- "History of fibroids or molar-pregnancy"*
- "Woman taking medicines"*
- "Thyroid problems"*

In-depth discussions were carried out about all the risks and symptoms of danger during pregnancy, and the women learned the critical and normal signs to watch for. In continuation with the discussion the trainer explained

the difference between normal swelling and serious swelling leading to toxemia, along with bleeding in a pregnant women. The trainer also elaborated on what was considered as dangerous bleeding during pregnancy and what was not. The trainer felt that a high degree of awareness should be created during the prenatal period and appreciated the excellent work done by RUWSEC in spreading awareness among the villages through the health workers.

DAY 10

The day began with the discussion of treatment in the hospitals. Women spoke of how patients are abused and treated badly in the government hospitals.

There was an open discussion about the treatment provided by doctors, the lack of care, and the use of allopathic medicines for quick cures. The participants also discussed “traditional practices” followed in the villages and the natural healing methods practised by village dais. The participants felt that doctors were becoming more commercial and were interested more in delivering health for higher monetary considerations.

What are the types of injections?

“Vitamin injections are given when a person needs some energy”.

“Antibiotic and immunization injections are given during specialised care”.

The trainer explained about the side effects and lack of a holistic or traditional way of treating illnesses, which in turn, often suppresses the symptoms and fails to deliver a complete cure. Injecting glucose injections does give instant energy but in the long run it is harmful to the body's natural metabolism. It acts as an energy booster and gives instant strength but is depleting, while a protein rich diet gives sustaining energy. The participants talked about the conditions of treatment of women in the hospital and how most of the time they are treated quite badly. Not only are they not provided the necessary treatment or care but are also verbally abused by the providers. One of the participants described the various traditional medicines and cures that are followed in the villages. For example, one of the cures for headache and migraine is crushing ginger, garlic and asafoetida in breast milk and applied on the forehead.

However the current trend and thinking among rural communities is that herbal and traditional methods take a long time towards recovery, and as a result very few opt for herbal and home remedies. The trainer felt that a dai, while working in the villages, should explain about the importance of the herbal remedies. The body also responds more positively to natural care than to allopathic and synthetic drugs.

There was a discussion on surgery and how during surgery the internal organs are disturbed and it takes a lot of time for complete recovery. Two of the participants had witnessed a tubectomy operation shared their experiences with the rest of the group.

The trainer mentioned that the rights of the patient were not respected and some of the physicians were commercialising medical services on the whole. The remaining day was spent discussing how women would like to be treated during childbirth and the reality of how they are mistreated.

DAY 11

The session started with a listing of the care provided for pregnant women and the participants shared their experiences about the cultural and traditional practices. This caused a feeling of inadequacy among the pregnant participants. The participants felt that this needed special attention and said that the practices of food restrictions during pregnancy were slowly being questioned and people were beginning to recognize the need for nutrition during this crucial period. The participants discussed the need for counseling for women to balance their emotional problems during pregnancy and childbirth.

How do you recognize mental problems during pregnancy, and what are the reasons for women's anguish?

"A lot of crying"

"Family problems"

"Alcoholism"

"Problems with the mother in law"

"The fear of having a female child"

"Dowry problems"

"Feeling insecure without enough support from the family"

"Lack of recognition in the family and also in the society"

"Imposition of Work"

"Isolation"

"Previous miscarriages and the responsibility to produce a child"

"Grief "

It was agreed that these conditions caused a lot of emotional disturbance to the pregnant women, and the trainer shared that when a woman was pregnant she should be happy to have an active and healthy child, because the baby growing within her, feels the mother's emotional condition. These women should be identified and provided proper care.

How do you treat the above condition?

"Individual counseling if we can be alone with the woman"

"Handling aspects carefully"

"Giving advice based on situation"

"Family based counseling"

"Burning camphor in the palm of a woman's hand to remove the evil spirits is a common treatment and we must change as it is harmful to her and adds insult to injury. This way of helping her makes her feel worse"

"Rest and nutritious food"
"Entertainment and relaxation"
"Listening to music or watching television"
"Constant counseling to 'make her feel better'"

The benefits of good emotional support were openly discussed as a preventive measure to tackle emotional problems. The women realized the importance of kindness, non-judgmental attitude and sisterhood towards a pregnant woman while extending her a safe space to express her problems and grief. This provides a foundation of support, which otherwise is not found in a patriarchal set up.

DAY 12

The trainer explained the problems of high and low blood pressure, rabies, tuberculosis, jaundice and kidney problems by giving explanations through symptoms, treatment and care. The carriers of radiation and the spread of tetanus were explained.

A dai should clean her equipments and her hands while conducting a delivery to avoid spreading infection to the mother. The trainer explained the process of cleaning the instruments by boiling tools for at least five minutes and washing the hands with hot water and drying them with a clean towel. By following these practices, the infection is not passed on to the woman and/or baby.

DAY 13

The group was divided into four smaller groups and each group was given a list of five physiological, problematic aspects of pregnancy to study and discuss. They were asked to explore and discuss on four themes which included 1) looking into the symptoms/problems, 2) knowledge and lack of knowledge about and treatment or care.

What treatment(s) apply to a situation?

Why is the treatment necessary?

What they should not do regarding treatment?

Topics, Group 1:

- Tetanus
- Fetal Growth
- Weight gain
- Weight loss
- Bleeding

Topics, Group 2:

- Constant vomiting
- Heaviness or pain in the body.
- No fetal movement

- Mental despair
- Early marriage first baby, 35 year old woman 6th pregnancy – Compare and explain the risks.

Topics, Group 3:

- Back pain
- Anemia
- Sexually Transmitted Disease
- Miscarriage
- Headache, Blurred vision

Topics, Group 4:

- How do you check the position of the baby?
- Diabetic
- Swelling
- What to eat? What not to eat?
- Uterine prolapse
- Sexually Transmitted Disease

The responses of the participants were presented and the trainer through a review clarified their doubts on symptoms and treatments. The trainer felt that the participants have quite a comprehensive understanding of most of the concepts of pregnancy and childbirth. However they were not able to identify sexually transmitted diseases.

DAY 14

On the 14th day, the trainer sought feedback from the participants.

What did you like about the training?

The responses to this included an appreciation for the innovative training methods used and the comprehensive knowledge that the participants had gained through them. Information areas such as the functioning and importance of hormones, and the theatrical dramatization and in-depth explanations about the systems of the body, were very helpful for a birth attendant.

What did you not like about the training?

The responses dealt with some problems in punctuality of participants and other such issues.

Will the information help you in your work as a dai or health worker?

"We can clarify the doubts of the villagers better now"

"Having gained more information about pregnancy counseling and support during delivery"

"Having this knowledge now makes it easier to talk with the nurses."

"We have gained confidence."

Are the methods and ideas that you have learnt here different from what you have known or practised in the past?

"Yes, for e.g. giving birth in a sitting position, and giving the woman the freedom to choose"

"The importance of sensitivity and care and giving importance to womanhood"

"A pregnant woman can do exercises too"

"Learning yoga and exercise"

"The innovative teaching methods"

Has the training created any changes or difference in your life?

"We have lots of problems at home but during the training we were able to forget all that."

"Yoga practice and learning good exercises for the mind and body. We get a 'fresh' feeling."

"Learning with such clarity has removed the inferiority complex of the past and created more self-confidence with newly acquired knowledge."

"The goodness of taking care of oneself."

"Taking time to rest: it's importance."

"Not discriminating between boys and girls."

DAY 15

The participants when given an opportunity to talk about the traditional ways of healing explained about the remedies they usually suggest. Examples of some preparations:

- 1) Mixture of tender coconut water and 'panamkarkandu' for urinary infection.*
- 2) Tonic of 'jeera'/cumin to identify the false or actual labour pain.*
- 3) Tonic of drumstick leaves for iron content.*
- 4) 'Kizhanelli' leaves to eat on empty stomach for abnormal and excessive vaginal discharge.*

DAY 16

The trainer dramatized the entire process of birth from labour to delivery while three participants joined to provide support as dais. The dais demonstrated their skills with specific attention on intake of fluids, hot water massage and cord cutting. Through the role-play the participants posed questions about their existing practices and their doubts were clarified through a discussion. Birth was then dramatized with models and charts to further understand the physiology and anatomy of birth. At the end of the session World Midwifery day was celebrated.

Day 17

The topic of complications during delivery and postpartum was covered, in relationship to both the mother and the baby. The participants were divided into groups and given situations of how to take care of the mother who has had a cesarean section, and of one who has had a normal delivery, and one who has had stitches (perineum tear) and a case of a still born baby. The participants through role modeling, enacted how they provide counseling to the village women, the care they provide and the visits they make to check on the mother and baby.

Day 18

The participants had queries about how the Sexually Transmitted Diseases (STD) and HIV/AIDS affect the pregnant women. The trainer explained what sexually transmitted diseases are- symptoms; treatment and care to be provided were also covered. The trainer, while explaining about HIV and AIDS, gave details on how it originated and how it spreads and the current treatments and testing procedures.

Discussions were also carried out about unequal gender relationships and consequences of lack of negotiating power and lack of choice that women face within such relationships. This was discussed in the context of sexually transmitted infections, the high incidence amongst women and women's vulnerability to it.

During the afternoon session the participants shared real experiences of maternal deaths from their villages. One participant shared her village experiences about a maternal death due to incomplete resuscitation measures and post partum bleeding. The trainer gave an introduction to the above topics with the use of anatomy and physiology charts.

Day 19

During this session the participants reviewed the topics that were covered during the whole training. The participants shared their experiences in conducting deliveries in their villages. The trainer then shared about a delivery that had taken place in the RUWSEC Clinic, the day before. A pregnant was admitted with symptoms such as heavy bleeding, with a rapid drop in blood pressure and pulse rate. The trainer then took the participants through the same case study.

How do you treat this situation in the village?

"Putting a wet, cold cloth beneath the vagina and the legs up"
"Giving more fluids to drink especially water"

The trainer then explained to them about emergency postpartum care regarding blood pressure, pulse rate and managing postpartum bleeding.

DAY 20

During the session the participants were offered explanations about pre-eclampsia and resuscitation. The participants were given a doll [specifically prepared by the trainer]. The trainer asked them to imagine the doll as a baby. She then asked them to enact a how they would deal with a situation if the baby if the baby had a breathing problem and the heartbeat could not be heard. Each participant was given a chance to enact and explain the process of resuscitation. Their basic steps in resuscitation of the baby with the mouth covered with a *sari* was enhanced and developed upon with the additional steps of proper positioning of the infant, providing effective stimulation to provoke breathing, regulated puffs of air to be provided and heart massage, if the heart is not beating.

Why do you apply fundal pressure?

“When a woman inhales she pulls the baby up into her body, and pushing forces the baby and everything down”.

The trainer explained that fundal pressure is harmful for both the mother and the baby. The trainer reviewed the process of breathing, the diaphragm, inhalation and exhalation and abdominal pressure. Women shared the distress caused by fundal pressure and identified it as a foreboding practice, which causes uterine rupture, fetal distress, placenta abruption, post partum haemorrhage. The trainer explained that it is dangerous and should be avoided.

Planning and Implementing the Practical Training

What are your expectations from the practical training?

- *Close observation.*
- *Normal and abnormal situations.*
- *Involvement in the full process from labour pain till delivery, postnatal care. Checking dilatation.*
- *General and practical knowledge.*
- *Observation and Assistance during the training.*
- *We have an opinion that we can overcome fears through observation and experience.*
- *Learning more about personal care during pregnancy.*
- *How to do safe transports.*
- *Observing the difference in the practice.*
- *Learning how to predict the time of delivery.*
- *Seeing what and where I lack skills.*
- *Conducting a delivery for a woman who had an earlier prolapsed uterus.*
- *Handling the late delivery of the placenta.*
- *Dangerous signs and practices for both mother and baby*

The trainer felt that the participants would benefit from practical training at the RUWSEC Reproductive Health Clinic and Hospital. The practical session was proposed to comprise both observation and assistance in deliveries.

The whole group was divided into groups of five members each. There were seven batches and they were scheduled to attend sessions at the clinic for a three-day period. During this period they closely observed the running of the clinic and deliveries that were conducted there. As compared to previous opportunities to do this they experienced an inclusion, respect and observed an entirely different way of women being treated during delivery. The participants showed keen interest and seemed that they were waiting for this opportunity.

Some of the aspects of reproductive health that the participants were exposed to during the practical training sessions included:

- Prenatal care
- Importance of labour support
- Fetal growth and distress
- Dangerous activities during pregnancy, labour and delivery
- Physical, emotional and psychological support during pregnancy, labour and delivery
- Serious effects of consuming tablets without proper medical advice during pregnancy
- Antenatal and postnatal care
- Delivery positions
- Importance of breast feeding
- Reasons for infant death
- Delivery of the baby when the cord is around neck
- Delivery of the placenta
- Signs of shock (both mother and baby)

Feedback

After the completion of the practical training, the participants felt that there was definitely a difference in their method and the trainer's method. They felt that delivery in the sitting position would be more comfortable and the woman can rest on the persons who are there to assist her. The hot water massage and holding of the perineum with a cloth to avoid tear during the delivery was very soothing. The participants confirmed that they would definitely practice this in their villages.

Impact of the training

A little over a year after the training, some participants and villagers were interviewed to understand and document the impact of the training on the participants and the delivery services rendered by them. Visits were made to a few villages where some of the dais conduct deliveries.

Experiences of the village women

I have two girl children and a boy baby. My earlier two deliveries took place in Chengalpattu Government Hospital. The nurses over there verbally abused me and also pinched and beat me. Many different hospital persons did vaginal examinations. They even involved me in putting my own hands to press my stomach (forcing her to do "fundal pressure" by herself). One of the dais said to me "if there is no pain for you during the delivery you people will give birth to too many children." This made me feel so bad. I decided that if I go in for a third child I would have my delivery at home; I would rather die than go to the hospital for delivery. Lalitha came to attend my delivery. She treated me so well, she gave me hot water massage, cleaned my vagina in hot water with the locally available herbs that was very soothing. She allowed my mother to stay beside me during delivery and she talked with me in a very friendly manner throughout the delivery process. She took good care of me and there was no trouble.*

I have two adolescent boys. I conceived after 10 years I wanted to get it aborted because of my sons and the social stigma. But the dai (Lalitha) was always near me providing me emotional support and counseling me for diet and medical care. I had my earlier deliveries in the Government Hospital. They did not abuse me but there was loneliness. They scolded me when I passed motion while pushing. When Lalitha attended my delivery there were two neighbors present and she took good care of me in giving me massage, cleaning me. When I passed motion while pushing she cleaned it and she was very friendly. My delivery was very comfortable.*

I had my delivery in the RUWSEC clinic. Sister Amudha attended my delivery. As it was my first delivery I was feeling very scared. My neighbors had informed me about the abuses in the hospitals. I was keeping my fingers crossed that nobody should say anything to me. Sister took good care of me and she explained to me what was happening in my body and she asked me not to feel scared and assured me that I would have a normal delivery. The nurses took good care of me and were friendly. I felt very comfortable.*

I had my first delivery in the Government Hospital. As it was my first delivery people forced me to go to the hospital. They treated me very badly. For my second delivery I decided that I would have it at home at any cost. The pain began at mid-night. My husband was really drunk. My neighbour called Mallika, the dai and she attended my delivery all alone. She answered my queries and gave me a massage and cleaned my vagina with hot water with herbs in it. I delivered a baby boy early in the morning. She was besides me all night, taking good care of me and providing me emotional support.*

I had my first delivery in the Government Hospital. As my relative was working there the nurses did not abuse me or scold me. But they were abusing the women who were in labour besides me, which made me feel so bad. I was all alone and they did not allow my husband inside. Mallika attended my second delivery. She provided me good support and care and I did not feel the pain. I had my delivery in a very comfortable manner. She was so careful and prevented the tear to the perineum.*

Feedback from dais

"Before coming to this training I was assisting an older dai in my village. But now I am attending deliveries independently. Now I have gained confidence and I can carry out the process of providing good care and assistance."

I was attending deliveries independently both in the RUWSEC's clinic and also in the villages. My earlier practice was different. It was just the physical support, but now I practice hot water massage, continuously cleaning the vagina with hot water, explaining to the pregnant women with regard to what is happening in her body, providing her both emotional and physical support. I now provide good care in giving importance to womanhood. Pregnant woman like this kind of care.

I am handling deliveries independently. After attending this training I have incorporated the new practices while I conduct the deliveries. Women also feel comfortable with my practice, with the massage and the care that I provide during the labour.

Future Focus

Ruwsec has been playing a support role to other grassroots organizations. RUWSEC provides training and other technical inputs to such organizations. This will continue in the coming years also. Training of midwives/Traditional Birth Attendants has been a need voiced by some of these grassroots organizations. RUWSEC has been doing follow up trainings for a select group of dais in the past one year. The dais had participated in most of the training programmes conducted by RUWSEC. This follow up training was carried out to strengthen their capabilities as trainers so that they will be able to train dais and midwives from other grassroots organizations. Their knowledge, trainings and experience as dais and the past year's training to improve their skills as trainers gives them a unique advantage in fulfilling the needs of other practicing midwives

A 250 page Reader and Training Manual called 'A Dais Heart, A Dais Hands' written by Diane Smith for *Jagori*, is to be published shortly. For more information, Diane Smith can be reached at dai_job@yahoo.com or Jagori@del3.vsnl.net.in or written to at:

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