



Childbirth Experiences of dalit Women - “ dignity matters ”

Bhuvanewari Sunil

Childbirth Experiences of Dalit Women - “dignity matters”

If something hurts us physically or emotionally we would want to stop doing that again or prevent it from occurring to us again. But here are a few things that do not stop happening.

In a state like Tamil Nadu, where institutional deliveries are almost 99 percent in rural areas, I was astonished to see several women in certain pockets of rural Thanjavur district who delivered at home even now with the help of a traditional birth attendant. After one and half years of continuous interaction with the community in different villages of Kumbakonam block in Thanjavur district, I found that there were many who preferred to deliver at home wherever the old traditional birth attendants are still available¹.

The women’s narratives, which I share here are primarily from dalit women who belong to the Scheduled Caste Pariayan community in Tamil Nadu. I did not come across any middle or upper caste women who had sought home births in the past five years.



Anita is 35-years-old and has experienced seven childbirths. She delivered her first five children at home. The sixth and the seventh one she was forced to deliver at the hospital by her husband since he had plans to give away the children soon after the delivery to someone else, through a contact he had in the hospital. When I asked Anita why she did not go to the hospital for the first five deliveries when hospital deliveries had become almost universal, she said,

“Where would I have the money to go to the government hospital? Aathaa (the native birth attendant) took care of all my deliveries. For each of my deliveries that she attended, I would give her what little money I had on hand, and may be tea from the tea-shop. That was all. If I went to the government hospital, we have to give money to everyone - from the nurse to ayaamma (women helpers), the ward boy and sweeper; or else they will scold us so badly...if it is a boy baby they will ask double the money. They are like the blood sucking leeches..pisasunga pidicha vidadhu akka (devils that once catch us will not leave us, sister)”.

Anita shared with me the experience of another woman in the same street who she had accompanied to the government hospital. “a few houses away from my house, lives a kulfi-selling Gujarati family. They have no support except from members of the family. So, 4-5 of the women from the neighbourhood including me went along with her when she got developed labour pains. When her pain increased and she started groaning, they (the people in the hospital) hit her badly. It seems that the woman had undergone two c-sections there and not

¹ But many traditional birth attendants have aged and no more and there are no other family members who have taken up this family tradition of attending to home births.

given money to them. They know who would not give and who would give. They were hitting the women's thighs in the labour room. It was her fourth delivery. Holding her by her long hair they hit her head against the bed's rod so hard that you could hear the sound of the banged head against the steel cot). I was standing next to her bedside. I asked them why they were hitting like that. That lady gave me a tight slap, I became giddy and left the room. I felt sick. I do not know how she delivered after all those blows. The woman's body and leg were already swollen and there were bruises on her face. She did not wake up the entire night after the delivery. She had a very fair and plump baby, it was a normal delivery. The mother was not conscious and could not feed the baby. It is us, who had gone with her, who bought milk from outside and fed the baby. ... But that's how they treat us in the government hospital. The doctors may be good but they do not attend normal delivery. Only the nurse and ayaamma are around us during childbirth".

Ponamma: A 35-year woman who delivered four children at home and the fifth one in the government hospital narrated her childbirth experience at home vs hospital. Her mother shared about Ponamma's first childbirth experience in the hospital, which Ponamma never counted as part of her childbirth experience in fact. Ponamma's mother says "During the time of delivery it became very difficult and the baby was not coming out. I took her to the Nedumangadu government hospital. But there also delivery did not happen even after spending three days there. Her life was in danger. We rang up and informed her husband, fearing that she may die. We were in that hospital for three days. Then we called for the ambulance and took her to Thanjavur medical college hospital. There me and my daughter-in-law fell at the doctor madam's feet and asked her to save my daughter's life. That doctor amma, said, "nothing will happen, do not worry". They asked for my son-in-law's signature to perform an operation. Then I pleaded and requested that doctor not to do operation and take the baby out naturally. I was crying and screaming. They took out the child, it was in a different colour, like the ootha pacha (violet green) colour. I fainted (kiru, kirunnu vanthathu). The baby was born dead, the first child, a boy. They kept her in the hospital for 11 days. The punnudambu (vaginal passage), after putting so many hands during delivery, it became expanded and swollen. When she was taken into the operation theatre to deliver the baby, a young male doctor called me to hold the torch light because that room was dark and it was really scary to see what they were doing. Then they asked me to go out. After some time, when I went to see my daughter she was placed on a table stark naked (mundakattaya), I got scared and covered her with my son-in-law's dhoti. Those young male doctors don't have any sensitive feelings and handle women with no care and concern".

Ponamma narrated her recent childbirth experience in the hospital due to high risk pregnancy, "they did not scold me, it depends on the people who are there during delivery. Of course, they said, enndi ithana pullaya pethukkinga, enga kazhutha arukaringa (why are you women delivering so many children and troubling us – the expression for troubling used here is 'slicing our necks'), they will scold like this, and we will feel embarrassed standing next to them and

hearing all this. Others in the next bed will also listen. In fact, when the last daughter was born we did not tell them that I have another girl child at all. We said - I have only three boys. Even for that the nurse scolded me". She added, "We can scream and relax if the delivery is at home, although we may not get medicines to reduce pain or something, but one can be oneself when we deliver at home. But in the hospital they will make us run for this and that test and treat us like this...I do not like to go to general hospital at all".

Kayalkanni: A 25-year old woman, shared about her second delivery experience and said, "there was fat woman, I think she is a ayyamma or nurse, who sat on the stomach of a pregnant women in labour next to my bed asking her to put pressure and push out. She shouted at me saying that I was not pushing with effort and slapped me continuously. Then my mother said, it is her first delivery, that is why... Then she scolded my mother and her relatives saying "because you are all there, she is feeling shy and not pushing out" and asked all of them to go away from the ward. Only after the doctor came, they stopped hitting me. They would slap on the cheeks asking to push out. After that I did not want to go to the hospital ever, but what to do we eventually got pregnant and had to go there only. There was no space for the child to come out from the passage. So they tore the place from where the child comes and after that the child came, I did not allow them to stitch back and that time the nurse scolded and pricked me with the needle in my thighs asking me to show properly, otherwise she said she will not stitch properly. Then I showed tolerating the pain and without shaking.(no pain relief was used to stitch the vaginal tear).But that experience can make me feel pain and fear even now".

Many women shared that they will have less problems with the providers if they tolerated the pain and did not scream or show anger and complied with their instructions. Else they may end up receiving verbal scolding or physical beating. When I asked what would they say, generally the most commonly heard are: 'are you a woman?, if you cannot tolerate this pain, you should not have enjoyed the pleasure of seeking sex and happily spread your legs to the man' 'Did you lose your senses when you and your husband were together?' – The original narrative in tamil language which when translated to English is relatively not that vulgar as it sounds in tamil.

There are multiple dimensions I look through these narratives.

The nature of power relation that is endowed upon the doctor to take care of the delivering woman is one thing. While the exploitation of authority bestowed upon the health care providers is yet another aspect where they demean, disrespect and inflict verbal abuse and physical violence upon the women and their families/caregivers. The lack of privacy and confidentiality, considerate and respectful behaviour of health providers in these healthcare settings by itself denies one's entitlement to access to health care, notably if 'I am' a marginalised woman seeking care. At the policy level, there is a need to look at quality of care/services with more emphasis on outcomes and responsiveness to women's needs.

While I see the caste and class hierarchy of women and their families playing a great role in seeking maternity care services, government hospitals also fail to provide quality and accessible maternity care services for these rural, marginalised women. Their traumatic experiences lead them to choose home births over institutional births. It's not that home births are preferred choice but rather the institutional services are not accessible and extremely demeaning and a fearful experience to many women. When they are identified as 'high risk', they have to endure a hospital delivery. Many women also told me that they try to go in the last minute after tolerating maximum labour pain at home in order to avoid many of these verbal and physical abuse at the facility level.

The identity of women through these experiences is constantly questioned by the health care providers. A "family-woman" or a "good-humble-modest-woman" is expected to tolerate the pain endured during a birthing process. Else her identity as a woman is firstly questioned. When her identity is in question, not-a-good-able-wife, then the act of sexual experience is questioned, which actually tries to shatter women's identity both emotionally and demonstratively in front of others as a 'moral' lack in her.

One needs to introspect the rise in institutional deliveries in these contexts carefully, the nature of skilled birth attendance we often emphasise and associate with institutional births and the whole discourse on respectful maternity care. It sounds like we have a long way to go to get anywhere near respectful maternity care with such public healthcare child-delivery settings.

By

Bhuvanewari Sunil

PhD Scholar, TISS- Mumbai Campus.

Email at: buanas@gmail.com

[Note: This piece of work is part of my doctoral thesis that I am sharing through this blog post. The study was a qualitative study and involved in-depth interviews with 16 women from diverse caste and class background who have had at least one induced abortion experience. The interviews were carried out between 2014-2016. The names of the respondents are pseudonyms and place names are also changed for ethical reasons]