

Sambhali Trust
**Setrawa Medical Camp - Report on 'Reduction of Maternal and Infant Mortality
and Abolition of Child Marriages' Initiative**



Disclaimer: This report has been compiled by a PRIVATE AUTHOR and does not necessarily represent the views or opinions of the Sambhali Trust. While every attempt has been made to verify the accuracy of data used or quoted, no responsibility can be accepted for data from outside sources.

Introduction

3 doctors, and several volunteers met at Setrawa village in Rajasthan, India, where the Sambhali Trust held a medical camp.

Nearly 60 villagers attended to see the doctors, and all were given free health advice and Ayurvedic medicine. They were also helped to fill out a questionnaire for a new initiative started by the Sambhali Trust, with the main aim of learning about issues associated with maternal and infant mortality rates.

As the Sambhali trust was kick-starting a new initiative, it was decided to ask the participants to join in a pledge led by the Sarpanch (Elected Village Leader) to 'not support or be involved with child marriages'. Child marriages, defined as under 18 for girls and under 21 for boy are illegal in India; Imprisonment is the punishment for everyone involved (priests, barbers, musicians, neighbours and relatives etc). Also, it is known that underage marriage and childbirth are one of the primary causes of maternal and infant deaths.

Sambhali Trust is a true grass-roots organisation, delving straight into the heart of these problems and working directly with those involved.

Aims of this report

1. Collate and compile the data collected at the medical camp.
2. Raise awareness of the key issues of the project: **Reduction of Maternal and Infant Mortality Rates, and Abolition of Child Marriages.**
3. Document any issues found and make recommendations for progression within this field.
4. Serve as a foundation for project proposals and future volunteers.

Issues and problems

1. This report must not be seen as an overview. India is a large and diverse country with a population of over 1 Billion. The results collated within are from a small area, and a relatively small number of people.
2. Due to inherent cultural beliefs, the majority of the women who spoke to the doctor were unable to speak their husband's name aloud, and had to tell another women, who could then tell the doctor. This minor issue is a good indicator of some of the problems faced when attempting to gather data.
3. Some of the questions asked were related to child deaths, which may not be easy to talk about. Add into this the possibility that children may have been killed or left to die for being female, or that some of the women reported being beaten for giving birth to a female, and you can start to understand that the evidence gathered can not be 100% conclusive. There are facts that remain hidden from public view.
4. Some women, particularly the elders, were reported to be unsure of their current age.
5. It was noticed on the day that many women would report some problems to the doctor, but then tell the female volunteers many things that they had felt unable to tell a male. This hindered the information gathering and treatment processes, and is due largely to cultural beliefs within villages such as Setrawa, lack of confidence and also poor education.



Results

Current age range of participants

22-75 years old.

Age at time of marriage

Female average: **15.7** (High:21, Low:8)

Male average: **22.3** (High: 40, Low 15)

A special note on age differences between genders at time of marriage:

The author feels that three sets of results in particular must be highlighted, as they are most relevant to one of the major causes of Maternal and Infant death.

(Underage marriage and pregnancy)

These are the cases of:

Report #51 - A 30 year old Male marrying an 11 year old Female, with a total of 8 documented miscarriages and infant deaths.

Report #3 - A 20 year old Male marrying a 8 year old Female, with numerous miscarriages, and no help at all during pregnancy and labour.

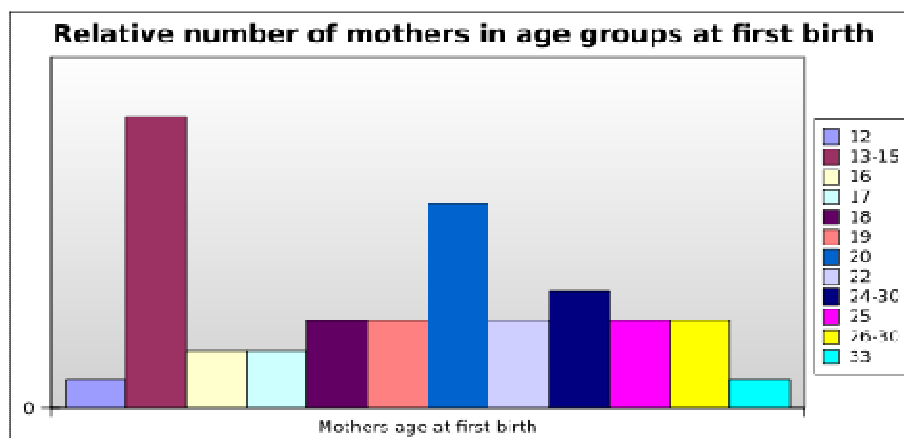
Report #38 - A 15 year old Male marrying a 9 year old Female.

These are documented in the case studies included at the end of this report.

Age of women at first birth.

Due to the way the questionnaire was worded, the chart below actually represents women who were between 13 and 15 when they had their **first child that lived past infancy, not necessarily their first pregnancy or first birth.**

The highest column represents 13-15 year old; the second highest risk age group.



Home birth versus birth elsewhere

Our results showed that the majority of women gave birth at home. In Setrawa, there are seemingly few other options, and even less local knowledge about these options.

Home births - 78%

Elsewhere - 12%

Help and advice received during pregnancy and birth

The vast majority of women only received help and advice from relatives, and then mostly from relative in-laws. Of cultural interest is the fact that many were offered advice on boys. Advice towards female babies was rarely positive.

The question of what specific **skilled** help and advice is actually available needs to be answered. The author's impression is that the levels of help and advice offered are slowly increasing year by year, but could prove to be very useful in reducing maternal and infant deaths.

The number of facilities within reach of Setrawa, and many other villages in Rajasthan, is very small and the number of *quality* facilities even less so. Again, further studies are required which are beyond the scope of this report. The author would hope to include these studies in the next report.

Medication and Vaccinations received by mother and child during pregnancy, birth and infancy

An issue highlighted while analysing the results is that although some women answered 'Yes', they were unable to specify exactly which vaccinations or medication were received. Greater knowledge and education are needed in this area.

56% of the women answered 'Yes' to the question of the mother receiving medical help and/or vaccinations.

It should be noted that the results do not conclusively show if medications or vaccinations were required in every case. They also do not show where the vaccinations were administered, or when. It would be useful to answer these questions in future studies.

59% answered positively that their children had received some vaccinations, but it is beyond the scope of the results to show if this applies to all the children in each case.

Reported problems during pregnancy and birth

Roughly 50% indicated that they had problems or complications during pregnancy and/or birth.

These complications, or at least those that were documented, include:

Premature labour,
Anaemia,
Genital tract infections,
General weakness,
Excessive vomiting,
Back and abdominal pains,
Loss of appetite,
Social isolation.

Miscarriages and Infant deaths

Warning: This section of the report could be quite contentious as the validity of some of the results may be questionable. It is important to maintain a feel for the changing attitudes towards women in India, and a sense of empathy with the people in question. For a few of the more extreme results, please read the case studies that are included at the end of this report.

45% answered that they had experienced miscarriages or infant deaths.

Many reports showed multiple instances, and the reasons are varied. Reports of infant death due to seizures, illnesses such as Chicken Pox, stomach problems and

fevers were common. The reasons for these will never be discovered, but it is likely that the main causes are as follows:

1. Poor nutrition and poor physical and mental health of mother and child, possibly leading to an inability to breastfeed. Other methods of feeding babies in these settings carries a high risk of infection, as washing hands is uncommon, and sterilisation is unknown.
2. Lack of vital immunisations and vaccinations.
3. Female babies may have simply been left, or even killed.
4. A simple lack of basic necessities.

The babies born to young mothers are considered to have a higher risk of:

Low birth weight,
Under-developed internal organs,
Infection and disease,
Anaemia,
Poor psychosocial development,
Malnutrition,
etc, etc...

Also common were unexplained miscarriages. But then, if you have never seen a midwife, let alone a health institution, how can you explain why such a thing has happened? The highest number of miscarriages were reported by the youngest mothers.

Future recommendations

The author would hope to review and expand the questionnaires used to include more information. Specifically we should find out more about health care, knowledge of available options, information relating to maternal deaths, recent cases of child marriages and pregnancies, and local opinions on the subject.

All those involved, on both sides of the project, agreed that greater education leads to greater health. Education does not necessarily mean a school, it can start at home, or at projects like the Sambhali Trust.

One very positive side to the medical camp, which definitely needs to be continued, is that many of the volunteers were previous students of the Sambhali Trust. They proved very useful as they knew all the women well and were able to communicate with them far better than any 'outsider' could. The volunteers (all young ladies) also spent a whole day talking and writing about issues that could directly affect them during their lives, and they therefore gained a valuable insight into marriage and motherhood, and the evils of child marriage.



Although the costs of the project spiralled, a follow up clinic will be held on the 27/05/2010

Setrawa and the interview participants

A glance at Setrawa

Setrawa is a small village situated in the Thar Desert, 110 KM West of Jodhpur, Rajasthan. The village has a population of approximately 3000 people and there are a variety of castes and several communities within the village. The Sambhali Trust has been working there since 2007. Setrawa is the ancestral village of the Sambhali Director, Mr Govind Singh Rathore.

General health issues

The general consensus indicates poor general health, malnutrition and particularly calcium deficiencies, gastric complaints, nervous pain, and respiratory problems - generally due to poor lifestyle. These people work hard, in hot and harsh conditions, with little to show for it. Despite this, the people were lively, resolute, alert and fun to talk to. Remembering that some medical problems were not revealed to the male doctor, possibly the worst cases that were documented were a 22 year old women with extremely low blood pressure (114/56), and a man with an extremely swollen leg who was referred to a clinic in Jodhpur.

Household numbers

Due to the large dissonance of the results received, the author has attempted to give the reader an image of the households of the featured respondents using mixed ranges and averages.

Households ranged from 2-13 members, with usually only 1 person earning a wage. The average number of wage earners was 3, although this does not appear to be a good indicator to the author and compiler of the results. The monthly income of the households ranges from 1000-15000 rupees a month, with the average being 5000 rupees (Around GBP80).

Specific Case Studies

Report #51

Name: Champa Devi

Age now: 66

Age at marriage: 11

Husbands age at marriage: 30

After several miscarriages and infant deaths, Champa gave birth to a baby boy at the age of 15. In total she gave birth to 7 children that have lived, and a further 8 that died before their 1st birthday.

Report #3

Name: Bhandu

Age now: 74

Age at marriage: 8

Husbands age at marriage: 20

Bhandu first became pregnant at the age of 11. She had no help at all with any of her pregnancies or births, and suffered several miscarriages.

4 of her children died at ages 1, 2 4 and 5 years old. Bhandu was beaten for not producing any baby boys, and did not have any children that survived until she was in her 50's. Now that her 3 girls (age's 20, 18 and 15) are married and have left her home, she is widowed and alone. If it rains, she sometimes manages to scrape 1000 rupees a month through work at a farm (nearly 18 EUR). If there is no work then she begs.

Report #38

Name: Bhagwatti

Age now: 25

Age at marriage: 9

Husbands age at marriage: 15

Bhagwatti has 3 boys aged 5, 4 and 2 years old. Her report specifies no child deaths or miscarriages. Her husband works and brings in roughly 5000 rupees a month (nearly 90 EUR).

Appendix

World Health Organisation - Maternal Mortality --
http://www.who.int/topics/maternal_health/en/

World Health Organisation - Infant Mortality -- <http://www.who.int/whosis/mort/en/>

UNICEF main page on child marriage --
http://www.unicef.org/protection/index_earlymarriage.html