

Childbirth Care and Marginalized Communities: Experiences from Chetna Mahila Swasthya Kendra (CMSK)

Organization: Jan Chetna Manch Bokaro
Authors: Lindsay Barnes



INTRODUCTION

- **Growing institutionalization of childbirth** across all communities in India has brought **both positive and negative consequences**. Vulnerable communities, especially Adivasis, are less likely to access, and face more barriers in reaching such facilities
- Women of marginalized communities who do access such care are more likely to have negative experiences of childbirth - **mistreatment and abusive behaviour; denial of quality care**.
- Institutional birth rate in rural Jharkhand: 73%. Of these 59% are in public health centre; 41% in private centres; Home birth rate: 27%
- C-sections: 10% (6% in public health care facilities; 46% in private health care facilities)

CHETNA MAHILA SWASTHYA KENDRA (CMSK)

- JCMB runs a 24X7 women's health centre established by Jan Chetna Manch Bokaro since 1997, in Chandankiari, 25 kms away from Bokaro Steel City in Jharkhand.
- We helped over 20K women give birth with zero maternal deaths.
- The communities it serves are marginalized: SC (25%); ST (8%); Muslim (10%). **95% of women coming for childbirth care** at the CMSK are from **these marginalized communities**.

INTERVENTION MODEL

JCMB's outreach to over 2 lakh people in the community.

9000 women collectivized into 800 groups across 120 villages; Over 75 'Swasthya Sakhis' - selected by these groups and trained


Trained 8 village women as Community Health Workers and 12 Health Care Workers for the Women's Health Centre


Helped by 3 trained midwives


Supported by full/part-time doctors




Birth outcomes 2021-24

 **3682 ANC cases registered**

 **2516 Women admitted for childbirth**

 **2447 deliveries. (95% normal, 5% C-sections)**

 **2421 livebirths (incl. 18 twins)**

 **37 Intrauterine fetal deaths & 7 Stillbirths**

 **Zero Maternal Deaths**



COMMUNITY-BASED AND DRIVEN CARE

- **Community Health Workers (CHW)**, a paid worker of JCMB, typically visit 12 villages each month.
- Responsible to meet families of around 70 pregnant women and 20 recently birthed mothers.
- Counselling the families and ensure the mothers' wellbeing (checks the BP and pallor, since eclampsia and severe anemia continue to be the main causes of maternal mortality).



- **Swasthya Sakhis** (incentivised volunteers) are elected by the women's group members of a village.
- Visit all the households wherever needed along with the CHW - population between 700 to 1500.
- Check-up on the women and meet all the family members on other days
- Accompanies the mother to the CMSK during ANC and delivery

BARRIERS IN QUALITY CHILD BIRTH CARE

Care providers often **speak a different language than the women they serve**.

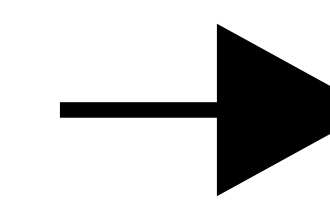
Hospital staff frequently **ridicule traditional practices**

Most hospitals continue to **deny entry of birth companions into the labour room**.

Hidden costs, even in government hospitals, are a deterrent to accessing care for poor families. **Negotiating the complex system of bribes is difficult**

Failure to adhere to positive, evidenced-based practices continues. Interventions such as **fundal pressure, episiotomy and caesarean section scare women**.

Many hospitals in remote and rural areas are **ill equipped to handle complications**. There is a **lack of equipped ambulances for referral**, and poor roads to reach a tertiary level hospital



ADDRESSING BARRIERS



JCMB's community health team are **local women, speaking the local languages from the same community**



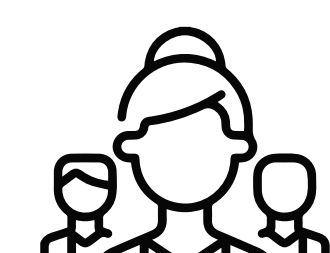
Respectful of their community's **culture and traditions**



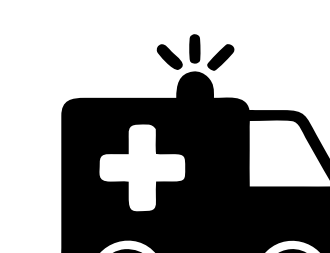
All women have a **birth companion of their choice** with them: usually a **Swasthya Sakhi**



Keep costs down by adhering to rational use of drugs and interventions; implementation of **Janani Suraksha Yojana**.



Adherence to evidence-based protocols developed by well qualified and experienced medical professionals



Less interventions = low complication rates. **2 ambulances (with nurses)** available to handle referrals; **emergency funds** provided to patients, if needed

CASE STORY - SAVITRI'S PREGNANCY JOURNEY

Savitri was **pregnant with her first child**. Her husband is a labourer. She lived in a village where Sumitra was selected as a '**Swasthya Sakhi**' by the women's groups. Sabita, a **Community Health Worker** visited the village each month. All three women are Adivasis, and communication was never a problem. At 8 months of pregnancy Savitri was found to be **severely anemic and hypertensive** during a home visit. Sumitra accompanied her to the CMSK for treatment and stayed with her for a week. After she was stabilized, Savitri was induced and delivered a healthy baby. Both mother & baby are well.

REFLECTION & LEARNINGS

- **Need to listen and respond to the needs of the community with humility.**
- Vulnerable communities deserve and demand '**respectful and quality maternal and childbirth care**' as a right.
- All communities have **positive traditional practices** which need to be incorporated into the protocols, not dismissed.
- **Professional medical support is essential** - for training, developing protocols, encouragement.
- **Dependency on outsiders** for providing care or financial support **is not sustainable**.

