

Case Narrative

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Learning salubrious newborn care practices from Malti and her family

This is a case narrative of birth preparedness: safe delivery and essential newborn care behaviours practiced by poor family of Ardhaya village: Agra, U.P. An analysis of - i) positive behaviours practiced by the family, ii) reasons for initiating the behaviours, iii) favourable and unfavourable domains affecting behaviour adoption, and iv) self-efficacy of the family is presented. Thereafter, possible role such a family can play to strength community mobilization efforts is discussed.

I. Background:

It was a foggy winter morning on the 17th Jan, 2004, when I headed for 'Ardhaya', one of the pilot villages of my study to understand homebased newborn care practices of poor families in a rural setting in Agra district, Uttar Pradesh.

'Ardhaya' is a village about 22 kms from Agra city. Dominated by Hindus, strong caste and class barriers exist in the village demarcating it into 3 distinct socio-cultural clusters (Pandit, Jat and Jatav). Majority of the inhabitants of this village are from the Jat and Jatav communities (scheduled castes) and are daily wage agricultural labourers by occupation. 'Ardhaya' has a population over 5,000 and three Aaganwadi (AWW) Catchment Areas. Non-government organizations like CARE-U.P. and Family Planning Association of India also work in this village. The nearest market place for daily purchases and the sub-district hospital are within a walking distance of 5-7 kms.

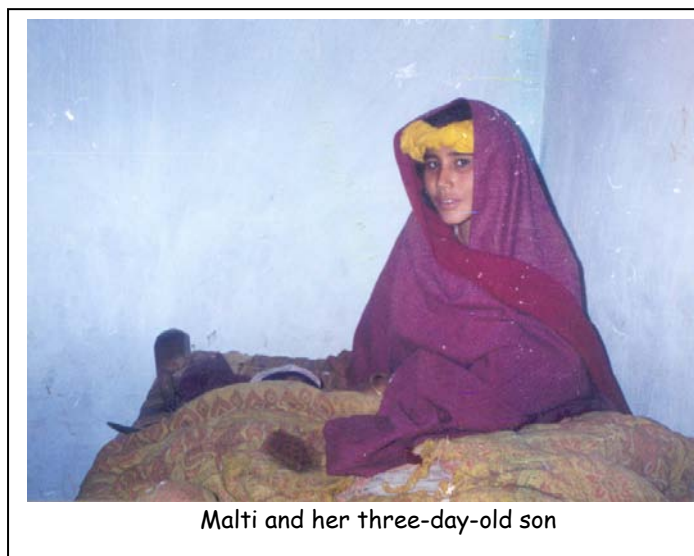
On reaching the village, 2 schoolboys navigated me through narrow 'karanjaas' to Rita Jain's house (one of the Aaganwadi Worker (AWWs)). After I explained the purpose of my visit Rita Didi called two other AWWs to her house and together we enlisted newborns (0-3 days) within their catchment areas. From the 5 enlisted newborns, the youngest newborn was a two-day-old baby boy belonging to a Jat family. "They are quite poor didi, a low caste family, and live on the outskirts of the village, it will be a long walk, would you want to visit them, Rita Didi, enquired curiously ". "Yes, indeed I would be grateful if you guide me the direction", I replied.

Rita didi was generous to lend in her time to guide me to a semi-pucca house, situated on the outskirts of the village, but refused to enter in. She explained "I am a Jain from a high caste

community and till the Jaccha -Baccha Nahan¹, mother-baby are not regarded as pure, so can't enter the birth room, more so because Jat is a low scheduled caste community". I thanked her for her cooperation and moved ahead.

On reaching the courtyard of the house, I saw an old lady sorting dried cow dung cakes (Kandae in local terminology). I approached her and enquired - "Namaskar Amma Ji, apkae ghar mein halhi mein koi baccha paida hua hai kya". "Huo-Huo"² Amma answered and continued "Rahunath is my older son. My younger son's bahu, Malti gave birth to a baby boy 2 day's back".

I sat beside Amma, watched her work, explained the purpose of my visit and requested - "Amma Ji, Can I see how Malti and her baby are doing". After much thinking and introspection about my whereabouts and my caste, Amma replied "Huo-Huo, aao betiya", embraced me with a big smile, allowed me in a room, the door of which she closed immediately and stated "*the breeze may cause the baby to catch cold and allow bad omens to enter the room*".



Malti and her three-day-old son

II. Initial Observations

Malti was lying on a 'carpoi'³ in the corner of the room; *the newborn was sleeping beside her, wrapped in layers of thick woollen and a blanket, wearing a woollen cap stuffed with pieces*

¹ Jachha-Bachha Nahan is a religious ceremony conducted 3-10 days after birth. Till this ceremony the mother and baby are kept isolated in a room, mother and baby are not bathed. Mother is treated as impure and so is the birth room.

² Yes.. Yes in local terminology

³ Carpoi: a wooden woven with jute threads

of cotton to prevent him from catching cold. An 'aasiya'⁴ (auzaar), a matchbox and a 'dhankutta'⁵ were kept beside the newborn (possibly to prevent bad omens from nearing him).

In one corner of the room, there was a 'barosi'⁶ filled with 'Kandas' and hot Koylas, on the top of which there was a small 'lota'⁷ filled with water and covered with a lid. I enquired about the purpose of the foresaid arrangement and Amma replied- "***Kando (ash) ki aanch se Jaccha-Bachha ko saik mitti hai aur 'Jaccha' ko garam pani bhi***".

Near the 'barosi', a well of ash was made in which, the umbilical cord remnants were dug and covered with cow dung to prevent any animal from eating it away.



On the door of the birth room there were a branch of 'hees' leaves in a bird's nest. "Namastae, you must be wondering what this is", Malti's Jaithani (a lady of medium stature, neatly dressed, with a clear and loud voice) entered the room with a glass of tea for me and continued, "It's a tradition, in every home where a baby boy has been born you will see hees leaves. Hees leaves protect the newborn from any omen". Amma can you tell didi this story", the Jaithani requested. "*Huo ...Huo*" and Amma continued...

Raja Neel and Hees leaves: There was a prince called Raja Neel who had 101 wives, but none of them had conceived, so he went to a Sadhu who gave him blessed rice and told him to give the blessed rice to his wives to eat these rice and they would conceive thereafter. Only one of the

⁴ Aasiya : a sickle used for cutting grass

⁵ Dhankutta: a thick wooden stick

⁶ Barosi: a basin made of stone

⁷ Lota: a pot for drinking and storing water

wives, named Parvati ate the rice and just as the Sadhu had predicted she became pregnant. Slowly, Parvati started getting extra attention from Raja Neel and other wives started feeling jealous of her.

The expected date for delivery was nearing and the jealous wives ordered a soldier to take Parvati to the jungle to kill her. The soldier did as ordained. He took Parvati Rani to the jungle and threw her amongst hees leaves. But as soon he rode his horse forward to kill her, hees leaves came in their way and their horses reversed their path. Raja Neel's son was born in the jungle amongst hees leaves. Thus, in every house where is baby is born, more so for a baby boy, hees leaves are put in a birds nest/net/broken matka⁸ so that if there is any omen approaching the mother-baby dyad, it would get stuck amongst the hees leaves.

By now, Malti and her family were comfortable with my presence and the climate was set for further discussion so I continued - "Today I have come to learn from you about birth planning, safe delivery and newborn care practices adopted by your family" and emphasized that each piece of information they give would of immense value to me". "Would you be willing to share this information"? "Why not", the Jaithani replied and Amma and Malti followed the same note.

III. About the family

Malti, (the protagonist of our story) was a 22-year-old charming lady and a mother of four children. She has a four-year-old daughter and two babies had died of pneumonia during the neonatal period. She was not literate but felt that staying with her husband, who works as a ward boy in a hospital, in Delhi helped her gain useful insights on childcare. Malti's family was small and close knit family - apart from her husband and children; she had a Jaith (Husband's elder brother) and Jaithani (also her sister), their two children, and Amma (mother-in law). "We are not well-to-do as many others in our village, we only have a small piece of agricultural land where my Jaith Ji works, in addition my husband sends hundred rupees a month for me, which I keep saving", Malti informed.

I noted the socio-economic status of the family through observation and asking relevant questions from the standard of living Index checklist like amount of landholding, electricity, separate room for cooking etc. A table, charpoy, wooden chair, one cow, about 2-beega land, a cycle, was all the family had. Electricity connection was taken illegally; and for water they used the hand pump of

⁸ Matka: a pot made of clay for storing water

the village. The standard of living index (SLI) score was 16 and the family belonged to lower medium socioeconomic status.

I requested Malti to narrate birth planning practices and sequence of events that followed during delivery. Malti replied - "Didi I was half unconscious, Amma and my Jaitani did every thing, they will tell you better however, I'll keep giving you my perceptions on the same".

IV. Birth preparedness for a safe delivery

Malti's Jaithani took lead in narrating all events enthusiastically, She said- "Didi in Malti's last delivery we faced a lot of problem, we had to take her to the hospital, neither was any male member at home and nor did we have any money, we had to borrow money from two of our neighbours and were in a sorry state, so time as Malti's expected date of delivery was nearing we thought it would be wise to make a few preparations before hand".

"When Malti had completed her ninth month of pregnancy, Amma emphasized that we start making a few preparations for delivery". "We put together *old cotton clothes, washed and sun dried them to be used for cleaning the newborn during delivery. We also put together pieces of cotton (to cover the newborn's head and chest for providing warmth) and warm clothes for the newborn*".

In addition, there is tradition in our house that whenever delivery takes place at home we place a 'taat'⁹ between bricks and receive the baby on a clean 'taat'. So we dusted 4-5 'taat' and sundried them and all these clothes put them in an old saree ('godri')"

You would be interested to learn that in most villages of western U.P., delivery takes place on the floor where, the pregnant women is made to sit on bricks and the baby is received on the floor. The 'taat' would serve as a clean surface, for delivery and also a clean surface to receive the newborn so this would in turn prevent the newborn from getting infections (from dirt, insect bite or tetanus from a piece of wood thrown on the floor) after birth. So if Amma is following traditions by using the taat we are preventing infections, the jaithani emphasized.

Malti joined her Jaithani in the conversation and said -"remembering the problems of the last delivery we also started saving money slowly much in advance - "*yeh sooch kar ki pata nahi kab kam par jayae*". "By the delivery time *we saved about 500 rupees and about 500 rupees only were*

⁹ Taat: a polythene for storing and transporting wheat grains

spent in delivery related expenditure (the Mehtrani¹⁰ took 250/-, we had to call the doctor (compounder of the village) to give a pain relief injection (who took 100/- as his fee and 100/- rupees for the injection)"

I was heartened to learn about the level of preparedness the family had been practicing and asked - "where did you learn all these things from". Malti replied - "Amma tells us lots of good things and some we learn from my jaithani who in turn learned it from nurses while her stay in a hospital in Agra".

We then continued our discussion on what happened on the day of the delivery.

Malti mentioned - "*Mujhe to hosh hi nahi thi saab kaam jaithani aur amma nae hi kiya didi*", and the jaithani continued again.....

It was the 14th Jan, at about 6:00 P.M. Malti was experiencing mild labour pains, She told me to tell my husband to call the doctor (a compounder of the village) to check when she would be delivering the baby. My Husband escorted the doctor (compounder) home and who gave Malti an injection, took 200/- from us and informed us that Malti would be delivering in 3-4 hours. Amma told me - "*japa ka saab saman ek jaga rakh do*" and made Malti lie down and told her to try going to sleep.

"I put 2 bricks, 4-5 taat, a 'barosi' with kandae and koyla, with a lota of water on it, and the godri full of clothes in the room".

" Then I ran to get a blade, a cord tie of a rupee each and a soap from a general store nearby (The Jaithani had learned all these things from a nurse while her stay in a hospital)".

You will be amazed, but "*My husband also put some diesel in the neighbour's tractor to prepare for any emergency situation and informed me that he is going to the field and would be back in an hour*".

V. The Delivery Process

The Jaithani continued to narrate the events that happened on the day of delivery.....

At About 3:00 in the night Malti started getting continuous labour pains. She woke up me and Amma who were sleeping beside her ("*Humare yaha jab din poorae ho jattae¹¹ hai, garabwati*

¹⁰ Mehrani: untrained lady who conducts the delivery and cleans the baby

ko akela nahi chhortae", Jaitani informed). Amma made Malti sit on the bricks, my husband went to call the Mehtrani (an untrained lady who delivers and cleans the baby), and in the meantime I heated water on a 'chulla'. Since, the mehtrani has not arrived as yet Amma (though not trained in delivery process) washed her hands with water wiped them with her dhoti and took the lead in delivering the baby (boy). I assisted Amma in the delivery. I discarded the old taat and put a fresh one, *laid the baby on a fresh taat and covered him with an old cotton blanket so that the baby does not catch cold*. Malti was holding her stomach tightly till the Mehtrani arrived so that the placenta (Kakrai) does not go back as if it did she could die.

The Mehtrani arrived about 20 minutes after delivery. I insisted that she washes her hands with soap and only then touches Malti. Amma told the Mehtrani to tie the cord with the cord tie they had bought and cut it one finger away from the baby with the new blade. *We did not allow the mehtrani to bath the newborn; rather gave her 2-3 cotton clothes squeezed in hot water for wiping the newborn*. Subsequently, *the baby was wiped with another clean cotton cloth, made to wear woollen clothes and a woollen cap, wrapped in a woollen blanket and laid on the 'carpoi'*. Malti was also cleaned by the mehtrani and made to lie on the carpoi. The Mehtrani then cleaned the delivery surface with mud and water, took her baksheesh and left.

VI. Post Delivery Care

The Jaithani continued...It was 4:00 A.M. by now, Amma gave Malti Ajwain water to drink, made her lick gur, cleaned her breast with warm water and put the newborn to her breast. Amma emphasizes that *"Tariyan ki chau mein agar bachhae koi ma ka doodh suru nahi karaya to bacchha boovo bhool jaega (the baby will forget how to breastfeed if not put to the breast early)"*. But if the child would be born in the morning Amma would give a piece of 'gur' to the baby to suckle and only in *'taraiyan ki chau' (amidst stars)* would we initiate breastfeeding. (Malti also seemed to agree with Amma's belief wholeheartedly and said she would do as Amma told her, as Amma was more experienced in these matters). Amma also emphasized not to apply anything on the umbilical stump, she told us it wasn't required and the remnant would fall off itself.

VII. Current Practices

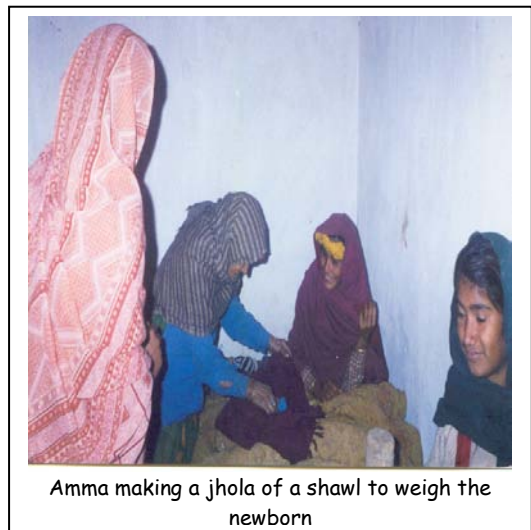
Malti mentioned that she had fever since yesterday (second day of delivery), her body was warm and the baby was not suckling so they called the compounder to see her who said - *"don't breastfeed your baby or he too will get fever"*, so she stopped breastfeeding and started feeding

¹¹ After the 9th month of pregnancy

him tea water. ("It was satisfying to note that after some convincing from my end Malti put the baby back to her breast for breastfeeding").

Malti also informed me "*Till the Jaccha-Bachha Nahan, the mother-newborn dyad (Jaccha-Bachha) would be kept isolated in this room*". The room would be continued to warmed by a barosi. Since, the mother is regarded impure till the Nahan she would be made to do no work and attend to the baby alone. The baby would also not be bathed. A priest of the village takes out the day of the Nahan. On the day of the Nahan, the Mehrani would come to bath the mother and newborn again, takes her share of money and wheat, the amount being more for a baby boy. However, Malti emphasized that irrespective of the Nahan since it was winters, "*Jes din bahut dhoop hogi hum to tab hi bachhae ko nalaegae nahi to ussae thand lag jaegi*".

After our discussion, I asked Malti - "would you allow me to weigh the baby, the weight of the baby will give us an idea if the baby is doing well". I pacified her by saying - "I have a balance with me and Amma can weigh the baby on the *carpoi* so that the baby is safe, don't worry". "*Huo ... Huo*". Since, Amma agreed and so did Malti. Amma took the lead to remove the baby from the blanket made a Jhola out of the shawl, put the baby in it with minimum clothes and weighed the baby on a Salter's balance and thereafter I subtracted the



weight of the shawl. The baby weighed 2.5 kgs (on the third day of birth). The family was happy to know the weight of the baby and that he was doing well. After the weighing, Malti made the baby wear his clothes and said- "Didi, isn't he beautiful, you see I'll take him to Delhi and make him a big man". Malti kissed the baby, wrapped him with a shawl and made him lie by her side. I could gauge Malti's happiness of entering into motherhood again. She also informed me that all the family members were very happy with the birth of the baby.

As I started putting my things in my bag and got up to thank all the family members for their cooperation, when Malti said- "Didi what all things do you suggest I should do to keep my baby healthy". I was happy to learn of Malti's readiness to learn about childcare, we then discussed the benefits of exclusive breastfeeding and related childcare practices.

Amma walked along to leave me till the lane near the home, embraced me again and blessed me on my forehead and said- "Come again and have lunch with us, betiya".

Case Narrative Analysis:

I. What were the salubrious practices Malti and her family practicing?

Birth preparedness

- ***Savings:*** Saving money for delivery and complications
- ***5 cleans:*** Washing and sundrying old cotton clothes for wiping the baby, sun drying used taat for use as a delivery surface, buying a blade, cord tie, soap for delivery
- ***Transport arrangement:*** The neighbour was informed that his tractor would be used in times of emergency, and diesel was filled in the tractor

Safe Delivery and Essential Newborn Care

- ***Infection prevention:*** (a) using polythene (Taat) as a clean surface for delivery, insisting that the mehtrani washes her hands with soap before cutting the cord. (c) Using clean blade and (d) cord tie for delivery and (e) not applying any harmful substance on the umbilical stump. (f) Receiving the newborn on a taat and not on a bare dirty floor (g) Keeping the mother-newborn dyad isolated in a room
- ***Provision of warmth:*** (a) Covering the newborn with an old cotton blanket till the time the methrani arrives to cut the umbilical cord, (b) The newborn was not bathed within 24 hours of birth, but only wiped and appropriately dried after wiping and wrapped in seasonally appropriate clothes, (c) To prevent the newborn from catching cold the following measures were taken: Cotton was put under the cap and on the chest, head was covered with a cap, the baby was clothed and wrapped in a blanket, Keeping a heated 'barosi' in a room and door of the room closed
- ***Early initiation of breastfeeding:*** Breastfeeding was initiated within 2 hours of delivery

II. Reasons and favourable domains for practicing the behaviour?

- ***Personal perception:*** Two of Malti's children had died in the neonatal period due to pneumonia so she and her family wanted to be extra careful this time. They realized that the children died because the parents were not adequately aware of appropriate practices to be followed. During Malti's stay in a hospital she and her Jaithani learned of certain positive practices related to infection prevention and 5 cleans from the nurse and hospital staff and practiced them as well. They felt that infections were harmful and warmth for the newborn is necessary to prevent pneumonia
- ***Enabling environment:*** The mother-in-law and other family members were also supportive of the behaviours being practiced. All the family members provided a helping hand during and after delivery so the behaviours were made easy to practice.

- **Traditions:** Traditional methods for providing warmth, initiation of breastfeeding and infection prevention were passed from generation-to-generation in their home.

III. Malti's self-efficacy: Would Malti practice the salubrious behaviours in unfavorable domains?

Mother in laws consent, and physical support from Jaith and Jaithani at the time of delivery favoured behaviour adoption. However, will Malti initiate breastfeeding if the child was born in the morning and not in 'tariyan ki chau? Would she buy a blade, cord tie, soap, keeping sundried clothes for wiping and wrapping, in advance even if her Jaitani was not in town. Would she make alternative arrangements of conducting the delivery on a clean surface if the 'taat' was not available? Would she bathe the baby after 24 hours of delivery even if the baby was born in summer?.

These issues are important because they provide useful insights on the extent of conviction the mother has about the benefits of practices the behaviours that she circumvents all barriers to practice the behaviour. It defines Malti's self-efficacy for the behaviours she is practicing.

Self-efficacy is a self-judgment of one's ability to perform a task effectively within a specific domain ["I want to and I will practice the behaviour in any situation however difficult/challenging it is...]. Thus if there is a challenging situation, the mother chooses alterative strategies e.g. if the taat is not available we'll use a cloth but will not receive the child on the floor, Malti said with conviction. But Malti would not initiate breastfeeding if the baby was born in the morning, would bathe the baby immediately in summer. Thus Malti realized infection prevention to be important but not early initiation of breastfeeding or she would circumvent all barriers (here traditions) to practice that behaviour. Thus, Malti had a strong motivation to practice certain behaviours, even in unfavourable circumstances which were not against traditional practices and her mother in laws consent.

Lessons Learned from this narrative:

1. Emphasize on Nutritional successes rather than nutritional Failure

In 1969, Hegsted emphasized that we should pay more attention to the reasons for nutritional success rather than nutritional failure. In 1970s, Wray advocated studying successful mothers

while in 1979 greaves recommended that another approach might be to identify in a village women who do manage to rear healthy and active children and yet belong to the same community as compared to some who do not. This case narrative reinforces the foresaid belief that even under poverty constraints by practicing simple 'doable' behaviours a family can rear a baby of normal nutritional status. Malti's son was 2.5 kgs on the third day of birth, is from a not well-to-do family, but thriving well.

2. Tapping the potential of self-efficacious families in community mobilization

If there are women who can cope and manage to rear better nourished and active children where a majority of children suffer from growth retardation and malnutrition and yet belong to the same community, their maternal feeding practices and behavioural determinants and reasons behind their self-efficacy would be worth analyzing. An outcome of this analysis may reveal hidden positive practices existing within the community, which if promoted in a community would be feasible and culturally acceptable by the community because the practices would be indigenous rather than extraneously derived. The potential and possible role such self-efficacious mothers/families can play (e.g. as peer counsellors) in improving child health practices and in strengthening community mobilization efforts remains untapped.