

Low-Cost Modes Of Awareness For Safe Birth Among Women Of Rural Remote Regions

By: Chhabra S.*, Razzak R*

*Emeritus Professor; Officer on Special Duty, Dr. Sushila Nayar Hospital, Utavali, Melghat, Amravati; Chief Executive Officer, Akanksha Shishugruha. Kasturba Health Society, Sevagram.

*Resident, Obstetrics Gynaecology, Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha, Maharashtra, India

Keywords: awareness, safe birth, women, rural remote regions, India, pregnancy, health

Abstract

Community Health Workers (CHWs) are the key workers who should have the knowledge and skills regarding specific tasks to make women aware of safe birth methods. Modalities need to be made to create awareness among the rural population so that preventable conditions such as prolonged labour, obstructed labour, and rupture of the uterus can be addressed. Modest means of modalities must be available for the resource-poor countries, especially in rural regions, that are feasible and sustainable. Making women aware of safe birth in a simple way is a challenge, but the challenge provides opportunities and directions for out-of-the-box thinking. The present article is about sharing simple modalities that are feasible, sustainable, and useful. Simple, low-cost modalities made of hospital waste, clay, and play items were used. Small moulds were made out of acrylic, soft, small, and pliable balls to show the soft head of a preterm baby, and the big hard head was used to show a post-term baby trying to come out of the pelvic girdle. This was shown using balls and bangles. This is feasible, sustainable, and easy to explain.

Background

For maternal health promotion and prevention of maternal deaths and severe illnesses by timely appropriate care, it is essential that women, families, and communities are aware of the need for necessary timely action in emergencies and are aware of modes of prevention of emergencies, first and second delay in obstetric emergencies. In rural communities, the biggest problem is ensuring women themselves reach appropriate health facilities well in time to have a safe birth. Since most of the deaths and severe sicknesses are birth-related, it is essential that awareness in relation to birth to prevent prolonged labour, obstructed labour, and rupture of the uterus, which can kill the mother and the baby, is created by simple ways that women understand, especially rural women of low resource regions. Modalities have to be feasible and sustainable. Javanaparst et al. have opined that changes in training content over time reflect an increasing number of programs integrated into primary health centers, complicating the work expected of Community Health Workers (CHWs). In-service training courses need to address local needs in the best way. CHWs are the key workers who should have the knowledge and skills for specific tasks while they serve the communities. They have the capacity to communicate with women, make them aware and support too. However, they need to be knowledgeable and have a system of feasible, sustainable modes of creating awareness in women and families. So low-cost means of awareness are very welcome.

Efforts to upgrade the skills of village health workers, including traditional birth attendants (TBAs), midwives, other health workers, and finally, the end users and women, is always an enterprise in the services with multiple agendas with many challenges, especially in villages. The transmission of knowledge and skills, in a simple way, helps in better awareness for timely action. If it is feasible at the village level and low cost, it is sustainable. In well-intentional programs, TBA and other local healthcare workers often fail to achieve their stated goals of creating awareness of women, which is important for eliminating delays as first delay plays a very important role in the prevention of severe illnesses and deaths. The difficulties derive not simply from false assumptions of local-level health workers themselves and, finally, women, more importantly, from the instructional mode favoured for lack of awareness.

Material and Means

Modern skill-learning gadgets are expensive to give to rural communities' health workers who have to take them to the huts of villagers (Fig I).



Fig I and Fig II

Simple, low-cost modalities made of hospital waste, clay, and even used play items can do a lot, and the same is being tried with all such items in rural regions. In the beginning, small moulds were made out of the waste of hospital acrylic used in dentistry for making models showing an uneffaced undilated cervix (opening of the uterus), how the length of the cervix gets reduced in labor (effacement) and opens (dilatation from the closed cervix to around 10cms) for the baby's head to come out of the passage. However, it was further made doable in villages by using clay (Fig II).



Fig III

The children's dolls and play items were used for sharing how a preterm baby just slips. Soft, small, pliable balls showed the soft head of pre-term babies, normal, neither hard nor pliable, and big hard heads used to show post-term babies trying to come out of the pelvic girdle, which was shown using balls and bangles (Fig III).



Fig III



Fig III

Nurses and midwives working in villages monitoring each pregnancy were re-trained so that they could tell community health workers as well as use the same for regular activities in villagers for mother and baby care for women and their families in remote rural communities.

Comments

Making women aware of a simple way of safe birth is a challenge, but the challenge provides opportunities for out-of-the-box thinking. A woman and family-centered view with a low technology approach to birth for prevention of sicknesses and deaths is the need of the hour. It has been reported that midwife's knowledge is not transmitted in official sessions, which seem to be not the way it should be for use in villages. The indigenous approach is rendered invisible and marked as without status. The present article is sharing simple modalities that are feasible, sustainable, and useful.

References

Javanparast, Sara, Fran Baum, Ronald Labonte, David Sanders, Zohreh Rajabi, and Gholamreza Heidari. "The experience of community health workers training in Iran: a qualitative study." *BMC Health Services Research* 12 (2012): 1-8.

Jordan, Brigitte. "Cosmopolitical obstetrics: Some insights from the training of traditional midwives." *Social science & medicine* 28, no. 9 (1989): 925-937.

Pacagnella, Rodolfo Carvalho, Jose Guilherme Cecatti, Maria Jose Osis, and João Paulo Souza. "The role of delays in severe maternal morbidity and mortality: expanding the conceptual framework." *Reproductive Health Matters* 20, no. 39 (2012): 155-163.