NEONATAL CARE INFORMATION SYSTEM & EMERGENCY BIRTHING PLANS, BY AARTI RAO ’14

Throughout my experience as a Lang Scholar, I’ve repeatedly experienced international development work as a highly personal, gut-wrenching, yet simultaneously inspiring process. While my background in Sociology & Anthropology taught me to analyze and critique different theories of development, the experience of completing my Lang Project has made these abstract concepts theories real, introducing me to the challenges of creating sustainable change.

My Lang Project, Neonatal Care Information Systems, combined survey research and community-based approaches to overcome social barriers that have prevented access to adequate infant and maternal care within villages in Churu, Rajasthan, India. With the help of my research team, consisting of two other Swarthmore students (Paige Stover and Abigail Lauder) as well as local NGO workers, I collected 600 survey responses from village women and conducted 60 in-depth interviews. Inspired by my mentor Dr. Ashok Agawal’s saying - “give the data back to the people” – I worked to make my findings accessible on a community-based level. My research team and I held discussion forums with village leaders and health practitioners within the five villages that had the poorest maternal and newborn health indicators. Moreover, drawing from our data analysis research, we developed and distributed village-specific “Emergency Birthing Plans” – which provided village women with the information needed to access delivery services. As background, the Churu District of Rajasthan is an area that has consistently had poor standards of maternal and newborn health. The Infant Mortality Rate (IMR) in Churu is well over the national rate of 0.04%.

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In Fall 2013, Lang Scholar alumni – Life coach Gloria Chan ’02, Professor Sa’ed Atshan ’06 (pictured above on the far right, back row), and NPR reporter Hansi Wang ’09 – connected with current and aspiring Lang Scholars in person and on Google Hangout.

Ana Chiu ’06 moved to China in 2012. After a year of intensive Mandarin, Ana put her social change skills to use, and started working for BSR (Business for Social Responsibility) to implement sustainability projects in China’s factories. She’s working with the Walmart Foundation to implement an education program that will empower 31,000 women in 45 factories with work, life, and financial literacy skills. She’s incredibly excited to be part of China’s emerging social responsibility sector.

Victoria Pang ’13 began the Master of Arts in Teaching (MAT) at Brown University in June 2013. She co-taught a summer course called “The American Dream” to 30 high school students. In fall 2013, she completed academic coursework in American and World History. Since January, Victoria has been engaged in student teaching in the Providence Public School District in Providence, RI.

**NEONATAL CARE INFORMATION SYSTEM & EMERGENCY BIRTHING PLANS (cont’d)**

Furthermore, approximately 40% of newborns do not receive any postnatal treatment. In a 2010 study conducted by the Indian Institute of Health Research and Management within Churu, it was stated that almost 70% of neonatal deaths occur within the first seven days of birth, usually as a result of untreated Asphyxia or Pneumonia.

I focused my surveys on the village-level implementation of Rajasthan’s Janani Shishu Suraksha Karyakram (JSSK) policy. Launched two years ago (June 1, 2011), JSSK (ideally) eliminates out of pocket expenses for pregnant women and sick newborns in government health facilities. However, despite the implementation of this “zero-cost” policy, many women still prefer home deliveries, opt for the more expensive care at private institutions, or are still asked to pay a fee at government health facilities. Through the results from our survey, supplemented by in-depth interviews with village women and health practitioners, I sought to understand the gaps in government scheme provision as well as the psychosocial, physical, and economic barriers deterring certain women from accessing care at government facilities.

Analyzing the data, I noticed that there were a few villages that had much worse indicators than others. For an example, in the past year, 20% of the deliveries in Dhanoti Bari were conducted at home; whereas in the village Shopyura, every delivery was conducted in a private institution. My research team and I held discussion forums within the five villages with the poorest maternal and newborn health indicators. In these sessions we shared our assessments and provided village leaders and medical practitioners with village-specific Hindi pamphlets for their perusal. Based on the specific village’s problems, we opened the forum to facilitate a discussion. I then specifically questioned community members about what they believed to be the best course of action given the presented problem, and discussed how to achieve this proposed action plan. A couple of results from these meetings were: (1) community members uniting and deciding to contact government officials about these village-level problems, and (2) community members and village health workers planning additional health advocacy and outreach initiatives.

In addition to involving and discussing our findings with community leaders, my team and I conducted training sessions with the village health workers and pregnant women to emphasize the importance of having an “Emergency Birthing Plan.” As mentioned earlier, in some villages the rate of home deliveries as well as the rate of infant mortality was significantly higher than in others. I went back to those villages to interview women who had given live birth in the past year, and found that many of them were circumstantially forced to deliver at home if their husbands were traveling for work at the time. Through these interviews, I heard numerous horror stories of mothers passing away in the middle of a home delivery because the proper surgical, sterile tools were unavailable. I also learned how when a man was not in the house, a woman and her mother-in-law were often unsure of whom to call for assistance, or how to arrange the proper transportation to the hospital.

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Accordingly, drawing from this foundational knowledge, my team and I designed the Emergency Birthing Plans to include the following information:

1) Ambulance contact information;
2) The village health workers’ contact information;
3) The nearest government facilities contact information;
4) The number of someone in the village who owns a private vehicle; and would be willing and able to drive to a hospital in an emergency
5) A note reminding women that they are eligible for subsidized payment to any government facility, so that they can demand this benefit if necessary.

Furthermore, the Emergency Birthing Plan included a secondary component specific to home deliveries. It contained information about what practices should be done right after the delivery, such as: not immediately washing the baby, feeding the baby breast milk within the first hour, making sure the baby is kept on the mothers skin for warmth, etc. I collaborated with a few doctors at various government hospitals to determine what immediate post-delivery practices should be presented on the Emergency Birthing Plan. During the training sessions described above, I provided each woman with a card, and had the village health workers fill out the contents with the women. To account for the illiterate women, textual advice was illustrated with drawings.

While the concept of an Emergency Birthing Plan listing contact information may be a familiar and relatively simple solution to us, it was not a normative practice in these villages and was the result of research-based, interactional processes. Rather than distributing cards pre-filled with information, my team and I had the women write the necessary information on the cards themselves. This participatory method was used because some of the information was dependent on the woman’s preference. In certain villages with multiple village health workers, women often had previously established relationships with one specific village health worker, and accordingly chose to include that information on their cards. Similarly, women were more comfortable choosing their emergency driver, rather than having one arbitrarily assigned. This process empowered women with necessary information as well as the ability to choose their preferred option.

In a society with pervasive gender inequality, where women are often unable to be decisive and take action without consulting their family members, by providing them with these personalized cards, I believe that we were able to connect with and enable these women to make a small-scale, yet very important choice regarding their future birthing experience. By emphasizing the importance of their opinions and choice in choosing a health facility, we highlighted the fact that even in a society with strong patriarchal familial structures, a woman should have a certain degree of control and ownership over her delivery process. Ultimately, through this simple, community-based mechanism, we were able to enact and begin the thought process for more substantial, long-term social change.

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As I leave my LOS project behind, I am thankful to have had this wonderful learning opportunity. It has helped me become a leader and learn how to navigate the difficult yet rewarding realm of international development. Working in a rural area, our schedule was always subject to change due to the frequent power outages and unpredictable transportation; circumstances that constantly challenged me to remain optimistic and innovative. Moreover, bringing two Swarthmore students to rural India, helped me understand the various components of leading and managing a team of people. Along with keeping track of the project schedule, it was also important to address the initial day-to-day challenges that my friends faced: the uncomfortably spicy food, the long-lasting lethargy of jet lag, the energy-zapping desert sun, the constantly curious stares at Paige and Abby’s white skin, and the frustrating Hindi-to-English (mis)communications. In terms of the project subject matter and material, while listening to women’s narratives, I often felt like a helpless observer internalizing stories of discrimination against “low caste” families; of preventable deaths due to an inefficient transportation system; and of widespread, socially-ingrained gender inequality. I watched the pervasive, invisible discourse of blame unjustly individualize larger systematic problems within the site of historically marginalized communities. Throughout this experience, I learned to contextualize my project, and accept that although I would not be able to alter such large-scale structural issues, my work was still an important social contribution within the communities where I worked.

This project will help inform my future career path in global health. Studying maternal and newborn health services under the Indian National Rural Health Mission has exposed me to the complexity of health systems management. The presence of social barriers preventing people from accessing proper health care is an issue that affects populations worldwide. Moving forward, I hope to pursue an M.D. in infectious disease, a graduate degree in Medical Anthropology, and eventually join an organization working to improve global health strategy such as the Global Health Initiative. I believe that the combination of these career objectives will enable me to join the cause of improving the efficacy of health care systems and delivery both in the US and internationally.

Editor’s Note: Like many Lang Scholars, during the year before she launched her Lang Project, Aarti formed a Project Advisory Committee – Dr. Christie Scheutze, Assistant Professor of Anthropology; Jennifer Magee, Lang Scholar Advisor; Lang Scholar Chris Capron ’13; and Lang Scholar alumnus, Tom Liu ‘12. The role of the Project Advisory Committee is to provide advice, insight, or other feedback to the Scholar about her/his/their project proposal, and eventually, to make funding determinations. If you are interested in being a mentor to a current Lang Scholar or serving as a Project Advisory Committee member, you are encouraged to e-mail the Lang Scholar Advisor at jmagee1@swarthmore.edu with your subject area (or areas) of expertise and/or project area, as well as your preferred email address and phone number. As new Lang Scholars enter the program and seek out mentors or committee members, we will make this information available to them. Conversely, after reading about current Scholars’ project work, if there is a particular student you are interested in mentoring, please let us know. The current Lang Scholar Profiles can be found here: http://www.swarthmore.edu/lang-center-for-civic-and-social-responsibility/lang-scholar-profiles.xml

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The following Lang Scholar alumni wrote senior theses while at Swarthmore College which indicate a connection between either the content of their Lang Project or the experience of being a Lang Scholar:

- **Sa’ed Atshan ‘06**, *Gay in the Arab World: A Comparison of Cairo and Beirut’s LGBT Communities*
- **Adam Bortner ‘12**, *“We’re Not All Dead:” Healing from and Challenging AIDS-Related Stigma with Digital Storytelling*
- **Katie Camillus ‘08**, *Microfinance in a Ugandan Community of Internally Displaced Persons: Repayment Frequency, Impact, and the Challenges of Program Development*
- **Ana Chiu ‘06**, *Comparison of Cost Effectiveness of Sexual Health Education Programs*
- **Susan Ansell Hayes ‘02**, *A Historic Analysis of Literacy’s Relationship to Empowerment: Case Studies of the Highlander Folk School’s Citizenship School Program and Swarthmore College’s Learning for Life Program*
- **Priya Johnson ‘11**, *Locating Resistance in Refugee Hip Hop: A Case Study*
- **Camila Leiva ‘09**, *Building Power: Youth Organizing as an Effective Model for Latino/a Youth Community Participation*
- **Tom Liu ‘12**, *Kan Bing Gui: The Problem of Runaway Health Care Expenditure in Rural China*
- **Lois Park ‘10**, *Increasing the Efficacy of Malnutrition Treatment to Reduce Childhood (U5) Mortality in Sierra Leone*
- **Johanna Peters-Burton Greeson ‘97**, *Exploring the Role of Students in the Poor People’s Movement: A Fight for Survival: Voices on Poverty. The Making of a Documentary*
- **Anson Stewart ‘10**, *Rides and Rights: Organizing for Transportation Justice in Boston and Los Angeles*
- **Joslyn Young ‘10**, *Cameras Rolling, and...ACTION! Youth Development in a Media Production Program*

If your experience as a Lang Scholar influenced the subject your senior thesis – or perhaps other publications since you graduated – please let us know!

**NEW LANG SCHOLAR CLASS OF 2016 (Cont’d)**

**Michaela Shuchman** For her Lang project, Shuchman proposes to create a drama program, *The Stages of Life*, which will introduce Philadelphia middle school students to acting. The program will give participants tools to use in their everyday lives through the study of acting.

**Ciara Williams** Williams’ proposed Lang project, *Chester Green’s Environmental Education Program*, is an initiative to collapse the distinction between the natural, home, and school environments. Her Lang project will work towards the goal of empowering Chester residents through hands-on experiences with the aim of achieving environmental literacy.

**SUBMISSIONS WELCOME**

If you have a “class note,” “dogfish story,” picture, or other information you’d like to share with fellow Lang Scholars, please send an email to jmagee1@swarthmore.edu.

*Dogfish Stories* is e-published during spring break (mid-March) and fall break (mid-October) each year.

**WITH GRATITUDE**

Heartfelt thanks to Eugene M. Lang ’38 for his continued support and generosity to the LOS Program!