THE WOMAN IN WHITE

M. Kankalil

Rajyalakshmi does not think of herself as a heroine. Nor does she look like anyone's romantic idea of a popular heroine. But what she is doing is heroic, challenging and vital to India's development.

Rajyalakshmi is an Auxiliary Nurse Midwife, trained by the Government of India with assistance from WHO and UNICEF, whose work lies in the villages of Uttar Pradesh. She is in her twenties, unmarried and she is very far away from her native Kerala where she supports an aged mother and five orphaned nephews and nieces. Rajyalakshmi does not come from a well-to-do home and so when she finished the eighth class (which is the minimum qualification for an ANM trainee) she was sent for ANM training - which would not only equip her for a career but also take care of her financially during the training period. The ANM trainee is given a monthly stipend of Rs. 75/- which, we were told, is attractive enough to guarantee a large number of applications to the ANM training schools.

"I was young and terrified", Rajyalakshmi said, "When I arrived in Lucknow". She could not speak Hindi and most of the lectures were in that language. But the two years of her training passed quickly. The first year was mostly theoretical, but for the last six months the ANM's are attached to a hospital. In the second year they receive practical training in the field. During this time each ANM has to motivate five cases for family planning and do 20 deliveries in order to qualify for her certificate. It was then that Rajyalakshmi perfected her Hindi.

Rajyalakshmi is an excellent example of the new integrated nation India is struggling to build. Though her mother-tongue is Malayalam, Hindi is almost second nature to her now and the villagers among whom she goes healing, teaching and training she is totally accepted though they know nothing of her palm-fringed Kerala village with its green paddy fields, peaceful backwaters and totally different life style.

Sometimes, when she looks around her at the bare, dusty brown villages of Uttar Pradesh, Rajyalakshmi admits to a deep nostalgia for the food, sights and sounds of her native Kerala. But not for long, for Rajyalakshmi's days are full and her life is hard. After all, she reminded us with a smile, there is only one ANM for every population of 20,000 to 30,000. (The objective of the ANM programme is to reduce the ratio to one ANM for 10,000 population).

Rajyalakshmi lives with a trained *dai* (midwife) in the Primary Health sub-centre at Nadirganj about ten miles from Lucknow. Their day begins at 7.30 a.m. when, kits in hand, they begin their rounds. Some of the way they can travel by bus but mostly she has to rely on her own two feet. Sometimes, as when we accompained her, she has to go ankle-deep in mud and some of the village paths become almost impassable during the monsoon. When she returns weary and sometimes dispirited, she has to cook her own food in a primitive kitchen and then work on her records. After dark this becomes difficult for there is no electricity. Rajayalakshmi took pride in her charts which she had tried to embellish with coloured pencils and if sometimes the English spellings were a little strange the facts seemed to be kept very up-to-date.

We went with Rajyalakshmi to a nearby village with a population of 300 and saw the varitey of duties she performs. Sometimes we were tempted to say "truly a ministering angel thou" - but had we done so, Rajyalakshmi would have looked at us in honest bewilderment and gone on to her next tasks.

In the first house we stopped in we met three generations of traditional village *dais* (midwives) where the daughter-in-law is now taking over from her mother-in-law as she did from hers. This young woman willingly cooperates with the ANM and is being trained to use aseptic methods. This is a very important aspect of the ANM's job for the ultimate of all such rural programmes is the eventual active participation of the rural population; so that at some not too distant future purely outside intervention becomes a thing of the past. For as Dr. Anna George, Director of Health, said: "unless the women themselves see the difference between the trained and the untrained, there is little use."

In this article, UNICEE Public Information Officer Mrs. Manorama Sara Kankalil, brings out some realities of the life of the young health workers, the Auxiliary Nurse Midwives, *Dais* and Health Visitors. With their meagre salaries and primitive living conditons they carry out their work without showing any discontentment to the community or public. In this story the heroine is an Auxiliary Nurse Midwife, Rajyalakshmi, who works untiringly for the villagers but her own life is lonesome and insecure. The author questions : Is there nothing more that we can do for these young girls who are barely paid enough to keep body and soul together ? —Ed.

The old *dai* was in bed with fever and under the ANM's gentle but persistent questioning we learnt that a piece of wood had fallen on her foot. With many groans she was persuaded to let Rajyalakshmi untie the dirty bandage, revealing that the foot was swollen and infected. Kneeling on the earth floor in her spotless white sari Rajyalakshmi cleaned and dressed the wound carefully while she explained the dangers of letting such wounds become infected. The children who gathered round watched in fascination as she applied the bright red mercurochrome, and maybe somewhere in their heads something of what she was saying about infection and tetanus registered itself.

There was no bathroom where Rajayalakshmi could wash but quietly, efficiently she commandeered the young son of the house to bring water in a *lotah* (brass vessel), some Lifebuoy (red anti-septic soap) and as he poured the water she scrubbed her hands thoroughly and this too, watched by curious eyes, was something of a demonstration.

Rajyalakshmi's next assignment was a family planning class. The village women, all with babies in their arms, sat on *charpais* (string beds) under the shade of a tree and listened and looked while, with the aid of flipcharts and diagrammatic models, she told them about the necessity to limit the number of children, about the loop, vasectomy and other forms of contraception. About their then improved ability to look after the children they already have.

From family planning Rajyalakshmi had moved on to nutrition. Again with flipcharts, she demonstrated how good nutrition from an early age can change the whole development of a child.

She showed the women pictures of two village mothers one of whom, while she breast fed the baby, also began to introduce him to other nutritious foods by the age of four months. As the story progressed and the pages turned that baby grew bonnier and stronger.

I saw some of the village women cast surreptitious looks at their own babies peacefully nursing in their arms and Rajyalakshmi too, was quick to point out the little ones with swollen bellies and rickety legs—and the mothers were shamefaced.

Rajyalakshmi showed us with pride "her baby". In other words, the baby (a bonny child) had been delivered by her and the trained dai Sulekha. The young mother had accepted the loop and she and her baby presented a look of healthy contentment when we visited them.

Then it was time to give immunization to the babies and children who needed it and as the dreaded needle appeared from the black box piercing wails of protest rent the peaceful atmosphere.

We beat a hasty retreat and this time we visited a woman who had just been delivered of a male child. Wrapped in swaddling clothes and laid in a round wicker basket, the little one was soundly asleep. We noticed that the bedding was none to clean, but Rajyalakshmi explained that for fifteen days mother and child are given an oil massage and after the fifteen days the infant's bedding would be changed. Obviously, it was too much to expect that his linen would be changed every day and I am not sure that Rajyalakshmi herself was convinced of the need.

Rajyalakshmi, meanwhile, had to wake the baby to put drops in his eyes and from the protest he made, clearly he did not consider this at all a necessary act. He mewed and waved his little fists angrily and made us all feel guilty, but Rajyalakshmi was already on to her next job. She was examining the sores on a little boy's legs and telling the mother that she must bathe him daily, using the leaves of the *neem* tree which grows so plentifully in every North Indian village and which has antiseptic qualities. Quickly she commandeered hot water, a basin and began to wash the child—a practical demonstration for all the other mothers and children gathered there and she cautioned them against ash, mud etc. on such sores.

In the next hut, Rajyalakshmi told us, was a young pregnant woman to be examined. The young woman's abdomen was criss-crossed with the marks of her earlier pregnancies. This was to be her fourth pregnancy and while Rajyalakshmi made her examination, fingers skilfully probing for any abnormality, she discussed with the young mother the need to stop having any more children.

The woman was, we could see, beginning to accept what she had obviously heard from Rajyalakshmi many times before and Rajyalakshmi told us that she hoped after the baby was born to fit the woman with the loop.

Very different and much more typical, was the case of Shanti two doors away. She had reached full term and her face was pinched, her lips bloodless. This was her fifth pregnancy and her face belied her youth.

Shyly, patiently, she spoke of feeling very weak, of her constant giddy spells. It was clear that she was in the grip of anaemia.

Rajyalakshmi turned to the mother-in-law who stood by to supervise the examination and asked her when she would agree either to a vasectomy for her son or a tubectomy for Shanti. But the mother-in-law was adamant. She would not interfere in God's doings. There could be no question of any family planning—for babies are given by God.

I could see that Rajyalakshmi was exasperated, but patiently she explained that in some things we have to help ourselves. "If there is no rain", she asked, "will you not pour some water for your plants? Do you not take medicines when you are ill?"

Through all this Shanti stood like an animal that must be sacrificed. She will go on bearing children until she can bear no more and it was with a feeling of heartbreak and frustration that we moved away. But not before Rajyalakshmi had told the mother-in-law that she would be back to discuss vasectomy with Shanti's husband. Once, outside, Rajyalakshmi said sadly that probably the next time she went there the door would be barred against her because the menfolk and mother-in-law considered what she was telling them was sinful.

It is at such time (and they are by no means infrequent) that Rajyalakshmi wonders what good she is doing, when she feels that all the privations she suffers in order to do her work are in vain.

She gets a total salary, inclusive of allowances, of Rs. 136/- per month which with the high cost of living and her family commitments, is barely a subsistence wage. She lives in a dark, dingy room far away from anywhere, with no friends or family.

There is no electricity and the evenings are long and lonesome. And sometimes frightening, so isolated is she. In her loneliness Rajyalakshmi has adopted a mongrel dog who she has named Moti or pearl (though nothing in his appearance makes the name apt) who is her shadow.

in charge of ten primary health centres and is responsible for much of the follow-up work in the rural sub-centres. She earns, with allowances, Rs. 230/- per month and this, as she explained, is barely enough to keep body and soul together. "If they expect us to work sincerely and to motivate the people of the village they must treat us better", she insisted. "They must give us suitable accommodation and conveyance allowance that are realistic". Mrs. Sarin gets Rs. 17-50 as her monthly travel allowance; but it costs her some Rs. 3/- to visit just one sub-centre such as Nadirganj.

The ANMs and Health Vistors have to wear white sarees and blouses but no uniforms are provided as is done in the case of hospital nurses. The maintenance of white clothes, as everybody knows, is not easy especially when one does not have enough of them and there are not any laundry facilities either.

Sometimes the ANM meets with hostility from the local dai who is, usually, a much older woman with any number of deliveries to her credit. This hostility is identified when the young ANM also happens to be an unmarried girl. This can be a major handicap and though she is trained, the ANM is incapable (at least in the beginning) of taking charge simply because she is young and inexperienced, with not enough in-service training behind her.

So insecure is the life of an ANM that sometimes when a request for her services comes at night she must set out on foot, unsure that the call is genuine and unable to ask anyone even for moral support. As one of the government officials put it, in what she called 'an off-the-record statement' "Nobody cares for the ANM in the village, she is isolated".

The Deputy Director of Health told us that these young ANMs (usually in their early twenties) are often totally unprotected. Since in almost all cases accommodation is not provided they are thrown on the mercy of the village, or have to live in the nearest town, pay rents that are high in proportion to their bare subsistence level income and spend their meagre resources on transport.

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Obviously, the success of a programme like this depends very much on the personality of the individual ANM and there is the criticism that the ANM is often not a 'motivated' person. This may well be due to their working and living conditions. The District Health Visitor, Mrs. Padma Sarin, was impassioned in her plea for better conditions. She is a senior officer,

As we walked along the village path, all of us a little sad, I suddenly remembered something. "Rajyalakshmi", I asked, "why is the water in this village red ?"

There was an undercurrent of satisfaction in her voice : "I made them see that the water in their wells is unsafe and bad for their health—so now they have themselves put potassium permanganate in the wells".

If we needed proof of the contribution these gallant young ANMs are making to the life of rural India, this to me was proof enough. Proof also the fact that Rajyalakshmi and her trained *dai*, Sulekha, are called in for deliveries even though the village has its own indigenous *dais*—and that these *dais*, much older and more experienced than the young ANMs, co-operate with her and are ready to learn ascptic practices.

That in a village of 300 people she could point to about 15 or 20 young women who had accepted the loop.

That in almost every home we entered there was a cake of red soap.

(*Courtesy :* UNICEF)