Jan Chetna Manch, Bokaro

A bit about us

Jan Chetna Manch – ‘Forum for People’s Awareness’ – was set up in the early ‘90’s. Ranjan Ghosh and Lindsay Barnes came to live in a small village called Chamrabad, some 25 kms away from Bokaro city, mainly with the aim of teaching and doing research, in the 1980’s. They had met in Jawaharlal Nehru University, Delhi, in the early 1980’s – Ranjan originally from Kolkata, Lindsay from England. Fired by idealism and adventure, they gathered around them a small group of villagers and students who were concerned about all the ills of society – poverty, deforestation, dowry, witch hunting... and so they launched ‘Jan Chetna Manch’.

About the place: The land the gods deserted

The villages of Bokaro, during the monsoons and the winter, for any outside visitor, is soothing for the eyes...peaceful, green, clean. Particularly during the rains, the fields are full of green paddy, interspersed with mud houses that the tribals painstakingly smear regularly with mud and cow dung. Add to this the women sporting bright coloured saris carrying pots of water on their heads with perfect balance, cows lazily slumbering along..... all give the impression of simplicity and contentment.

But the rains are also a season of illness and hunger. The grains from last year’s harvest are over, and the intermittent rains saturate the mud walls, making everything damp. Coughs and pneumonia, diarrhoea and dysentery, scabies and skin problems... and hunger. This is the other side of the rainy season.

Come summer and the land is parched. The fields are empty, only the stumps of last years paddy crop remain – if the fields were planted, that is, for this is a drought prone area. No rains means no crop – for there is no other irrigation here.

The area is called Chandankiari. It literally means ‘a patch of sandalwood trees’. Why it is called this no one knows for there are no sandalwood trees here at all. In fact there are few trees left of the original jungle that once was here a couple of hundred years ago. Before the Europeans came to extract the coal a hundred years ago in the north and the Russians came to help set up a steel plant to the west forty years ago. Now the Chinese are here, helping to set up another private steel plant, and huge tracts of jungle are being lost forever.

These industries employ large numbers of well paid workers – most of whom are not locals. The towns of Dhanbad, Jharia, Bokaro and Chas have many facilities that well paid workers require – schools, hospitals, electricity, running water, etc. Most of these
things are not found in the villages between these towns. We have, in an area of nearly 200,000 people, no good quality schools that any salaried person might send their child to, and no hospital at all. Most villages are still to get electricity connections, and most are still unconnected by an all-weather road. As lights burn in the nearby towns, like the darkness below the lamp, our villages remain in darkness. Well not total darkness really. We can see stars a-plenty on most nights in our pollution-free sky, and on a moonlit night we don’t need torches.

The locals in our village refer to the area as ‘Pandav ajito desh’, (the land the gods ran away from). Why it is called this is well understood. Nowadays most villagers who can, also run away. There is much migration from Chandankiari – to towns near and far. Even people with government jobs here – doctors, nurses, teachers, bank officers etc. do not stay here, preferring to commute from the nearby towns. It is a land of poor people with poor facilities and services.

In the beginning...

In the late 80’s and early 90’s this small group launched several programmes on a voluntary basis – night schools, health education exhibitions, dramas ... Then one night Lindsay and Ranjan were awakened from their slumber.

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For unto us a child is born......

It was a hot summer night, back in 1994, when the men came knocking at the door at midnight. We were all fast asleep on the roof, under the stars – my husband, Ranjan, and our two boys – Kabir and Vivek – who were then 4 and 2 years old. Ranjan went to answer the door. After a few minutes, he shouted from below, ‘Lin, it’s for you, can you come down here.’

Rousing myself from my slumber I went downstairs into the courtyard. Fulchand, one our village lads explained, ‘My ‘didi’ (elder sister) has been in pain for long, but the baby isn’t coming out...’

‘But what’, I asked, ‘have you come here for?’

‘Well, can you come and have a look?’ Fulchand’s brother pleaded.

‘But aren’t there any old women who do this sort of thing in the village, or a doctor or a hospital or something?’ I tried.

Fulchand, his brothers and father looked blank. Doctor? Hospital? Where were these available?
I too didn’t know. I’d been living in this village for 5 years and had little knowledge of health services, and even less about childbirth. I was a doctorate in sociology, and had much knowledge of coal mines, women workers, trade unions…. But childbirth?? I’d kept my head in the sand about this messy business until then.

‘Well, just come and see….’ Villagers rarely give up easily.

So off I went, armed with my copy of ‘Where There is no Doctor’.

Fulchand’s ‘didi’ lay groaning on the charpoy, surrounded by all the old women of the village.

‘Ah’, one of them sighed loudly, ‘Masterin has come, so all will be well.’

I thought there was no point refuting her in front of the groaning mother.

In the corner flickered a burning wick, this was the only source of light in the hut. It was enough to see an overturned basket covering a few hens in another corner that were now getting restless with all the untimely noises. Rats were scampering about above us and causing bits of dried cow dung cakes (which were stored for using as fuel) to fall on our heads every now and then, and the goats tied up in another corner had made a bit of a mess with their black pellet-like dung. Two small children were fast asleep on another charpoy.

Fortunately I had a torch and lifted up the woman’s sari, and nothing much could be seen, so I settled down to read the relevant bits of my book. I felt the woman’s belly, but couldn’t make out much, so I felt the best possible course of action was to do no harm.

‘See’, another of the elderly women pointed out, ‘so much knowledge Masterin has, she can read books!’

I asked the family to give me the bits and bobs that the book suggested – clean cotton cloth (they tried to fob me off with rags from the floor, which I promptly rejected and insisted on a clean looking, cotton sari hanging on a pole), ties for the cord (there was no new thread to be had so I managed with a bandage cut into strips), soap….

After an hour or so of delaying tactics, of trying to appear to be ‘doing something’, I shone the torch onto what looked like something bulging ‘down below’. It was round and hairy – thankfully – so I settled down to catch the baby. No such things as gloves in those days. Didn’t even know about them then. Fortunately the baby cried lustily, for I wouldn’t have had a clue what to do if it didn’t, for I hadn’t got to that part of the book by then.

I sent Fulchand to buy a new razor blade – for it was dawn by then. The old women started to depart. ‘See, I said that everything would go well if we called Masterin’, one of them said.
Opening the relevant pages of the book I tied the cord at the right place, and, with my heart beating rather rapidly, sliced through the cord with the blade.

It was a fortunate beginning. In retrospect had there been some disastrous outcome I might never have attempted this again. I didn’t even know what could have gone wrong, so I wasn’t even nervous!

Later on in the day I returned to see the mother and her newborn. Both were healthy and fine. By then I had read up the whole chapter of the book, and learnt about some of the things that could have gone wrong. I asked the older women of the household, ‘What do you do when something goes wrong during childbirth? Where do you go?’

The women looked blank.

Two weeks later, feeling that the experience should not be wasted, I called a meeting of the village women. It was a full moon night. Around 70 of them crammed into our house. I asked the same question to them.

The women still looked blank.

I knew then it was time to ‘do something’. No longer could I keep my head in the sand……..

(Lindsay Barnes)

‘Purnima’ (Full Moon) Meetings and Health Fairs: Village women lead the way

During that first meeting the village women asked many questions about their health problems that Lindsay didn’t know the answers to. She said she’d try and get more information, books, pictures… and meet again the next month. These ‘Purnima Meetings’ continued for a couple of years. They ploughed through menstrual problems, infertility, pregnancy, childbirth, nutritional deficiencies, AIDS/HIV…. Each month a different subject.

Then during one session several women asked about various gynaecological problems that were beyond her. Lindsay said that these problems needed a proper examination and a more qualified person. ‘Why don’t we call a doctor here?’ asked one woman.

She thought about it, and told them she’d try. She had doctor friends in Calcutta she could ask.

‘But if they come all the way from Calcutta we should arrange a bit of a function for them,’ suggested another.
'If we advertise a bit, then loads of women will come, we’ll have to arrange food and stuff’, said another.

‘Then we should set up stalls selling food,’ added another.

‘Then we can also set up stalls selling balloons, bangles....’

And so the first ‘Women’s Health Fair’ was organised in 1996.

From small acorns

Around the same time the group of villagers who called themselves ‘Jan Chetna Manch’, led by Ranjan, decided to launch a tree planting programme on denuded wasteland. The raising of saplings was supplied by a group of 12 women villagers. This group established the first savings and credit group in 1995. For one year they met weekly. They kept the cash box, ledger and key with them in three separate households. Still most of the men of the village were suspicious, thinking that the money would be stolen, or the ‘outsiders’ – Ranjan and Lindsay – would run away with it, or that it was pointless to save and then have to pay interest on loans.

Then instead of conducting the financial transactions inside – for the village women did not want people to see their money – they were finally convinced to conduct their business in public. They started to sit in the middle of the village, in an open shaded space, every week. Within 6 months there were 4 groups in the village with nearly every adult woman becoming a member – around 70 women. From Chamrabad neighbouring villagers saw the financial transactions, the transparency and the easy access to loans....and so it spread. There are now over 400 groups – with around 7000 women each saving around 5 to 10 Rupees every week, with savings now more than one crore Rupees.

From Annual Fairs to Monthly Camps to Weekly Clinics

After the 2nd women’s health fair in Chamrabad in 1997 the village women became increasingly demanding.

‘Masterin, the fair was so good, let’s have one every month’, said one woman during the Purnima Meeting. All the women were greatly enthused by the impossible demand.

Impossible? Well.....
Obviously – at the time anyway – we felt that no doctor would come from Calcutta every month. ‘Lady doctors’ existed in the local government hospitals, so we gave it a try.

The village women organised a petition, took it to the district administration, where they pleaded their case. The bureaucrat – a medical doctor himself – pleaded helplessness. ‘I cannot force the government doctors to work, don’t expect help from them. If you want to improve childbirth, teach women to wash their hands.’ Great! We realised from the beginning that we needed to tap all the local resources we could.

From school building to women’s community centre

We did manage to persuade one young gynaecologist from Bokaro, who started to come once a month. So every month Chamrabad women used to haul everything to the local school building. We had to wait until the classes were over before we could start. With the growing crowd it soon became clear that we needed our own space.

After the third women’s health fair in 1998 the village women had a meeting in the school and decided to hire a couple of rooms above the shops on the road side. The rent would be paid from the donations from the women’s savings and credit groups. It was 200 Rupees per month. The women also decided to equip one room for childbirth, and paid for sending two women to a maternity home in the nearby city to learn.

It soon became clear that the space there was too little. In the year 2000 during a meeting of the leaders of the women’s saving and credit groups it was decided to organise a petition to demand a ‘women’s community centre’. The women were to submit the petition to the local administration the following week.

A handful of women were expected to turn up, but instead around a thousand women collected. Instead of merely handing over a petition meekly to the powers that be, armed with banners, sticks and whatever else they could find at hand, they noisily surrounded the poor block development officer. He didn’t take too long to agree to their demand. We designed a women’s community centre, which houses the health centre, office for the savings and credit groups, training venue for all sorts of activities: health, soap-making, tailoring, herbal medicines, group management…..

Three years later women from a group of villages 15 kms away cribbed about the lack of space for meetings, health programmes, etc in their area. ‘Why can’t we too have a women’s community centre’ here?’ they asked.

Having learnt from their earlier experience, we knew it was not going to be easy. The building in Chamrabad was not welcomed by the local government staff or the local contractors. The usual rate for palm-greasing was a fixed 30% of the amount sanctioned.
We did not pay a single Rupee. No contractor was involved. This created history in Chandankiari, where the usual understanding is that without grease nothing moves.

Again another petition, another demonstration. The building got sanctioned, and then secretly ‘awarded’ to a petty contractor who was amenable to the powers-that-be. The women were not happy, they got the contract cancelled, and their own women appointed. It took 3 years to get 75% of the money, squeezing out the money like blood from a stone, bit by bit. But not a single Rupee as ‘commission’. Without grease the government machinery does move – painfully slowly.

*The ‘Mahila Mandals’*

‘Jan Chetna Manch’ has always promoted the notion of ‘self help’ in all activities. The savings and credit groups are truly ‘self help groups’. The village women pay for their own ‘accountant’, for their cash box and ledgers, and donate to a central committee which hires supervisors. Nowadays this ‘self help’ is usually called ‘empowerment’. Without empowerment of the poorest and weakest, then they will remain poor and weak.

So we focus on the poor and weak. That is where the need is greatest, and it is also easier. All the savings and credit group members are women. Almost all these women are lower caste, tribal or Muslim. Where groups have broken up it has usually been due to interference or domination of men, usually the richest men of the village.

A federation of these women’s groups was set up in the late ‘90’s, calling itself the ‘Mahila Mandal Samiti’. Now they have their own registered cooperative called ‘Chetna SHG Mahila Swabalambi Sahkari Samiti Ltd.’

*Women’s Health Centre & the ‘Swasthya Sakhis’*

Our health programme too is focussed on women. Not only as recipients of services, but as providers too. The women’s health centre is run by village women for village women. It took a long time to train and develop the women to run it, but this is now a fixed asset. Unlike ‘educated, trained’ nurses from outside, who would never want to stay in a village for long.

The village health workers, ‘swasthya sakhis’, are all women too. Most are traditional birth attendants. These birth attendants are the lowest in the caste hierarchy, extremely poor, and non-literate. The following is based on a true story, demonstrating the life-saving impact of empowered and knowledgeable village women.

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*The Baby and the Bathwater*

*(an edited version of article that appeared in ‘Times of India’, April, 2007)*
By the time Bijola reached the house where Savitri was groaning with labour pains, the village ‘doctor’ (an untrained medical practitioner) had already reached. Savitri had sent a neighbour to call Bijola, whereas Savitri’s husband had called the ‘doctor’. The ‘doctor’ came on his mo-bike, Bijola came on her feet. He had pulled out his needle and syringe and was about to load the magic medicine to hasten the birth. Bijola – an empowered (and trained) ‘dai’ (village midwife) – told the family members, ‘If you allow this ‘doctor’ to give her injections I will leave this house, and I will never attend any births here again’.

Bijola has been working in the villages of Chandankiari, in the Bokaro district of Jharkhand, for more than 30 years. She knew Savitri well. She had helped deliver her first three children and had referred the fourth one to a hospital for a caesarean, since she had a ‘crooked’ foetus. She already knew that this fifth one was ‘crooked’ too. She quickly wore her gloves and examined her, and found what she was expecting: the cervix was hardly dilated, and the head was nowhere to be felt from below. But Savitri was having very strong, regular contractions. Bijola told the family to get her to a hospital fast if they wanted to save the mother and the baby.

The village ‘doctor’, however, offered no such advice. His role during delivery is only to administer ‘hot’ injections. The injections he usually gives are ‘oxytocin’, a drug that stimulates the uterus and produces stronger contractions. It should never be administered intra-muscularly before a baby is born, and never, ever, in a mother who has already undergone a caesarean section. It can cause birth asphyxia and death in the newborn, and can lead to a ruptured uterus and death in the mother. Bijola understood this, the ‘doctor’ did not. Fortunately the family listened to Bijola and took Savitri to the hospital.

But this is not the end of Bijola and Savitri’s story. On reaching the big, government hospital the nurse examined Savitri ‘from below’ and found that her cervix was hardly dilated and sent her to a bed in the ward. ‘She won’t deliver until morning’, the nurse announced confidently. The nurse did not see the scar from the previous birth, for she didn’t examine her abdomen. Nor did she take a detailed history from Savitri’s family. Bijola tried to tell the nurse, who quickly brushed her aside: ‘If you know so much about babies and deliveries, then why have you brought her here?!’

Undeterred Bijola ran to find a doctor – not an easy task in a big, government hospital, in the middle of the night. Still she managed and explained to him: ‘Sir, I have brought a woman who needs a caesarean, she had a caesarean in the last delivery and has a crooked baby in her belly. It will not come out from below.’ Fortunately the doctor listened to Bijola and within half an hour Savitri had been operated upon and both mother and baby survived.

Still this is not the end of Bijola and Savitri’s story. Savitri’s husband was not a happy man. His sister-in-law had a caesarean section in her first pregnancy, and had a normal, home delivery in the second, so why couldn’t his wife? It must be Bijola’s fault, he told her. Why did she have to go and call the doctor, if she hadn’t then his wife would have
delivered normally, as the nurse had said. Even the village ‘doctor’ had told him that a couple of injections would get the baby out in no time at all. And now he was stuck in the city for a week, arranging food and medicines for his wife.

Bijola stayed with Savitri in the hospital for 3 days. She helped Savitri to get up and about after her surgery, fed and cleaned her, got the baby to breast feed.... At the same time she was ignored by doctors, and abused by nurses and Savitri’s ever-complaining husband. She came back home tired, hungry, angry and dirty. She went straight home to wash away the filth of 3 days in a big, government hospital, and ate.

She then came to tell me the story, and she had tears in her eyes. I asked her what of Savitri herself, did she understand that her life had been saved by her? Bijola’s eyes began to shine, and she broke out into a smile. ‘You know, when she became conscious, she asked for me. Her first words were ‘Bijola, you have saved my life.... No-one else would have…’

And she was right.

This was Bijola’s only reward.

The Women’s Health Centre

The women’s health centre has continued to grow. We now provide normal delivery care 24 hours a day, 7 days a week. Around 50 women deliver here each month and around 600 women access health care each month of which some 400 women access antenatal care. They come for treatment of gynaecological problems, infections, infertility and contraception. And the demands are growing: gynaecological and obstetric surgery; neonatal problems... Referral continues to be a big problem: either poor quality, government health care in the next state, or expensive – and often irrational – health care in the nearby city. Not much of a choice!

In spite of the pathetic health status of the women, only one of the women accessing antenatal care during the last 7 years (over 5000 women) has died due to childbirth. There are several reasons for this:

- Some improvement in the overall health of the women – they are less anaemic and therefore better able to withstand heavy bleeding at birth.
- JCM has launched massive awareness programmes through forum theatre, health fairs, meetings with group leaders and leaflets on childbirth problems.
- The ‘swasthya sakhis’ are aware of the danger signs during pregnancy & childbirth, are trained to manage and refer quickly. They often ring for the ambulance, bring women to the Women’s Health Centre or take her to a hospital.
The family receive counselling from our health workers regarding emergencies during childbirth and are helped to make a ‘birth plan’. They are given the phone number of our ambulance too.

The Women’s Health Centre provides normal childbirth care, and high risk women are advised to access this care. The centre has an ambulance which can get a woman to a higher level of care within 2 hours.

Appropriate care is provided to women for childbirth problems: anaemia, hypertension, etc. They are provided emergency obstetric care en route to a hospital: eg Magnesium sulphate injections administered for eclampsia; IV fluids and other drugs for haemorrhage, etc.

They can access loans immediately from their respective women’s savings and credit group.

Since 2009 the health centre is equipped for planned surgery, and, with the help of a trained obstetrician, can also provide emergency care too. It has a 7 bedded ward for indoor women – mostly childbirth related; a 2 bedded labour room, a room for small and weak babies, an operation theatre and a laboratory. Within one year of building & equipping all this, we are already facing a shortage of space!!

**Health is more than medicines**

In line with JCM’s conviction that health and well being is more than medication, programmes to improve diets, agriculture, sanitation, drinking water are also being taken up. A herbal medicine cooperative has been established, producing many of the medicines needed in the women’s health centre – ‘triphala churan’, massage oil, ‘shatavari avelhe’, cough syrup, etc. Roasted gram flour – ‘channa ki sattu’ – is being produced and marketed, and is hugely popular amongst pregnant women.

Model farms have been established to demonstrate what can be grown where only dry, stony wasteland existed, has introduced SRI method of rice cultivation which requires less water, and is promoting healthier ways of agriculture – organic farming, vermin-compost, and less use of pesticides and insecticides.

Sanitation – low cost latrines, safe drinking water and menstrual hygiene are being addressed too. Everything is connected to women’s health, and the overall health and well being of her family, the village and the community.