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A FIELD STUDY ON IMPACT OF REDUCTION IN CHILD MORTALITY ON
FERTILITY IN RURAL POPULATION IN INDIA.

INTRODUCTION

India's pioneering initiative in taking up the challenge of population control on a national level attracted world-wide attention. The speed of expansion of this programme throughout the country, has been phenomenal. The country's determination to go all out to make this programme a success, is reflected in the allocation of funds in the successive 5 year plans, which rose sharply from 0.7 crores in 1st plan to 2 crores in the 2nd, 27 crores in the 3rd and finally 315 crores in the current five year plan. The 4th five year plan outline has referred to family planning as the king-pin of the plan and the limitation of family size as an inescapable ingredient of development. However, judging from the results achieved so far, it is doubted whether this national programme conceived as 'time bound and target oriented', has really gained the desired momentum.

Recent experience suggests two possible major reasons for the rather slow progress of the family planning programme.

Firstly, not enough attention seems to have been given to make family planning activities an integral part of the health services offered to the public.

Secondly, the likelihood of the current high level of infant and child mortality in India acting as a deterrant to the willing adoption and practise of family planning methods by the public has not been duly appreciated.

It has been observed that the norm prevalent in the society with regard to family size, is an important determination.

of its fertility performance and is decided by the number of children considered optimum to maximise the ability of family to achieve its desired goals. Several attitude surveys in India have shown that a large majority of women prefer to have a family size ranging from 3 to 4 children whereas actual fertility performance is relatively of a higher order. This obvious disparity between the preference and the performance is consistent with a small family norm in the context of the prevalent high mortality rate in India, particularly among infants and children of pre-school age. The mortality figures indicate that more than a third (34%) of all deaths in any year in India are from children under 5 years of age as compared with only 10% in the economically developed countries. The fear of the likely loss of children by death at an early age probably acts as a major factor in the high fertility performance of the Indian population.

In addition, attention needs to be paid to the optimum utilisation of the limited resources available through better planning, management and evaluation.

The present research proposal endeavours to take cognisance of all the above factors. More specifically it is designed to test the following hypotheses:

HYPOTHESES:

1. Provision of increased quantum of health care for the community and integrating family planning activities closely with it, is likely to result in increased acceptance of small family norm and resultant reduction in birth rate.

1710-14

■ MEDICINE

Hard cures

The impression that modern medicine is impersonal and driven by money needs to be dispelled by better patient-doctor relationship and administration of justice in cases of medical negligence.

ABRAHAM VERGHESE

AFTER coming through a long malpractice suit, a physician friend of mine said to me, "Now I think of the patient as the enemy."

These are troubled times. We have seen doctors striking to protest soaring insurance premiums. In some States like Florida and West Virginia, neurosurgeons and others in high-risk, high-liability specialties are closing shop or retiring early. Insurance companies blame rising claims and bigger jury awards for their rate hikes. Personal-injury lawyers deny their responsibility and insist that the insurance companies have invested poorly. Organised medicine and United States President George Bush push for tort reform, including a cap on awards. And while the powerful lobbies jockey to preserve their interests, patients suffer.

Medicine is, in a sense, a victim of its own success. Transplants of the heart, lungs and liver seem so routine that we are surprised when they do not succeed. A foetus can be operated on in the womb, and extremely premature babies regularly survive, and so we now view any birth-related injury as somebody's fault. The hype engendered by stem cells and the human genome has only boosted our expectations. We presume a cure. A bad outcome is a betrayal; it is un-American. Hence, when a debilitated 90-year-old enters a nursing home with giant bedsores and succumbs to pneumonia six months later, the family uses the bedsores as evidence of malpractice.

There was a time when every large city hospital had wards for diphtheria and scarlet fever. Doctoring in that pre-antibiotic era was mostly about observation and hope (that the body would win the battle). That passive medicine has given way to aggressive, interventionist care, reflected in our modern intensive care units, newborn nurseries and transplant units. Organ bouquets are harvested here and planted there. Tubes routinely pierce bladder, vein, artery, heart, trachea or ventricle of the brain; each tube serves a vital function, but at the same time breaches one of our physical defences. Meanwhile,

chemotherapy, antibiotics, steroids all compromise the immune system even as they produce other desired effects.

Progress has a price, and it is often infection. A century ago, to have E. coli or one of the other bacteria we carry in our bowels cause bloodstream infection was almost unheard of, worthy of a case report in *The New England Journal of Medicine*. Now bloodstream infection by these bacteria is a major cause of the estimated 100,000 deaths a year from sepsis. It is not so much that these bacteria have changed (they have); instead, this increase reflects the present invasive nature of hospital medicine. But sepsis as a consequence of heroic treatment does not constitute negligence.

To prove malpractice, you need more than a bad outcome; there has to be significant deviation from the usual standard of care. Still, I suspect the great majority of malpractice suits are for bad outcomes. Take a woman who has had no prenatal care and who turns up in a hospital in premature labour. An obstetrician and a neonatologist get involved and deliver the best care, but the baby is born damaged. A personal-injury lawyer (who learns about the case through paid touts in the hospital) encourages the mother to sue. The lawyer knows that bringing the affected child into the courtroom will have a powerful effect on the jury, which will be persuaded to believe this is negligence, not just a bad outcome. Insurance companies settle rather than take a chance with a jury.

We physicians grumble about personal-injury lawyers who call out from the backs of phone books and from atop billboards. But the truth is that these lawyers all too easily can shop around and find physicians to serve as expert witnesses, physicians who can (for a fee) testify that a bad outcome is, in fact, negligence. A jury trial then becomes a war of experts. Given the possible intricacies of a case, jurors may not grasp the issues when they go into deliberations. But they do remember what they do not like about modern medicine and the way it is impersonal and driven by money. They do remember the last time they were wronged by an insurance company or a health maintenance

organisation (H.M.O.) or treated shabbily in a doctor's office. Here is an opportunity to get even, perhaps. The doctor becomes the enemy.

Solutions are desperately needed. I think we could start by sending all malpractice suits to regional panels of judges, physicians and consumer advocates to screen and eliminate those with no merit. And organised medicine could rein in the professional-physician expert witness: much like jurors, specialty physicians might serve as expert witnesses when their turn comes up for a nominal fee. Lawyers would not be able to shop around for an expert witness with just the right testimony. (A disclaimer: In 20 years, I have served as an expert witness four times.) And when we are patients, we could insist on being equal partners in our care. We might bring along family and friends when we interact with doctors and see that all our questions are answered and our expectations are realistic. Medicine is fantastic in what it can accomplish, but there are real and clear risks.

A wise former judge once told me, "Patients who like their doctors do not sue, no matter what the lawyer says." Our efforts in medical schools to turn out skilled yet empathetic physicians who communicate clearly and who can put themselves in their patients' shoes is critical to stemming the malpractice crisis. Patients sue when their feelings are ignored or when they are angered by lack of genuine concern for their welfare. If psychiatrists, family physicians and oncologists are sued less often than surgeons and obstetricians, it might be in part because the former have more time to build a meaningful relationship with the patient, whereas the latter often encounter the patient for the first time in an emergency. Though it provides no guarantee, a sound physician-patient relationship is a powerful antidote to frivolous lawsuits. ■

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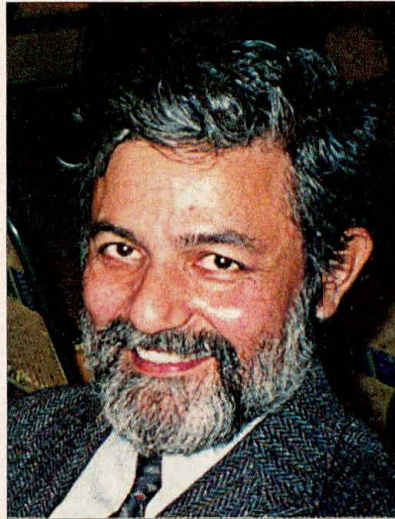
A man of compassion

Iqbal Ghani Khan, 1953-2003.

PARVATHI MENON

IQBAL GHANI KHAN, Reader in History at the Centre for Advanced Study in History of the Aligarh Muslim University (AMU), a historian of both attainment and promise, trade union activist, and a person well loved in Aligarh for his humanity and compassion, was brutally killed by unknown assailants on February 14. He had just dropped his wife, Dr. Zulfia Khan, chairperson of the Department of Community Medicine, at the J.N. Medical College Hospital in the morning on his way to the History Department for a class, when he was reportedly accosted by three persons and abducted in his car. The assailants took him to an isolated spot near the village of Akrabad, 15 kms from Aligarh where, after hitting him with a blunt weapon, shot him twice in the head. His body was found by the village residents. The police have not found any clues leading to the murderers; even his car has not been traced.

His brutal killing has caused deep shock and anger in Aligarh, both within the university community and in the city at large. All segments of this communally sensitive town came together in a massive display of indignation and grief at his death. The cycle rickshawpullers whom he had organised in a strong union, called for a massive strike in the city on February 17, and took out a large procession to the District Magistrate protesting against the delay in tracing the murderers. On February 18 there was a total strike in the AMU. Over 500 teachers of the University marched to the office of the District Magistrate and when they failed to find him there, marched over a mile to block traffic on the Grand Trunk Road in the middle of the city. The District Magistrate assured them of results in the investigation in 36 hours. When this did not happen, the AMU Teaching Staff Association went on a strike from February 24. It was only suspended (in the interests of the student community) after the Uttar Pradesh government agreed to their demand for a time-bound inquiry by the Central Bureau of Investigation (CBI). This demand had been supported in resolutions of condolence and protest by more than 65 organisations in the town. A



team of five MPs visited Aligarh. A petition signed by over 40 MPs had been submitted to Deputy Prime Minister L.K. Advani asking him that the case be handed over to the CBI.

I.G. KHAN was born in 1953, and passed his M.A. in History from the AMU in 1974. Thereafter, he spent several months in Iran, where he obtained considerable fluency in Persian. He obtained his doctorate from the London School of Oriental and African Studies under Dr. Peter Robb in 1990. He was awarded a Fulbright Postdoctoral Scholarship at North Carolina University, U.S., 1993-94, and a French government Visiting Scholarship at the Centre for Comparative History of the Orient, Paris, 1992-93. Last year he attended the International Persianate Conference at Dushanbe, Tajikistan, 2002.

I.G. Khan's special field of research and interest was the history of medieval Indian science and technology. His M.Phil and Doctoral thesis explored important themes from this field ('Science in the A'in-i Akbari' and 'Agriculture, Warfare and Knowledge of 18th century Elites'). While these still remain unpublished, he published some 16 papers in edited volumes which were published from Delhi, Cambridge and Leiden. Many of his papers were published in the Proceedings of the Indian History Congress. In these papers he extended his inquiries to pre-colonial historiography and ethnographic

history. I.G. Khan was also an active member of the U.P. History Congress; he was on its Executive Committee when he died.

There was an outpouring of grief in Aligarh at his untimely death. Thousands of persons – teachers, students, friends, workers – joined his funeral procession. I.G. Khan had the ability to establish immediate rapport with all kinds of people, and charmed everyone he met. Long since a member of the Communist Party of India (Marxist), he had a deep sense of compassion for any individual in trouble. He was a popular leader of the cycle rickshawpullers in Aligarh whom he unionised and whose interests he did his utmost to protect. There are 30,000 cycle rickshawpullers in Aligarh, and he knew hundreds of them by name. He had created a trust for poor patients, and was always ready to help them financially.

"Having I.G. Khan as a colleague in the cause of the Left, and as a friend, was a continuous pleasure," Irfan Habib, former chairman of the Department of History told *Frontline*. "Unlike many of us who think of classes in the aggregate, he saw the individuals who make up the toiling and exploited classes and addressed their needs. In that sense he was a different sort of trade unionist, a person imbued with a deep sense of compassion," he said. Nalini Taneja, Reader in History at Delhi University, and a former colleague, spoke of his ability to reach out to people. "There are many people whose lives he would have touched with small spontaneous gestures and who would now remember his goodness with fondness and gratitude," she said.

In a condolence message, the Aligarh Historians Society, of which I.G. Khan was a founder member, made particular mention of his active role "in opposing all hues of communalism, being particularly active in the campaign of resistance against the recent attempts at the saffronisation of History".

The brutal act, they said, "has left the community of Indian historians decidedly poorer. For our Society, the loss is irreparable. But we are determined to carry on the cause to which our late colleague was so single-mindedly devoted".

I.G. Khan leaves behind his wife, Dr. Zulfia Khan, a daughter and son. ■

Baby's death a tip of the iceberg

Sameena now in another hospital

By Paawana Poonacha
TIMES NEWS NETWORK

Bangalore: The incident of a 23-year-old woman delivering a baby by herself and losing it after it fell off the labour table in a BCC maternity home on Wednesday shocked all. But for those familiar with the condition of such homes, it was 'nothing new'.

On Thursday, *The Times of India* visited some of the 30 maternity homes in the city and returned with a 'bagful' of horror stories. All maternity homes seemed alike, with the hospital staff warming their pockets by fleecing gullible women. The strongly worded letter health department sent to the BCC three months ago on the shoddy service in maternity homes has done little to improve the situation.

Maternity homes are learnt to close doors to women who go into labour after evening hours. The excuse: absence of doctors and nurses.

Last week, Girija, a 22-year-old who rushed to a maternity home in

D.J. Halli was asked to either get admitted in the nearby private hospital or any other government hospital. There was no ambulance to shift her elsewhere. Suffering with labour pains, she boarded an auto and was forced to deliver her child en route.

Parveen, a 30-year old woman and a mother of four children, walked in for a tubectomy, for which the government provides an incentive of Rs 175. The staff attending to her pocketed Rs 100.

The 'open secret' across all maternity homes is the staff demand Rs 500 if a baby boy is delivered and Rs 300 for a baby girl.

A former BCC health official said, "Prescribing unnecessary scanning, Caesarian and administering hormone treatments is common at these places. Maternity homes have tie-ups with private nursing homes, which fetch them commission."

Under the India Population Project (IPP), a supervising committee comprising six health officials head-

ed by the BCC chief health officer and a board of visitors for each home was set up to look into the working of maternity homes.

"The committee members are interested in their own private practice and nothing has worked since," the former official pointed out.

A budget of Rs 15 crore is allotted for the purpose, including recruitment of a gynaecologist, a paediatrician, and a family planning counselor, besides providing 17 ambulances, but still deficient on service.

In the hospitals visited, there were either one doctor or none at all. Nurses admitted to having conducted several deliveries without the doctor.

BCC chief health officer Dr Susheela Shekar said, "By and large, most of the maternity homes are good and we are taking steps to better them, but some, I admit are bad. Our maternity homes have conducted 23,000 deliveries and 15,000 sterilisations so far."

TIMES NEWS NETWORK

Bangalore: Sameena Taj



(23) whose baby slipped off the labour table after she delivered the baby herself when the hospital

staff were napping at the BCC-run maternity home at J.J. Nagar on Wednesday, has been shifted to another BCC-run maternity home on Sirsi Road. The postmortem report as demanded by activists of Vimochana, will take another two days, J.J. Nagar police officials said.

A thorough inquiry is being conducted, while BCC chief health officer Dr Susheela Shekar has placed two of staff members under suspension.

MP-14

Woman delivers as hospital staff sleep; baby slips and dies

4/9/03 TIMES NEWS NETWORK 707

Bangalore: A 23-year-old pregnant woman, admitted to the Corporation Maternity Home in J.J. Nagar, was forced to deliver the baby by herself at 4 am on Wednesday, for the staff was napping.

But her happiness at having delivered a baby was shortlived as the newborn, just a few seconds old, slipped off the delivery table and died, even as the mother cried desperately



Sameena

for the hospital staff. Sameena Taj, wife of Ilyas Khan, an auto driver, was admitted to the hospital at 3.30 pm on Tuesday after she developed labour pains. She was taken into the labour ward by two nurses on duty. A little later, when she was in labour, the nurses gave her some injections to control the pain.

At 4 am on Wednesday, when Sameena developed pains again, she did not find anybody in the vicinity to help her, not even the nurses on night duty.

Despite these constraints, Sameena delivered a healthy baby girl herself, with no medical help. As there was no assistant on the other side to receive the infant's head, she slipped from the labour table. The impact of the fall was such that it left a dent on the infant's head.

The hospital staff, which rushed to the patient later, picked up the baby, held her by her legs and shook her but she had died. On Wednesday evening, activists of Vimochana protested outside the maternity home. The postmortem report on the infant, as demanded by Vimochana, will be out on Thursday. Her relatives too staged a protest.

"Such careless institutions should be outlawed. They should be made accountable to the people they serve," said Vimochana trustee Donna Fernandes. BCC chief health officer Dr Susheela Shekar has placed hospital staffers Puttabasamma and Padmavathi under suspension.

Pregnant woman left in the lurch, loses baby

4/9/03

HINDU

By Our Staff Reporter

BANGALORE, SEPT. 3. In what appears to be a case of negligence, Sameena Taj (22) lost her baby as she was not provided adequate care and had to endure severe discomfort and anxiety during childbirth at a BMP Hospital in Jagjivan Ram Nagar.

Relatives of Ms. Taj, including her aunt, Farida, said Ms. Taj started having labour pains on Tuesday midnight but the staff nurses at the BMP hospital refused to attend to her. The nurses reportedly were angry that they had been disturbed from their sleep and told the relatives that Ms. Taj would not give birth to the baby before 5.30 a.m.

Around 3.30 a.m. Ms. Taj's

pain increased, but the nurses were unmoved. Finally the nurses went to attend to her when the baby was emerging from the womb but they did not hold the child, her relatives alleged.

As a result, the baby fell. Ms. Farida alleged that the nurses shook the baby by holding its legs and said that it had died inside the womb.

Earlier, even when they wanted to take Ms. Taj to another hospital, the staff refused to discharge her.

Ms. Sameena hails from Chintamani in Kolar District and is married to an autorickshaw driver there.

She had come to the city for delivery. On Wednesday, Vimochana, an NGO, staged a dem-

onstration in front of the hospital demanding an inquiry. They were later joined by local people. Donna Fernandes of Vimochana said the Superintendent of the hospital refused to take responsibility for the incident.

Sushila Shekhar, Chief Health Officer, Bangalore Mahanagara Palike (BMP), told *The Hindu* that it was a stillborn baby and that the department officials had conducted a preliminary enquiry into the incident. Two staff nurses, who were on duty on Tuesday night, were suspended and an inquiry would be conducted, she said.

A police complaint was filed by Ms. Taj's family. Action would be taken based on post-mortem report, she added.

ಸಿರಿಯಲ್ಲಿ ಲೇಖಕ.

ದಾದಿಯರ ನಿರ್ಲಕ್ಷ್ಯ, ನವಜಾತ ಶಿಶು ಸಾವು: ತೀವ್ರ ಪ್ರತಿಭಟನೆ

4/7/03

ಬೆಂಗಳೂರು, ಸೆ. 3- ಮಂಚದಿಂದ ಕೆಳಗೆ ಬಿದ್ದು ಮೃತಪಟ್ಟು ಎಂಬುದು ವಿವಾದದ ಮೂಲವಾಗಿದೆ. ದಾದಿಯರ ಈ ನಿರ್ಲಕ್ಷ್ಯತೆಯನ್ನು ವಿರೋಧಿಸಿ ಆ ಆಸ್ಪತ್ರೆ ಮುಂದೆ ಮಹಿಳಾ ಹಕ್ಕುಗಳ ವಿಮೋಚನಾ ಸಂಘಟನೆ ಕಾರ್ಯಕರ್ತರು ಮತ್ತು ಆ ಪ್ರದೇಶದ ಮಹಿಳೆಯರು ಪ್ರತಿಭಟನೆ ನಡೆಸಿದರು.

ದಾದಿ ಅಮಾನತ್ತು: ಕರ್ತವ್ಯದಲ್ಲಿ ನಿರ್ಲಕ್ಷ್ಯತೆ ತೋರಿದ ಸಂಬಂಧಪಟ್ಟ ದಾದಿಯನ್ನು ಅಮಾನತಿನಲ್ಲಿದ್ದಲಾಗಿದೆ ಎಂದು ಪಾಲಿಕೆ ಮೂಲಗಳು ತಿಳಿಸಿವೆ.

ನಿನ್ನೆ ರಾತ್ರಿ ಹೆರಿಗೆ ನೋವು ಕಾಣಿಸಿಕೊಂಡ ಸಂದರ್ಭದಲ್ಲಿ ದಾದಿ ಎದ್ದು ಬಂದು ಹೆರಿಗೆಯನ್ನು ಸುರಕ್ಷಿತವಾಗಿ ಮಾಡಿದ್ದರೆ ಆ ಶಿಶು ಸಾಯುತ್ತಿರಲಿಲ್ಲ ಹಾಗಾಗಿ ಈ ನಿರ್ಲಕ್ಷ್ಯದಿಂದ ಕೂಡಲೇ ಜಾರಿಗೆ ಬರುವಂತೆ ದಾದಿಯನ್ನು ಅಮಾನತಿನಲ್ಲಿದ್ದಲಾಗಿದೆ.

ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆ ಹೆರಿಗೆ ಆಸ್ಪತ್ರೆಯ ದಾದಿಯರ ನಿರ್ಲಕ್ಷ್ಯದಿಂದ ಆಗತಾನೆ ಹೆರಿಗೆಯಾದ ನವಜಾತ ಶಿಶು ಕೆಳಗಡೆ ಬಿದ್ದು ಮೃತಪಟ್ಟ ದಾರುಣ ಘಟನೆ ವರದಿಯಾಗಿದೆ. ಈ ಧೋರಣೆಯನ್ನು ಖಂಡಿಸಿ ಮಹಿಳಾ ಹಕ್ಕುಗಳ ವಿಮೋಚನಾ ಸಂಘಟನೆ ಕಾರ್ಯಕರ್ತರು ಪ್ರತಿಭಟನೆ ನಡೆಸಿದರು.

ನಿನ್ನೆ ಹೆರಿಗೆ ನೋವಿನಿಂದ ಚೆಚೆ ನಗರದ ಸಮೀನ್ ಎನ್ನುವ ಮಹಿಳೆ ಚೆಚೆ ನಗರದ 9ನೇ ಮುಖ್ಯ ರಸ್ತೆಯಲ್ಲಿರುವ ಮಹಾನಗರ ಪಾಲಿಕೆ ಹೆರಿಗೆ ಆಸ್ಪತ್ರೆಗೆ ದಾಖಲಾಗಿದ್ದರು. ನಿನ್ನೆ ರಾತ್ರಿ 12 ಗಂಟೆ ಸಮಯದಲ್ಲಿ ಸಮೀನ್‌ಗೆ ಹೆರಿಗೆ ನೋವು ಕಾಣಿಸಿಕೊಂಡು ಕಿರುಚಾಡಿದರೂ ಮಲಗಿದ್ದ ದಾದಿಯರು ಎದ್ದು ಬರಲಿಲ್ಲ ಎಂದು ಗೊತ್ತಾಗಿದೆ. ಆ ಮಹಿಳೆಗೆ ಈ ಮಧ್ಯೆ ಹೆರಿಗೆ ಯಾದ ಕ್ಷಣದಲ್ಲಿಯೇ ಮಗು

ಮಧ್ಯರಾತ್ರಿ ಜನಿಸಿದ ಮಗು ಕೆಳಗೆ ಬಿದ್ದು ಸಾವು

ವಿಜಯ ಕರ್ನಾಟಕ 04/09/03

ಬೆಂಗಳೂರು, ಸೆ. 3- ಜಗಜೀವನ ರಾಮ್ ನಗರದ ರಸೆಲ್ ಹೆರಿಗೆ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಸಿಬ್ಬಂದಿ ನಿರ್ಲಕ್ಷ್ಯದಿಂದ ಮಧ್ಯರಾತ್ರಿ ಆಗತಾನೆ ಜನಿಸಿದ ಹೆಣ್ಣುಮಗು ಕೆಳಗೆ ಬಿದ್ದು ಮೃತಪಟ್ಟಿದೆ.

ರೈಲ್ವೆ ಲೀನ್ ನಿವಾಸಿ ಸೈಯದಾ ಅಲಕ್ ಪಾಷ ಆವರ ಪತ್ತಿನೂರ್ ಜಾನ್ ಜೆ.ಜೆ. ನಗರ ಪೊಲೀಸರಿಗೆ ದೂರು ನೀಡಿದ್ದಾರೆ.

ಆವರ ಮಗಳು ಸಮೀನಾ, ಹೆರಿಗೆ ನೋವು ಬಂದು ಮಂಗಳವಾರ ಆಸ್ಪತ್ರೆಗೆ ದಾಖಲಾಗಿದ್ದರು. 2 ದಿನಗಳ ಬಳಿಕ ಹೆರಿಗೆ ಸಂಭವಿಸಿ ಬಹುದು ಎಂದು ವೈದ್ಯರು ಅಭಿಪ್ರಾಯಪಟ್ಟರು.

ಆದರೆ, ಅದೇ ರಾತ್ರಿ ಆಕೆಗೆ ಹೆರಿಗೆ ನೋವು ಉಲ್ಬಣಿಸಿತು. ನರ್ಸ್ ಒಮ್ಮೆ ಆರೋಗ್ಯ ತಪಾಸಣೆ ಮಾಡಿ, ತಮ್ಮ



ಮಗುವಿನ ಶವದೊಂದಿಗೆ ಪ್ರತಿಭಟನೆ

ಕೋಣೆಯಲ್ಲಿ ನಿದ್ರಿಸಿದರು. ಮಧ್ಯ ರಾತ್ರಿ, ವೇಳೆಗೆ ಸಮೀನಾಗೆ ಮಗು ಜನಿಸಿತು. ಆ ವೇಳೆ ಮಂಚದ ಮೇಲಿಂದ ಕಸದಬುಟ್ಟಿಗೆ ಬಿದ್ದು ಮಗು ಮೃತಪಟ್ಟಿತೆಂದು ದೂರಲಾಗಿದೆ.

ಮಗು ಹೊಟ್ಟಿಯೊಳಗೇ ಮೃತಪಟ್ಟಿರುವುದಾಗಿ ನರ್ಸ್ ಹೇಳಿದ್ದಾರೆ. ಆದರೆ ಮಗು ಜನಿಸುವ ಸಂದರ್ಭದಲ್ಲಿ ಮೃತಪಟ್ಟಿರುವುದು ವಿಚಿತ್ರವಾಗಿದೆ. ಒಂದು ವೇಳೆ ಹೆರಿಗೆ ಕಷ್ಟವಾಗಿದ್ದರೂ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ ನಡೆಸಲೂ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ವೈದ್ಯರೇ ಇರಲಿಲ್ಲ.

ಪ್ರತಿಭಟನೆ: ಸಿಬ್ಬಂದಿ ವಿರುದ್ಧ ಕ್ರಮ ಕೈಗೊಳ್ಳುವಂತೆ ಒತ್ತಾಯಿಸಿ ಮಹಿಳಾ ಸಂಘಟನೆಯ ಕಾರ್ಯ ಕರ್ತರು ರಸೆಲ್ ಹೆರಿಗೆ ಆಸ್ಪತ್ರೆ, ಎದುರು ಪ್ರತಿಭಟನೆ ನಡೆಸಿದರು.

ಪಾಲಿಕೆ ಆಸ್ಪತ್ರೆ ಮುಂದೆ ಪ್ರತಿಭಟನೆ

ಬೆಂಗಳೂರು, ಸೆ. 3: ದಾದಿಯರ ನಿರ್ಲಕ್ಷ್ಯದಿಂದ ನವಜಾತ ಶಿಶು ಸತ್ತಿದೆ ಎಂದು ಆರೋಪಿಸಿ ಇಂದು ಸಂಜೆ ಜಗಜೀವನರಾಂನಗರದ ಪಾಲಿಕೆ ಆಸ್ಪತ್ರೆ ಎದುರು ನೂರಾರು ಜನ ಪ್ರತಿಭಟನೆ ನಡೆಸಿದರು.

ನಿನ್ನೆ ಹೆರಿಗೆಗೆಂದು ದಾಖಲಾಗಿದ್ದ ಸಮೀರಾ ಅವರು ಮಧ್ಯರಾತ್ರಿಯಲ್ಲಿ ಹೆರಿಗೆ ನೋವಿನಿಂದ ಕಿರುಚಿಕೊಂಡರೂ ದಾದಿಯರು ಆಗಮಿಸಲಿಲ್ಲ. ಆ ಸಂದರ್ಭದಲ್ಲಿ ಜನಿಸಿದ ಮಗು ಮಂಚದಿಂದ ಕೆಳಗೆ ಬಿದ್ದು ಮೃತಪಟ್ಟಿದೆ ಎಂದು ಪ್ರತಿಭಟನಾಕಾರರು ಆರೋಪಿಸಿದರು.

ಆಸ್ಪತ್ರೆಯ ದಾದಿಯರನ್ನು ವಜಾ ಮಾಡುವಂತೆ ಆಗ್ರಹಿಸಿ ನೂರಾರು ಜನ ಜಮಾಯಿಸಿದ ಹಿನ್ನೆಲೆಯಲ್ಲಿ ಆ ಪ್ರದೇಶದಲ್ಲಿ ಕೆಲ ಸಮಯ ಉದ್ರಿಕ್ತ ವಾತಾವರಣ ನಿರ್ಮಾಣಗೊಂಡಿತು. ಪೊಲೀಸರು ಮಧ್ಯಪ್ರವೇಶಿಸಿ ಪರಿಸ್ಥಿತಿ ನಿಯಂತ್ರಿಸಿದರು..

ಹೆರಿಗೆ ವೇಳೆಯಲ್ಲಿ ನಿರ್ಲಕ್ಷ್ಯ ತೋರಿದ ದಾದಿಯರ ವಿರುದ್ಧ ಕ್ರಮ ಕೈಗೊಳ್ಳಲಾಗುವುದು. ಸಂಬಂಧಿಸಿದ ಪಾಳಿಯಲ್ಲಿ ಕರ್ತವ್ಯ ನಿರ್ವಹಿಸುತ್ತಿದ್ದ ದಾದಿಯನ್ನು ಅಮಾನತುಗೊಳಿಸಲಾಗುವುದು ಎಂದು ಪಾಲಿಕೆ ಮುಖ್ಯ ಆರೋಗ್ಯಾಧಿಕಾರಿ ಡಾ| ಸುಶೀಲ ಶೇಖರ್ ತಿಳಿಸಿದ್ದಾರೆ.

INFANT DIES: An infant died immediately after its birth due to the alleged negligence of the two nurses of the Bangalore Mahanagara Palike Maternity Home in J J Nagar. The nurses, Prabhavathi and Puttabasamma have been suspended. Sameena (22), a resident of J J Nagar, was admitted to the hospital on Tuesday evening. Source said she had suffered labour pain during the night. Instead of attending to her, the duty nurses reportedly walked away telling her that nothing would happen. Around 2:30 am, when the pain was intolerable, Sameena again cried for help. She delivered while walking to the labour room. As the baby fell on the ground, it died an instant death, police said. The activists of Vimochana, an NGO, staged a protest.

DHNS 4/9/03

How babies live and die in Goripalya

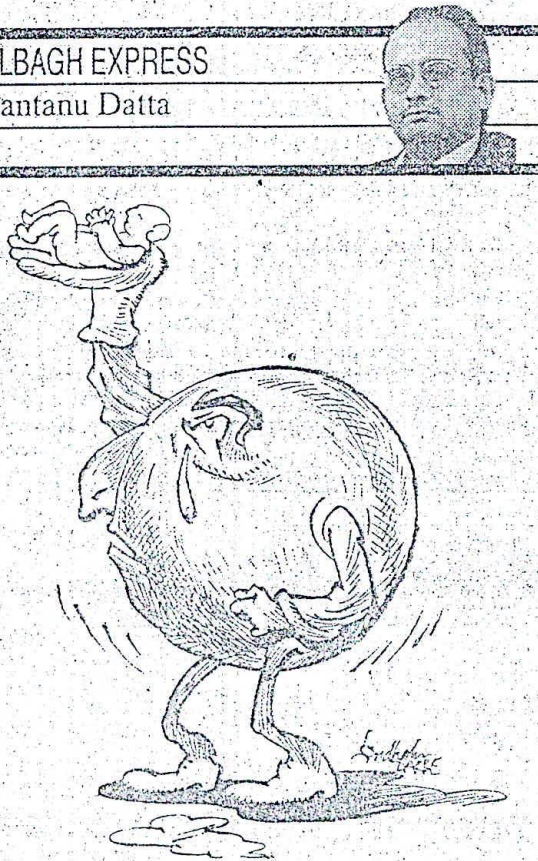
THE three-day-old baby looked smaller than she was in a green cardigan, no doubt on loan from an elder sibling. She moved and stretched as if trying to free herself out of the oversized garment looking quite content. Her mother was on saline and draped in a shocking red blanket she looked quite sick. There were seven or eight others like her resting in a large room, one of the two maternity halls that hold 15 beds each at the rather clean JJ Nagar, Bangalore Corporation-run referral hospital in the western parts of the Silicon Capital of India.

It was here that a newborn baby died the other day. Newspaper reports, quoting an NGO, said the woman delivered on her own as there were no nurses at night and the baby fell off the table. Two nurses have been suspended though the others swear that was not what had happened: the umbilical chord got tied around the baby's neck.

Life in JJ Nagar's Goripalya hasn't changed dramatically after this baby's death. Having been a fairly regular victim of communal and linguistic clashes, it has learnt to take death in its stride. The maternity home is still reasonably busy —

LALBAGH EXPRESS

Shantanu Datta



August recorded an above average 135 deliveries including six Caesarians — with its four doctors and six nurses. None of the doctors is on duty at night — if there is an emergency, a car is sent to fetch him/her and the patient is left to pray. The nurses complain they

are unable to take offs as they were three short and now with the suspensions it will get worse. The rest of the story is familiar: there is only one gynaecologist though three have been sanctioned, no assistant surgeon, and no anaesthetist. Ask them why, no

one knows.

At the entrance of the newly painted building with cemented seating there lies a stack of bamboo poles and a huge roll of wire mesh. Ask them what these are for, no one knows. Above the seats are two boards on which the hospital's "official details" have been painted upon. On the other side, painted on the wall is a chart of services on offer. It's like a menu card: Labour services: Rs 10, Medical Termination of Pregnancy: Rs 100, Minor surgery: Rs 100, Major surgery: the paint has peeled off, but we're told it's Rs 200. This is official.

But since there is no in-house pharmacy, medicine costs are extra. As for the "unofficial payments", it is usually Rs 500 for a boy and Rs 300 for a girl.

At Goripalya, this is how they bring their children into our world: sometimes without doctors, nurses and anaesthetists, but most of the time with lots of luck.

It was more than luck that made us the State of telemedicine and got us the path-breaking Yashaswini farmers' insurance scheme which makes heart surgery easily affordable at Rs 60. It's time we looked at what is called basic healthcare.

'Open BCC maternity homes to public scrutiny'

EXPRESS NEWS SERVICE

Bangalore, Sept 6: Bangalore City Corporation (BCC) maternity homes should be open to public scrutiny and public should be actively involved in managing them, said Vimochana, a women's NGO in the city.

The outcry follows a newborn baby's death, allegedly due to the negligence of authorities, at the Jagjeevanram Nagar Referral Hospital this week.

On Monday, Vimochana plans to hold a 'Women in Black' protest, and a public hearing on patients' experi-

Sameena's family refutes BCC claims

Bangalore: Sameena's family refuted BCC officials' claim that the baby died as it got stuck in the umbilical cord. They said the nurse did not wake up when Sameena went into labour. "If what they say is true, they should have shown us the baby with the umbilical cord," said Farida, Sameena's relative who waited outside the labour ward when the incident occurred.

"Only a helper was around. The nurse picked the baby from the floor while trying to hide the injury," said Farida. The family said Sameena's husband Aijaz Pasha had met with an accident sometime ago. "The nature of injury was such that they cannot conceive again," said Donna Fernandes of Vimochana.

"This is a wake up call to set things right at Maternity homes. They lack even the basic facilities like telephone and potable water, but cater to 30 per cent of the city's deliveries," she said. According to Fernandes, the BCC Commissioner has promised an inquiry into the issue. "As always, the post-mortem report is not yet out. Victoria Hospital officials say they sent it to the police. Police claim they have not received it," she said.

ences at the J.J. Nagar Maternity Home and other homes in the city.

At a press conference here on Saturday, Vimochana said it would work for

about a month with BCC Special Commissioner Subhash Chandra to improve

conditions of maternity homes. The NGO has demanded compensation for Sameena, the mother, while adding that the staff should be made accountable for the death. Sameena and her family were present at the press briefing. Sameena who was hospitalised got labour pains in the early hours of Wednesday. Nurses gave her injections and went to sleep, expecting the delivery to take place around 5 a.m. However, Sameena delivered the baby without medical help and the baby died as it slipped and fell from the table, the family members said.

Of 'doctorless' nights and gynaec-turned nurses: B'lore South

M. Radhika

Bangalore, Sept 7

THEY have the necessary infrastructure. And they are quite clean too. The odd exception is the Jayanagar Maternity Home whose entrance is fenced into a temporary catched. Then, why are the BCC maternity homes a hotbed of horrors and corruption where doctorless nights are as common as the mosquitoes and still drive the lower strata towards them?

The problems, as this paper found, are due to bureaucracy, shortage of doctors and Auxillary Nursing Maids (ANMs), corruption, lack of drug supply that have

PROBLEMS

- Jayanagar Maternity Home entrance is a temporary catched
- Ayahs, nurses fleece patients for 'free' services
- No generator to replace powercut; incubators for babies missing
- At night doctors are absent; nurses, helpers double up as gynaecologists
- Drunken brawls, lax security are other problems

ensured that poor patients are fleeced even in the "most services are free" homes in the South Zone. Many a time, patients shell out

hundreds of rupees to the ayahs and nurses in the eight maternity homes and two referral hospitals in this zone.

At the Jayanagar Maternity Home, it's pitch dark as the power went off last Sunday evening. No generator for emergency supply, forget incubators for babies. The staff scramble for a candle while patients and families bear the darkness.

The doctor in-charge on duty works from 9 a.m. to 4 p.m. on working days like doctors from other maternity homes. The BCC said, most doctors in charge of the homes stay at the residential quarters nearby to attend to emergencies, especially at night, but the reality is different.

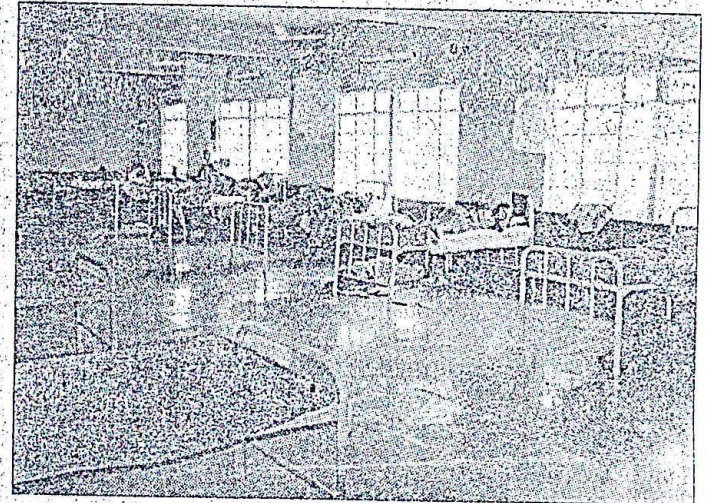
SOLUTIONS

Dr Nagarathna:
BCC Additional Health Officer, South Zone

Since one year, we have displayed boards saying the Home services are free, and have kept complaint boxes. We also have a 'satisfied customer register'. Corruption has come down because of this. In 14 such homes, we depute many on contract services so that they don't indulge in corruption.

Out of the four residential quarters in the Jayanagar Home, two are "under repair". Only one of

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J.J. Nagar referral hospital where a baby died recently due to negligence — Express photo

Corruption, callousness... the saga continues in B'lore West

Express News Service

Bangalore, Sept 9

NURSES hovering around patients. Helpers quickly fixing posters to 'educate' patients in the post-delivery wards. Staff of maternity homes elsewhere either pleading ignorance or being too suspicious.

This was the scene in most BCC-run maternity homes of Bangalore West as this paper found out on Tuesday, as the staff at some of these homes were 'prepared' to face enquiries. In fact, they were expecting a team from this paper. And the stories were of corruption, callousness of staff and patients having to depend on outside pharmacies for medicines --

all linked to doctors' shortage and lack of security.

"Corruption is particularly high in Srirampuram Maternity Home and Magadi Road Maternity Home," said Ratnavva, whose daughter delivered a baby at the Magadi Road home two months ago.

But people from areas like Rajajinagar, Gautampura, Sunkadakatte, Vijaynagar and also places as far as Peenya and Magadi prefer the maternity homes to bigger government hospitals. "The K.C. General Hospital in Malleswaram is too big. For every little thing you must pay Rs 50 or Rs 100. The more the staff, the higher the bribe," said a patient's mother from Sunkadakatte. That's the response in the Sri-

rampuram Maternity Home and Rajajinagar Maternity Home.

The Rajajinagar Maternity Home scores, with patients "being looked after well." But as a patient put it, "You need to pay lesser here (to the ayahs and nurses than in other places. At the Magadi Road home, the watchman would demand Rs 20-30 if we wanted to see the patient during non-visiting hours."

At the Hosahalli Referral Hospital, at least 250 deliveries are conducted every month. It has a public phone, but no night doctor. The nurses are "trained enough" to deal with deliveries. Like everywhere else, delivery complications mean another journey to the 'bigger hospitals'.

The Yeshwanthpur Maternity

WHAT'S WRONG?

- > 'Prepared' and 'expecting' a visit from this paper on Tuesday, West Zone was all geared up with activities but...
- > "Corruption particularly high in Srirampuram and Magadi Road maternity homes," says a patient
- > At Rajajinagar home, one has to pay lesser than other places, nevertheless "patients are looked after well"
- > However, missing doctors and rude attendants continue to haunt this zone too

Home is located in the highly populated Yeshwanthpur Market
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MATERNITY HOMES: A HEALTH CHECK



Hosahalli referral hospital which was seen abuzz with staff working overtime as City Express team visited it on Tuesday.
— Express photo by Bhargavi

FROM PAGE 1

Corruption, callousness ...

where 80 deliveries a month are recorded on an average. "We encourage patients to go to the nearest maternity homes in their areas instead of coming here," said a doctor. The Magadi Road home has just one patient as it is under renovation, said staffers. An outsider, however, cannot escape the rudeness of the helpers here. Doctors in all the homes face the pressure of working extra hours during emergencies. It is worse for nurses and ayahs. "Patients are more aggressive in the Yeshwanthpur area compared to the ones visiting Ganganagar Maternity Home and M.R. Palya Maternity Home," said a doctor. Everyone knows there is need for more staff, but no one, not even the BCC bosses have convincing answers.

The staff has been on an alert after the recent baby 'theft' at the Rajajinagar Maternity Home, where they have been screening people, especially those carrying babies.

(Concluded)

With no pharmacies, only corruption rules here: B'lore East

Express News Service

Bangalore, Sept 8

CONNECTIVITY, which is the buzzword in Bangalore these days, is strangely absent like the disappearing doctors in most BCC-run maternity homes in the civic body's East Zone. These homes cannot be trusted during an emergency as there are no pharmacies attached to them, and medicines come at a premium.

The result: Patients wait endlessly for the few doses of medicine they must get and have to buy many expensive medicines on their own. Like in the South Zone BCC-run maternity homes, corruption is a common phenomena here too, where nurses and ayahs demand their share for every delivery. Be it the Cox Town Maternity Home or even Thimmaiah Road Maternity Home, helpers must be paid Rs 50. To be more specific: It's Rs 400 for a

baby girl born and Rs 500 for a boy.

Worse is the callous attitude of the staff. A few days ago, sources said a patient who could not reach a Home on time, delivered her baby in an autorickshaw. While this was unfortunate, the staff here taunts her constantly about this. "They did not give me medicines even when I had severe post-delivery pains," complained Ratna, the patient. "They asked me to go back to the autorickshaw driver for the birth certificate," said Ratna.

Another patient did not get pre-labour injections on time, resulting in late delivery and complications for her baby. It was shifted to another hospital with meagre chances of survival, said the family.

"I wish I had gone to some bigger hospital. The treatment may have been better," rued another patient.

The Ulsoor Referral Hospital that caters to a major chunk of the population from Ulsoor, Jogupalya, Doopanahally, K.R. Puram and Hoskote, has no public

MATERNITY HOMES: A HEALTH CHECK

AILMENTS

- At Cox Town Maternity Home and Thimmaiah Maternity Home, helpers have a rate of 'fee' to be paid to them for each delivery
- Ulsoor Referral Hospital has no public phone booth nor pharmacies
- Austin Town Maternity Home has patients not listening to nurses, and drunkards wanting to meet patients at night
- As usual, night-duty doctors are absent; nurses, helpers double up as gynaecologists here too
- Apathy, negligence and rude behaviour of nurses, helpers

DIAGNOSIS

Dr Susheela Shekar
BCC Chief Health Officer

WE are trying to get phones for the homes. They had been removed during renovation. The approach roads and location of DJ Halli home are bad, but it was meant for slum dwellers. We are trying to get the drain adjacent to it closed. There are plans to train the staff to be polite to patients. We are aware that there is corruption, a reason why we brought in people on contract. The ANMs were more corrupt, so we got them removed and placed qualified nurses.

We've constituted a board of visitors to control corruption, with NGOs as members. We decentralised the homes and appointed six superintendents. The control of corruption has been good in some hospitals, but a lot needs to be done about others. To counter shortage of doctors, we will tie up with medical colleges to post their post-graduate students.

phones or pharmacies. With the patient in-flow being high, the centre needs more infrastructure to handle complicated labour cases instead of referring them to other hospitals.

With no doctor around for most part of the day in all these homes, residential quarters should be a solution. But as one doctor puts it, "You need political influence to get the BCC maternity home quarters. They are not maintained well too."

Nurses at the Austin Town maternity home have a peculiar problem. "Patients refuse to go to other hospitals as they are far off," said a nurse. They come mostly from Neelasandra, Austin Town, Viveknagar. "It's hard to refer them to other hospitals if there are complications. At times there are drunkards who insist on meeting patients at night," said another nurse. "It means a lot of pressure. Patients listen to doctors, not nurses," said Savithramma, a nurse.

▶ Tomorrow: Bangalore West

BCC to recruit night-duty doctors at all maternity homes

■ To weed out corruption, the BCC plans to conduct orientation training

By M. Radhika

Bangalore, Sept 10

THE Bangalore City Corporation (BCC) has decided to soon post night duty doctors in the BCC-run maternity homes. Temporarily, it would post doctors on night duty in its Referral Hospitals, that mostly cater to maternity services in the city.

The decision comes after this paper highlighted the problems at the 23 BCC-run maternity homes.

BCC Commissioner M.R. Sreenivasa Murthy said it would take a month to post the doctors in all the homes at night. "We had sent a proposal to the State Government seeking permission to recruit more doctors even before last week's incident (where a baby died, allegedly due to the negligence of staff). But in view of the problem, we plan to post at least a minimum number of doctors in the Referral Hospitals now," he said.

These doctors are expected to attend to emergencies in the maternity homes that come under their purview. He was hopeful the proposal would be cleared soon.

The BCC maternity homes remain the first choice for preg-

nant women from poor background. About 28,000 deliveries are conducted here every year, covering about 30 per cent of the total child-births in the city.

Regarding corruption by attendants and nurses, Murthy said the BCC had plans to conduct 'orientation training' for them.

People from the lower economic strata prefer maternity homes to bigger government hospitals because of relatively lesser corruption.

But Health Minister Kagodu Thimmappa said orientation programmes for the staff are being conducted regularly. "We are thinking of intensifying these programmes, and cover people under

such training."

Bangalore has 23 maternity homes apart from the urban health centres and dispensaries coming under the Referral Hospitals run by the BCC. "There were 30 earlier, but five have been shifted outside the city to cater to the population there," said BCC Chief Health Officer Dr Susheela Shekar. Murthy said more such maternity homes would be constructed in future.

The hospitals run by the BCC come under three zones for the entire city - South, East and West. Each zone has two referral hospitals with maternity homes, urban healthcare centres and dispensaries coming under its purview.

The South Zone has 10 maternity homes under its two referral hospitals. The East Zone has six maternity homes and the West Zone has seven.

Some homes were built by the India Population Project - 8 and doctors too, were posted, but till the project lasted. As a result,

there are fewer doctors and nurses in these homes today.

The BCC has also decided to install public telephones in the maternity homes. Murthy said the BCC has started a preventive healthcare pilot project to regularly screen people living in the slums of Bangalore.

MORE IN THE PIPELINE

- Night doctors at Referral Hospitals, temporarily
- Proposal to recruit more doctors
- Health Minister says 'orientation' for doctors and staff to be intensified
- Public telephones in maternity homes
- Preventive healthcare project in parts of city