Bridging across Borders:
Better Health for South Asian Women and Children

By Dr Farah M Shroff, PhD

Like many South Asian women here in Canada, I have heard bone-chilling stories of health disasters in our families' past, back in the old country. My grandmother regaled me with tales about the lack of health care options for women during pregnancy and childbirth and the tough choices that women in our family had to make. Like our families' ancestors, many South Asian families have heard painful accounts of great suffering during pregnancy or childbirth.

Unfortunately, these stories are still being told:

"Nayana lived in Azamgarh district of Uttar Pradesh and belonged to a scheduled caste community. She had been married at the age of 14 and was 25 years old at the time of her fifth pregnancy. Of her previous pregnancies, three children survived.

Nayana and her husband had migrated to Delhi in search of a job. While there, Nayana was diagnosed to have tuberculosis and received treatment. Once better, Nayana returned home.

She did not realize she was pregnant till 6 months later. By then, her husband had lost his job and this made food availability for the family a problem. The lack of nutrition made her weak and tired. As Nayana's condition worsened, her family took her for a check up she was diagnosed to have tuberculosis again, for which treatment was begun in the nearest CHC.

In the meantime, Nayana went into labour - she was taken to the CHC by the 108 ambulance and had a normal delivery. The baby's birth weight was found to be low and after a day's treatment with oxygen, both Nayana and her baby were discharged the next day.

Once home, Nayana developed fever - she was taken to the PHC on the second day where she was given some medicines by the doctor and sent home. However, her condition kept worsening. About a week later, she was admitted in a private hospital in the nearby town.

Although treatment was initiated, Nayana died a few hours later."[1]

Nayana's story, and others like it, literally keep me and others awake at night.

Nayana's story teaches us about the importance of good health for girls and women and the need for increased accountability in all health systems. Having good maternal health everywhere is a basic human right.

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[1] from Dead Women Talking, p 31
http://www.commonhealth.in/Dead%20Women%20Talking%20full%20report%20final.pdf

While it's not a perfect life for us here in Canada, South Asian Women (SAW) here are fortunate to have legal rights and some protections from early child marriage, violence, food insecurity and other structural inequities. Back in the motherlands, our counterparts, unless they belong to the elite segment of society, are not so fortunate.

Why did Nayana die? Why do **44,000 women in India die every year (~120 women die/day)**—making it the largest number of deaths in the world? The answers are both complex and simple. They die because of a combination of factors based on socioeconomic inequities that render some women less healthy than others. When pregnant, working class women from particular communities are already compromised. When complications arise, medical systems are often not available, affordable or accessible. Women's families often try really hard to save their lives and in some cases, can't or don't. The world in which we live still considers some women more valuable than others.

The harsh reality of maternal mortality is that in 2017 we still live with a pernicious formula:

inequitable social structures + poor access to adequate perinatal health services= unhealthy or dead mothers

And when a mother dies, her children struggle. "I loved you like there was no tomorrow, and then there was none."[2]

You may know people like my friend Akash, whose mother died when he was just barely walking—a most tender age. You may find it hard to believe that his stepmother didn't feed him much and subsequently refused to pay his school fees. Akash was a very determined boy and at the top of his class so when he approached his teacher with this problem, the teacher generously offered not only to pay his fees but for the books too, if the parents continued to neglect their responsibilities. I'm happy to report that Akash grew up to become a teacher and flourished. Unfortunately, most children in his situation "fail to thrive". They often leave school early to work in precarious jobs and continue to spiral into poverty.

Mothers are a child's best advocate! We all have a better chance of thriving when our mom is alive. Even adult children who lose their mothers, like I just did recently, feel a deep loss.

Keeping mothers alive ought to be a high priority for all societies. We know from experiences around the world, that women who receive opportunities in education and employment lift up their families and societies. Women's literacy is one foundation of better community health. Women who can access the written word have more power and can use this power in aid of the wellbeing of others. Women typically priorize the wellbeing of their children, spouses, parents and others, before their own wellbeing. This selfless characteristic is positive for communities, yet it can have negative consequences on women's mental and physical health.

The idea that ***all*** SAW are important is one of the drivers of MIHCan: Caring for Communities, an organization based here in BC that works to improve the wellbeing of mothers and children in India through a comprehensive public health approach.

[2] Melissa Mead https://amotherwithoutachild.com/

Our MIHCan team is diverse. We work in health, community development, human rights and more. Our honorary patrons include Senator Mobina Jaffer, Senator Asha Seth, Honourable Don Davies and our Development Directors are Praveen and Anuja Varshney. Our mandate is to build bridges for better MNCH in Canada and India.

Working to address age-old health problems that are rooted in structural inequities promises to transform our world. The litmus test for progress is the health of the most vulnerable. By focusing on the most vulnerable people In India, MIHCan aims to contribute to global and local efforts to foster health equity for all children and mothers, transforming us all.

Our partners in India are longstanding organizations that have strong track records of working with communities to improve MNCH and community wellbeing. They include MASUM, a rural women's rights organization in Maharashtra; CHETNA, a women's nutrition and wellness organization in Gujarat; SNEHA, a women's health and nutrition organization based in Mumbai's most working class areas; and KIIT School of Public Health in Odisha, among others.

Our partners are committed to long term sustainable work to improve women's lives and well-being. Supporting their outstanding work in three areas: **education, research and innovation,** is our focus. Our last education session included two Canadian members of MIHCan, yours truly and Dr Nadra Ansari. We discussed challenges facing SAW's health. Then we heard, live from Gujarat, from Pallavi Patel, Director of CHETNA, who spoke about serious deficits in women's nutrition that stem from the fact that women cook for the family but they eat last. First the men eat, then the male children, followed by the female children. If food is left over, then women eat. Sometimes nothing is left. In this malnourished state, some women get pregnant.

This is the cascading effect of structural inequities that impacts the next generation. Pallavi Patel also talked about the difficulty of discussing women's rights when being met by loud bursts of laughter. CHETNA persists and blossoms despite these hurdles.

Our next speaker was our partner Sudha Nagavarapu, live from northern India, who spoke about the displacement of traditional foods, malnutrition and widespread hunger. She told us that hunger in India was not inevitable and one solution was to return to traditional foods like the grain *ragi* and the vegetable *moringa.* Sudha and her colleagues are conducting research that promises to point the way to a more food secure India.
Other education sessions have focused on other topics such as health promotion for grandmothers. To do this work and support our partners to make the lives of women in India better we are in need of your financial assistance. Your contribution can make a world of difference to women like Nayana.

Please visit https://support.ubc.ca/projects/the-canada-india-maternal-infant-health-collaborative-cimihc/ and consider becoming a monthly donor or make a generous donation today! You will receive a tax receipt from the UBC Faculty of Medicine.

Your support will go a long way in supporting SAW and children's wellbeing. We look forward to your support of our efforts to bring better health to SAW in India. The fruits that we partake here can be enjoyed by all women in India too!

Please do not hesitate to be in touch with us at mihcancares@gmail.com

Check out our website at maa.med.ubc.ca

Like us on Facebook: https://www.facebook.com/MaternalInfantHealthCan/

Dr Farah Shroff, PhD, is an educator and researcher in the field of global women's health. A Kenyan born Parsi, she loves India. She teaches yoga, has a passion for Ayurveda, meditation, Kathak dance and other forms of Desi indigenous knowledge. She teaches at UBC in the field of public health and lives on the land of the Musqueam with her husband Roozbeh and their sons Zubin and Arman.