

THE SITUATION OF PREGNANCY, DELIVERY AND  
CHILDREN'S IMMUNIZATION IN LUGNAK VALLEY –  
ZANSKAR, LADAKH, INDIA

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## Introduction

The Lughak valley is situated in the Zaskar valley in Ladakh, Northern India. It comprises around 13 villages, with about 2 to 20 houses per village. The Lughak valley is very remote; the villages are only connected through footpaths and bridges. The distance from the last village to Padum is about two days by walking. People are mostly self-sufficient and therefore have lots of work on their fields and with the animals. The climate is very harsh with a cold winter, lots of snow and high risk of avalanches. During these winter months, the region is completely isolated. Seeing this situation, it's not surprising that this brings many difficulties and challenges for women during pregnancy and delivery as well as for the immunization of their children. However, theoretically (on paper) there are six medical aid centres (MAC) in the Lughak valley, the interviews showed clear evidence that these MACs are not functioning in practice. There is a lack of buildings, equipment and primarily there is a complete absence of medical staff! *"Because we are remote, no doctor is coming and willing to do so"* (woman from Kargyak, 5 children, 42 years old). The only staff in all this six MACs is the housekeeper in the MAC in Kargyak. He said that in the last 30 years, there has never been a nurse and only 7-8 times a doctor who visited the MAC. Being the only staff people consider him as a doctor. He is under pressure to help the people and gives medicines to them, due to the complete absence of other allopathic health care staff in Kargyak. *"I am helpless. I act as a government job, but I don't have knowledge! I have to act like a pharmacist, but I am only a pioneer, so that's sometimes very risky. [...] People from the village think that I am a doctor"* (housekeeper MAC Kargyak).

The only allopathic medical staff in all Lughak valley is the assistant nurse midwife (ANM) from Purne. Besides her, there are some Amchis (traditional Tibetan medicine) in the villages, which play a central role and are of high importance to the local community. A previous study of Angmo et al. (2012, p. 621) estimated that the "traditional healing system is taking care of 30% of public health care" in Ladakh.

During a 10 days' field trip to the Lughak valley, we conducted 22 interviews<sup>1</sup> with women about their pregnancies, deliveries and the immunization of their children. Therefore, I used a standardised interview guide. The interviewees were from nine different villages: Anmu, Cha, Purne, Kargyak, Sking, Tangsey, Testa, Shangka and Thangso. I selected the women according to the age of their children. The criterion was that the youngest child should not be older than six years, in order to have women in the sample, whose last pregnancy didn't date too

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<sup>1</sup> One interview had to be interrupted, because the woman felt uncomfortable.

long time back and who want to actively change something. Furthermore, the context is continuously changing for example since some years there is a new government program. Therefore, women whose delivery is dating long time back might have different experiences and views.

The women in the sample were aged between 23 and 45 years (average 32 years) and had between 1 and 6 children (average: 3 children).

## **Results**

### **Pregnancy**

#### *Difficulties and support during pregnancy*

In average the women had their first child at 24 years. The range was quite diverse and led from 15 years to 30 years. All the participants described pregnancy as something difficult. One woman said: *“it’s always a problem during pregnancy”* (Sking, 6 children, 40 years old).

The main difficulties that women described during pregnancy were: weakness of the body, difficulty and fear of the delivery, difficulty to work and walk, vomiting, not eating well and back pain. Out of the women who have been asked specific about seeking help, only three women didn’t seek any exterior help. Most of the women (five women) sought help from the Amchi, few (two women) were taking allopathic medicine.

During pregnancy, the women were supported by their family and/or husband. The family and husband gave massage, served food and called the Amchi. 50% of the women described that the family and/or husband supported them with their work and took over some of their work to give the women time to rest. Few women said that they had to work less during pregnancy, but many also stated that they’ve worked the same as before.

#### *Medical check-ups during pregnancy*

The majority of the women sees a big importance in medical check-ups during pregnancy to check their own and the baby’s health and position as well as for safety reasons. One woman even said: *“Now many say that if you don’t go for check-up, you will die”* (Shanka, 2 children, 30 years old). Only one women said that medical check-ups are not important.

Many women described that with medical check-ups delivery would be easier: *“I think medical check-ups are important and now I regret that I didn’t go. I think the delivery would have been easier”* (Sking, 6 children, 40 years old).

64% of the women did at least one medical check-up with one of their children. But somehow only 23% of the women did check-ups during all their pregnancies. The women who did check-ups for all their pregnancies are aged between 25 and 30 and have one or two children. Four women did check-ups during their first pregnancies only, they all have two children and are aged between 26 and 35. Five women did only check-ups for their last children. These women are between 32 and 42 years old and have between 3 and 6 children.

Most of the women did one or two check-ups during pregnancy, 3 women did 3 check-ups, one woman 4 check-ups and one woman did check-ups every month.

Most women did the check-ups in Padum. Other Places were Leh, Manali, Kelang and in the village. The two women who had the check-ups in their village have been visited by a doctor and the ANM. One woman never did a check-up, but she got immunization by the ANM.

For most women, a check-up contained the following examinations: ultrasound, blood test, urine check. Many got vitamins, iron and TT-vaccination.

Age of woman	Number of children	Number of Check-ups	Where?
27	2	3 check-ups/child	Leh
26	1	Each month 1 check-up	Manali
25	1	3 check-ups/child	Padum, Kelang
27	2	2 check-ups/child	Padum, Jammu
30	2	For first child 4 check-ups, for second child 1 check-up	Padum, Manali
35	2	2 check-ups for first child	Padum
30	2	1 check-up for first child	Padum
28	2	1 check-up for first child	Padum
26	2	1 check-up for first child	Padum
42	5	check-up for the last child.	No information
35	3	2 check-ups with last child	Padum
32	6	For the last 3 children 2 medical check-up/child	Padum
33	4	For last child 2 check-ups.	In Thangso village by ANM and doctor
41	6	1 check-up with the last child	In Thangso village by “doctor”

There are no facilities in the villages to do medical check-ups, the women have to go to Padum. The reasons why most of the women never or only with some children went for check-ups during pregnancy were the following: Difficulty to walk while being pregnant, high transportation costs, long distance, no time to go, because there are not enough family members to take care of the household and fields.

One woman who described the importance of check-ups got somehow influenced by other women who did not go: *“Many don’t go for medical check-ups and then I felt that it’s not so important”* (Kargyak, 1 child, 32 years old). One woman also said that *“I felt comfortable, had no pain and felt well. That’s why I never did a medical check-up”* (Kargyak, 1 child, 23 years old). A woman from Shangka who knew she will give birth at the hospital described that: *“I knew that I will deliver in the hospital, so I felt less importance of check-ups”* (Shangka, 2 children, 30 years old). Another woman from Shanka stated that she was waiting to be checked up in her village: *“Sometimes they also come to the village, so I waited for them. But they never came!”* (Shangka, 2 children, 30 years old).

### **Health care staff and government program**

#### *Government program*

The community health centre in Padum offers 1 medical check-up/month. The government plan for delivery at hospital comprises that the ASHAs bring the pregnant women to the hospital for delivery. *“The ASHAs get 600 Rupees to bring the pregnant women to hospital, the pregnant women get 1400 Rupees for transportation costs”* (Hertzog, 2014, p. 53). The delivery, a 3-day stay and food at the hospital are for free (Hertzog, 2014, p. 53).

55% of the women knew about the government program. The one who have heard about it said that they never got anything. One woman even said: *“I never got anything. Even if they go to Padum, they don’t give!”* (Shanka, 2 children, 30 years old). Only one woman got money for her delivery at the hospital in Padum. The other three women who delivered in the hospital in Leh, Kullu and Manali, didn’t get anything.

#### *Aggregated Social Health Activist (ASHA)*

All women have heard about the ASHA, but three women don’t know her role and many only knew that the ASHA is doing something for delivery. One woman even said that the ASHA is for vaccination and that she brings medicine.

Most of the women stated that the ASHA never comes to their village and never helped them. Some women said: *“They do nothing!”* (Sking, 1 child, 26 years old). Only three women have ever been in touch with an ASHA. One woman from Tangsey said that she called the ASHA for the delivery of her last two children and the ASHA came to help her during delivery. Another woman from Testa said that the ASHA is coming during vaccination time once per year. A woman from Thangso stated that the ASHA from the next village came to record both children after delivery.

The ASHAs themselves described their role the following:

- Go to the village and ask if married women are pregnant
- Report to the ANM who is pregnant
- Check 3 times/pregnancy how the women feel
- Bring the pregnant woman to hospital for delivery
- Visit woman 2-3 times after delivery
- Registration of the baby
- Cooperation with the ANM for the immunization of the children (they go together to the villages)

However, the ASHAs described as they would do all of this, both ASHAs interviewed have never brought a woman to the hospital: *“Until now I’ve never acted as an ASHA”* (ASHA Sking)

*“It’s my duty to go with the woman to the hospital, but it’s so difficult. There is no street. Mostly they go with their families.”* (ASHA Cha).

According to the interviews with the women, since only 3 women have ever been in contact with an ASHA, it seems unlikely that the ASHAs are actually visiting the women 3 times during and 2-3 times after pregnancy.

The ASHA from Cha also said: *“It’s an easy job, I am happy to help the women, happy to be an ASHA. But we get little money from the government monthly”* (ASHA Cha).

Many women said that the ASHAs don’t do anything. One reason therefore is also their lack of knowledge and low salary: *“I don’t have so much knowledge and would like to go to the trainings. But the money they pay per month is not enough even for the transportation”* (ASHA Cha).

*“I really would like to have a training, because in the village everybody thinks that I am the expert, but I have no knowledge”* (ASHA Sking).



*Assistant Nurse Midwife (ANM)*

The ANM from Purne is in theory only responsible for Cha, but since there is no other ANM in the whole Lugnak valley, the ANM from Purne is doing her duty in the whole valley.

The ANM describes her role the following:

- Ask each woman if she is pregnant or not (sometimes she goes 1 times/month and then after 2 or 3 months).
- 3 times check-up of the pregnant women (blood pressure, baby's position) + TT-vaccination (2 times)
- Visit 1 time after the delivery (check if there is no more bleeding, good breast feeding, good mother and child health). After that the ASHA is responsible and can call the ANM in case there is any problem.
- Give vaccination to the children

She mostly advises the women to go to the hospital for delivery. The ANM said that sometimes the pregnant women don't call the ANM and the experts to help for delivery. *"This is good, when everything goes well. I like when the pregnant women can manage themselves"* (ANM from Purne).

The ANM described her limitations when complications occur: *"I don't have a lot of equipment so when something bad happens, there is nothing I can do"* (ANM from Purne).

The statements about the ANM were quiet opposing to the one about the ASHA's. Most women said that the ANM is doing a lot, only one woman said that she is never coming. One women said: *"She is the only one who comes!"* (Shangka, 2 children, 35 years old) and another said that *"the ANM is the only person in the whole valley, she is very important. She is handling all the diseases by her knowledge"* (Thangso, 2 children 28 years old).

However, the ANM said she is doing 3 check-ups during pregnancy, only two women described that they actually got a check-up and one woman got a TT-vaccination by the ANM during pregnancy. The Amchi from Sking said that he has never seen that the ANM came: *"The ANM is not coming here, but some are too shy to say the truth and say that she is coming"* (Amchi from Sking).

The women are not always calling the ANM for delivery: *"Most of the cases we are dealing with the Amchi"* (Testa, 6 children, 42 years old). Another woman described that during de-

livery there is no time to wait: *“I didn't call the ANM for delivery, because it happens so fast that the baby comes, there is no time”* (Kargyak, 1 child, 32 years old).

Most of the women have been in contact with the ANM through the vaccination of their children.

The roles of the ASHA and the ANM were not always clear to the women. On one hand, some women were thinking that the ASHA can also give medication and vaccination like the ANM does, on the other hand many were seeing the ANM as a doctor.

#### *Amchi (Tradition Tibetan Medicine)*

The role of the Amchis was described in most of the interviews as a very important support during pregnancy and delivery as well as for health problems after delivery.

A female Amchi from Kargyak said that she is helping often during delivery, because there is no doctor or staff in Kargyak. Despite her 2-monthly training for delivery, her possibilities are limited: *“In the worst case we just pray for God, we have no chance”* (Amchi Kargyak).

Furthermore, her help is not always accepted: *“Once a baby got stuck in the woman, the family did not accept me to take it out; the woman and child died”* (Amchi from Kargyak).

The male Amchi from Sking has also an important role and is often present during delivery, however he said he is never touching the women. Many women described that the Amchi is present in another room during the delivery. He diagnoses when the baby will come and gives medicine for a smooth and painless delivery. Furthermore, he gives medicine and care for health problems after the delivery.

#### **Delivery**

Nearly all the women interviewed said that delivery is difficult and painful. During each delivery, they were afraid of dying or that the baby will die.

81% of the women delivered all children at home. One woman delivered one child at the hospital in Padum and the second while she was on her way to the hospital. Another woman gave birth to her first child at the hospital in Kullu, for the second child at home, because of lack of financial means. One woman delivered both her children in the hospital in Leh, another woman delivered both children in Manali through C-section.

### *Delivery at home*

During the delivery at home, in most cases the women's family, mother and husband were present (sometimes in a different room) and eight women got support from an expert woman from the village. 71% of the women called the Amchi for help and he gave them medicine. Three women (17% of the women who delivered at home) called the ANM. For one out of the three women the ANM couldn't come since it was not possible in winter. A woman from Sking village described that it took 2 days to call the ANM. When the ANM arrived, the baby had already died.

One main reason why the women preferred to give birth at home was that at home they have more freedom: *"You can get blankets and food as you want"* (Anmu, 3 children, 35 years old). *"At home I am free and I can sit like I want!"* (Thangso, 2 children, 28 years old). Furthermore, the women described to feel more comfortable at home because of the presence of their family members who support them and give massage. The importance of good food is an aspect which has been mentioned by many women; many appreciated that at home you can eat whenever and whatever you want. *"In hospital there is no good food"* (Tangsey, 1 child, 25 years old). A woman from Thangso mentioned that: *"In the hospital it's not warm enough, at home I have a good warm temperature"* (Thangso, 6 children, 41 years old). Another reason was the tradition to deliver at home, which was only mentioned once, but I had the impression that this is a reason for many other women too: *"I don't have a choice, it's tradition to give birth at home"* (Testa, 6 children, 42 years old).

### *Attitude about the hospital*

Most of the women who delivered at home said that they would not feel comfortable to give birth in a hospital. 29% of the women mentioned having heard that the hospital staff is unfriendly and sometimes even beat them: *"I heard about other women, that they [staff in hospital] are not nice and shout and sometimes they even beat!"* (Thangso, 6 children, 41 years old). *"They hit if you don't follow their advice, when you are in a wrong position"* (Thangso, 2 children, 28 years old). *"In the hospital, they say that our dress is not clean"* (Kargiak, 5 children, 42 years old).

The women described that they would feel uncomfortable being naked, being with unknown people. Furthermore, they said that there is no good food, it's not enough warm in the hospital and there are many rules (say position, what to eat and drink, how to feed the baby).

One woman from Anmu described having negative experiences in the hospital when she accompanied a friend.

The fear of C-section or to get an episiotomy was described by one woman, since she has heard about this from friends: *“The staff is not nice, they do unnecessary things”* (Kargiak, 5 children, 42 years old).

The hospital is an unknown environment and one woman described: *“I would feel afraid of everything at hospital, I would feel strange!”* (Kargiak, 1 child, 32 years old).

However, three women who delivered at home clearly said that in their opinion giving birth in the hospital is better than at home, because there are more facilities, more experts and in their view it's more safe and easy. Consequently, they would have less fear.

### *Obstacles to go to hospital*

Beside the highly dominating negative attitudes towards delivery in hospital, the main obstacles described to deliver in the hospital were the high transportation costs, a long distance to walk to the hospital and difficulty to walk (weakness). Furthermore, they described that they have no time to go to hospital, because nobody is at home to do their work. A big concern was also that they have no place to stay in Padum and have no money to buy food, because they don't know anybody there. Some women mentioned that travelling by car is difficult for them because of vomiting.

### *Delivery at hospital*

The women who delivered at the hospital, went to the hospital, because of more facilities and experts. They also stated that in the hospital there is no risk of dying. *“I feel more comfortable at hospital. At home, we have no choice!”* (Shanka, 2 children, 30 years old).

Three out of the four women who delivered at the hospital said that the hospital is their favourite place to give birth. But if there was a MAC in the village, one woman would prefer this over the hospital. These three women said that delivering in the hospital was a good experience, they did not feel shy, they felt comfortable.

One woman described that she felt lonely in the hospital, she would have felt more comfortable with her family at home. She went to hospital for safety, because she had lost her first child.

Three out of four women left Lughak in advance (autumn) to go to the hospital. They all described the way for going to the hospital and coming back as very difficult. Three women said

that on their way back home they had big difficulties because of snow or rain. The hospital in Leh and Padum was for free, in Manali and Kullu the women had to pay.

Stay in Hospital: 1 day, 2, days, 3 days, 7 days (with C-section).

#### *Medical aid centre (MAC)*

Many women described delivery in a MAC as a perfect solution, because of more safety, less fear compared to delivery at home and less costs and travel compared to a delivery in the hospital. *“Delivery in a MAC would be the best, so we don’t have to travel”* (Sking, 4 children, 40 years old). *“To deliver in a MAC is better than at home, because if there is a doctor I would feel more comfortable, you have more safety. At home, it’s always a risk.”* (Shanka, 2 children, 30 years old). With good equipment and staff, some women expect to feel less pain.

#### *Favourite place to deliver*

47% of the women would definitely prefer to deliver in a MAC in their village, if there is a MAC with good staff and equipment. 16% of the women prefer to deliver at home and 16% prefer to deliver at the hospital. The others were giving two contradicting answers and were unsure between the options of home, home with midwife, MAC or hospital.

By asking this question which place they would prefer for delivery and giving some options of answers, the women answered often in a contradicting way. I assume, that many said two favourite places, because it’s difficult for them to imagine how this would be and the fact that there were actually MACs in the villages is very unrealistic to many women. In my opinion many women were thinking that on one hand, giving birth in a hospital is better for safety reason, but on the other hand there are many obstacles and also fears (c.f. attitude hospital).

#### *Loss of children*

45% of the women lost between one and five children (in average 2 children), or 22% of all children died (20 out of 90 children; 222 deaths/ 1000 live births). This is an extremely high children death rate compared to India’s under 5 mortality rate of 48/1’000 live births, as well as compared to other countries such as Switzerland with 4/1000 live births and Angola 157/1000 in 2016, which has the highest rate worldwide (The World Bank, 2016). The children mostly died immediately after delivery or about one month later. The youngest woman who had lost a child was 30 years old, the oldest 45 years old. Interestingly only six women said that it’s often happening that women are losing children. Many stated that before child death was much more often, but nowadays it’s less. In the community, it’s seen as normal to

lose a child. Somehow most of the women who lost a child described the situation as very sad and difficult for themselves.

#### *Women who died during or after delivery*

Only 19% of the women never heard about women who died during or after delivery. The majority who have heard about women who died, said that it was more often before, nowadays only few women die. Only one women said that often women are dying during or after delivery.

### **Post-partum**

#### *Rest after delivery*

Most women only took some days of rest after delivery (between 1 and 5 days) and then started working again. An exception was one women who gave birth in Leh. She took rest for 2 months, which she appreciated a lot.

#### *Breastfeeding*

40% of the women asked about breastfeeding described that they did not have enough milk for their baby, for the other women the breastfeeding went well. Many are giving Tsampa (roasted barley flour mixed with butter tea or boiled water) to the baby, which is very common: *“It’s normal, everybody does it”* (Shanka, 2 children, 30 years old). Two women also said that their lack of milk might be because of their age (40, 45 years old). Only one women, who delivered in the hospital in Padum, told that she bought milk powder.

#### *Problems after delivery*

63% of the women described that they had health problems after delivery. Most felt very weak after delivery. Therefore, 41% of the women took Amchi medicine. Other problems mentioned were: pain in the whole body, back pain, dizziness, problems with eating and digestion, breathing problems, swollen legs.

## Child immunization

### *Medical Check-up*

Only two women said that their children had a *medical check-up*. One of them had got check-ups for her baby in the hospital in Leh, the other one in Testa, because the child had diarrhea. Another woman said that they did only weighting. One woman described: *“My children got no check-up, only if we complain they do a check-up”* (Thangso, 2 children, 28 years old).

### *Immunization*

Out of the 21 women, only one women said that she never vaccinated her child. She explained that she doesn't know the importance of immunization. 33% of the women have vaccinated all their children, most children have all the vaccinations completed. But somehow the women described that their children got their first vaccination late: *“I missed many months [5 months] because I was waiting for the medical staff to come, but they did not come, so I went to Padum. It's difficult to walk and costs a lot of money!”* (Testa, 2 children, 27 years old). *“My child got the first immunization after 7 months only!”* (Tangsey, 1 child, 25 years old).

For 57% of the women, only a part of their children is vaccinated, some children never got any vaccination. Out of the total 69 children (all children from all women), 26 children have never been vaccinated. This means that 38% of the children are not vaccinated.

The difficulty of waiting for the ANM to come and then instead travelling to Padum has been mentioned by many women. Many women have not enough money to travel to Padum and no time because of the field work.

*“Sometimes it's very difficult for the vaccination of the children. Sometimes the ANM comes, otherwise we have to go to Padum. This cost a lot of money, time and no one can work on the field while we are in Padum. It's always a problem with the staff. They never come, we are the poorest, most neglected and remote village of Zanskar”* (Kargyak, 5 children, 42 years old).

*“I am waiting for the ANM that she comes to give the vaccination to the baby. I don't have enough money to go to Padum”* (Tangsey, 6 children, 45 years old).

Another woman with a 2-month old baby said: *“I am waiting for the ANM. If she is not coming I will go to Padum in September”* (Thangso, 4 children, 33 years old).

Seven women<sup>2</sup> went to Padum, one woman got the vaccination for her children in Leh. Most children got the vaccinations by the ANM in any village in Lughak valley: 10 women got the vaccination for their children in their village by the ANM and 7 women had to travel to another village to get the immunization for their children.

The ANM informs about the dates. Somehow, the communication of the timing for the immunization days seems not always to work smoothly: *“It’s very difficult to get to know when the vaccination will take place. Then you go to that village and nobody is there and you have to wait 2-3 days”* (Shanka, 2 children, 20 years old). *“It’s always a problem to get the vaccinations and sometimes the women are in the mountains and they just miss the day and then they have to go to Padum. It’s very difficult”* (Thangso, 2 children, 28 years old).

One woman mentioned that not only the timing, but also whether the children really get the vaccination is a problem: *“The ANM opens the bottle only when there are enough children. If there aren’t, we have to go to Padum”* (Testa, 6 children, 42 years old).

### **Family planning**

The women were a bit shy with this question and always started laughing. Especially the question about contraceptives has not been asked often, since the women were very shy and might have felt uncomfortable. Besides the fact that this is a very personal question, they might have felt shy due the presence of a male translator and sometimes also other family members.

The few women we asked about contraceptives knew the Copper-T and operation. One woman was using the Copper-T.

In general, most women said that the number of children depends on their husband. *“The father is more responsible for family planning, because he has to pay”* (Testa, 6 children, 42 years old). Five women said that they already stopped with giving birth. Eight women did not talk with their husband about how many children they want. Four out of this eight women would like to stop having children, but there is a lack of communication. *“I don’t know about family planning. I don’t know how many children I would like to have. I think it’s too much and I should stop. But my husband says nothing!”* (Thangso, 2 children, 36 years old). *“I don’t want more children, but I never stopped it”* (Shanka, 2 children, 35 years old).

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<sup>2</sup> These numbers are in total more than interviewees, because some women went to Padum and also got vaccination in their village.



Two women described that they talked with their husband and they both agreed to stop having children.

Most women said that they prefer having between two and four children and agreed that few children are better: *“Nowadays it’s expensive to have many children, you have to send them to school”* (Testa, 6 children, 42 years old). *“A small family is better for the mother’s health!”* (Kargyak, 5 children, 42 years old). *“If you have 1 or 2 children and if you lose a child, it’s risky. Four is not too much and not too little”* (Thangso, 2 children, 28 years old).

On the other side, one women said, that she is not sure to stop having children because of religion: *“I would like to stop, but many say if you stop it’s against religion. So I’m confused and I haven’t decided yet”* (Thangso, 4 children, 33 years old).

The ASHA from Cha and the ANM from Purne both said that they never give advice about family planning: *“It’s the family’s choice and depends from couple to couple”* (ASHA from Cha). The ANM from Purne also said: *“I don’t feel the importance of the family planning, because as a Buddhist you always think that maybe the next child can get a good Lama, good doctor....”* (ANM from Purne).

### **Problems in winter**

The main problem women stated for being pregnant and for delivering in winter were the cold, lots of snow (risk of avalanches), blocked streets and communication problems. The women described the situation the following: *“All streets are blocked. We have to stay at home. We cannot go to Padum!”* (Kargyak, 1 child, 32 years old). *“We are helpless. We cannot do anything and just hope that everything will go well”* (Sking, 6 children, 32 years old).

Many women described communication difficulties in winter to call somebody for help like the one with the most experience from the village, Amchi, ANM or doctor. *“If you have a big problem, there is no chance, you will die and we can only pray. No chance to call a doctor or ANM”* (Kargyak, 5 children, 42 years old). One woman also said: *“I was more afraid to give birth in winter”* (Sking, 6 children, 32 years old). Many women also mentioned as a problem that in winter they don’t have good food available.

### *Helicopter*

65% of the women have heard about other women who had to be taken out by helicopter in winter for delivery. How many times the women have heard or seen this, varies a lot. Some said it happens often, others said that it happens just few times. 35 % of the women have never heard that the helicopter came, some of these said: *“I heard that about many women who called the helicopter, but he didn’t come”* (Thangso, 4 children, 33 years old). Another woman described: *“If we call the helicopter, it will never come on time”* (Kargyak, 5 children, 42 years old).

The housekeeper from the MAC in Kargyak described the difficulties to call the helicopter: *“It’s always difficult to call the helicopter, because I need doctor permission. I cannot diagnose, but sometimes I think it’s serious and I call the helicopter!”*

### **What to change about pregnancy and delivery?**

Most of the women mentioned that they would like to have a small hospital or a good MAC in their village with good equipment (delivery set, ultrasound, medicines) and staff (good ASHA, ANM, doctor and/or medical staff). Having a MAC was described as very important for women’s and babies’ health. With a MAC it would be easier, shorter and cheaper to do the medical check-up during pregnancy, the delivery and the vaccination of the children. One woman would like the possibility to do C-section in the MAC!

One woman specified: *“I really would like to have a child doctor! I’ve never seen any child doctor in Zanskar. This would be important, because the Amchi cannot handle before 6 months’ age.”* (Thangso, 4 children, 33 years old).

The importance of a good Amchi in the village was mentioned many times.

One woman from Testa also stated that she would like to have a good road: *“We need a good road and with this there will be a good MAC with good staff and equipment”* (Testa, 2 children, 27 years old).

The ANM requests the Zanskar health system to give good delivery sets for each MAC. She described that when MACs are in family houses, there is always a mess and they lose equipment. Therefore, she also wants good buildings for all MACs. Furthermore, she would like to have a BP-check machine. Also the Amchi from Kargyak said: *“I would like to have a delivery set: good scissor, head torch and gloves”*.

The housekeeper from the MAC in Kargyak said about the problems with the MACs: *“It’s the leader’s and the government’s responsibility, but they are just ignoring. People are demanding from time to time, but nothing changes!”*

## **Conclusion**

The situation of pregnancy and delivery is very hard and difficult for the women. There are many challenges and problems. All women described pregnancy as difficult and most women are afraid of dying during delivery. The percentage of children who die (22%) is extremely high compared to the rest of India. With the presence of medical staff and better facilities this could be reduced much more.

The geographical and weather conditions (especially in winter), as well as poverty and work on the fields are the main obstacles to go for medical check-ups during pregnancy, for delivery in the hospital, as well as bringing their children to Padum for immunization. For the delivery in the hospital the negative attitude and fear of hospitals played also a major role for many women. This same reasons for the decision to deliver at home has also been described in the study of Bärnreuther conducted in a rural village in Ladakh (Bärnreuther, 2008, p. 17). Seeing all the difficulties to travel to a hospital, it’s not surprising that 81 % of the women interviewed gave birth at home. The results of this study are in line with Petitet’s result of a study conducted in a remote region in Ladakh which concluded that most women deliver at home with support of family, neighbours and Amchi medicine (Hancart Petitet, n.d., p. 1). According to Wiley (2002, p. 1092) in the early 1990s 25% of all births in Ladakh were taking place at the hospital. Taking into account that in some regions of Ladakh the access to health care is much easier, the difference to the 19% of women interviewed from Lughak valley who delivered at hospital is not immense. The women who gave birth at hospital, went there for security reasons, better facilities and staff, and because they expected an easier delivery. This has also been concluded in Bärnreuther’s study (2008, pp. 14–15).

The interviews clearly showed that a big majority of the women see a high importance in medical check-ups during pregnancy, however, just 23% did check-ups for all their pregnancies. Due to lack of facilities, the women have to go elsewhere for the medical check-ups. The only possibility to do the check-up in the valley is through the ANM, who described that it’s her role to do 3 check-ups/pregnancy, but only very few women described receiving their check-up’s through the ANM. However, Wiley concluded that in the 1990s most women in

Ladakh came to 4.8 prenatal visits (Wiley, 2002, p. 1093), she also specified that “many women do not seek biomedical surveillance of their pregnancies, and, in many contexts, particularly in ‘modernizing’ or rural communities, prenatal care facilities are often poorly coordinated and under-utilized for a variety of reasons” (Wiley, 2002, p. 1089).

In theory, the government program with the ASHAs is a well-thought-out idea, but in practice it’s not functioning at all. The two ASHAs interviewed never brought any woman to the hospital and say themselves that they have a lack of knowledge and request for better training. All interviewees said that the ASHAs are doing nothing.

The interviewees were much more satisfied with the work of the ANM. Being responsible for a whole valley seems in practice nearly impossible, which is reflected in the fact that very few women described the contact with the ANM during pregnancy and delivery. The contact with the ANM was in general during the immunization of the children.

Somehow also immunization of the children is not functioning well and it’s a big concern of the women, as most women recognise its big importance. The fact that 38 % of all children are not vaccinated urges to take action. The difficulties with the immunization are that the women never know on which day the immunization through the ANM will take place and that sometimes they have to wait for a long time or the ANM is even not coming. Bringing the children to Padum implies the same difficulties of distance, money and time as mentioned above. Also Hertzog (2014, p. 18) concluded that in remote villages on Lughak side the vaccination programs are not functional.

Besides the problem of being very remote, also the lack of health care staff and MACs is significant. Well-functioning medical aid centres with good staff and equipment in the villages, or a village close by, have been described by many women as an optimal solution. This would enable all women to do medical check-ups during pregnancy, delivery in a relatively safe context and do check-ups and immunization of the children. The distance, money for travelling, time lost to work in the fields would diminish significantly with MACs.

Furthermore, the question of family planning seems an issue which is not addressed at all. The ANM and ASHAs don’t give any advice to the women. However, many women said that they would like to stop giving birth, but there is a lack of communication with their husband.

Through all the interviews the importance of Amchis got accentuated a lot. Some women are also afraid to lose their Amchi, since they often don’t have students. On the other hand, there was also clearly the statement, that the Amchi alone cannot solve all the problems, which adds again to the importance of a MAC: *“Delivery is a serious problem where mother & children are dying. For the case when the babies die inside the body of the women, only a doctor or the*

*ANM can help; the Amchi has a lack of knowledge in these cases. The traditional system is not enough anymore. There is a big importance of new technologies” (Woman, 42y, Kargyak).*

Interestingly the interviews did not show a big difference of the situation according to the villages. From the most remote village Shanka, two out of three women delivered in the hospital. In general, the age of the women didn't make a big difference in the situation and point of views. However, it has to be said that all women who delivered at the hospital were younger than 30 years old. For the check-ups during pregnancy the younger women did check-ups for all their children.

Seeing all these challenges and difficulties, there is a big urge to take action and to make the programs work in practice, as well as the MAC that works only on paper!

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