

Gaden Relief Projects

ZADOH COMMITTEE MATERNAL HEALTH INTERVIEW

Summer 2004, Jamseng Health Centre

Present: Zasep Rinpoche (translator), Dr. Shamar Rinpoche, Dr. Leddar, Dr. Candace Cole, Dr. Robbie Chase, Annely Arrak, Jamdak, Eric Field, Choetso Drolma (translator) and others.

Abbreviations:

Q = Question

A = Answer

ZR = Zasep Rinpoche

DS = Dr. Shamar

CC = Candace Cole

RC = Robbie Chase

AA – Annely Arrak

EF – Eric Field

Q. CC. Traditionally what has been available for pregnant woman of this area, during childbirth and for the first three years of a child's life? And what is available now?

A. DS. After childbirth, the mother may be given two special Tibetan (*Kha song*) medicines that will help the body to become healthy and stronger, stops the mother from getting a fever or becoming dizzy, to prevent any kind of disease. That's all that is available for everyone regardless of financial situation. If the family has more wealth, they may be able to afford milk and cream.

Q. RC. Does a pregnant woman seek advice from a Tibetan doctor during pregnancy to achieve the best result? In Canada most pregnant woman would go to a health care provider.

A. DS. No, this doesn't happen here.

According to Tibetan medicine, traditionally we have medicine to make the baby's and the mother's health good, but we have a shortage of Tibetan doctors and Tibetan medicine and the women do not know to ask for these medicines. There is awareness of these and no one to educate the women as to the benefits of these medicines.

Q. CC. Is there a tradition of midwifery here?

There is no concept of midwife. Usually they invite an old lady or man to come to the birth, and that person would give advice on how to relax or assist. They have a special knife to cut the umbilical cord. They might also ask the doctor to come and help. But they have no label called "midwife".

Q. CC. If someone is having trouble in labour, Dr. Leddar or Shamar might be called?

A. DS. Yes.

Q. RC. How many patients have the doctors seen who have prenatal concerns such as bleeding, pain, or who are worried about their pregnancy?

A. DS. Big Problem! A lot of women have problems with pregnancy. We don't write records though so don't have the exact number, roughly 50 in one year. They ask to have their pulse checked and they explain their problem.

Q. RC. Do the doctors ever do a pelvic examination or a physical examination of the woman's belly? When these 50 women come in a year, how much examination of the woman's pelvic area do they do?

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A. DS. Big problem to examine pelvic area because nomadic women are extremely shy. Taboo to talk about genital areas. Nomadic women normally don't come out; they just stay in the yurt. They will not talk to strangers.

ZR. Dr. Shamar is shy himself because he is a monk. Even lay doctors are shy. Even when I wanted to give acupuncture to a woman yesterday on her knee, she said "no". Dr. Shamar has been wanting to invite a female midwife here on special request.

RC. That's very good. Your skills are so good and we are so grateful that you are here. But you also recognize that you cannot do everything. One of the largest problem areas that would prevent death and helping women's health isn't being addressed. You are accepting of working with someone and that is very good.

ZR. Also Dr. Shamar said that women have difficulty talking about health problems regarding anything below the breasts. Breasts are OK. They have a hard time even explaining above the knees and below the breasts. Sometimes you can only find out by reading the pulse, looking in their eyes, and using psychology.

Q. EF. Do women within the family talk, i.e. mother and daughter, aunt, granddaughter and grandmother? Is there discussion about how to take care of babies? Can they talk together?

A. ZR. Yes, they do communicate. The mother, daughter and grandmothers have fewer barriers. They talk among themselves about their health problems. I remember that women would come and talk to my grandmother when I was young. She was kind of like a counsellor regarding domestic and sexual abuse. It's easy for women to talk to women.

CC. Yesterday when we (Candace and Drolma) talked with the women, we blocked the door, the women spoke freely, but as soon as someone came through the door, the women stopped and waited. I think the idea of a midwife would work very well. Even if the midwife was in Zadoh and could come once a week and any pregnant woman could come, they could know when to expect her. The midwife could feel when the head is down and would know if something was not right and that the woman needs to go some place to get help.

Q. RC. How many times has Dr. Shamar or Dr. Leddar heard of a child being born dead or soon after birth, in the 2 years that he has been here or a woman dying during childbirth?

A. DS. In two years, he has heard of two children who died. He feels that the access here is good to Zadoh and women can get to Zadoh and Zadoh has two hospitals and lots of doctors. In the remote areas, where there is no road, people can't go for help and then babies die, and he worries a lot about these problems, not because he doesn't have the skills to treat but because of this barrier.

Q. RC. The Jamseng clinic serves a community of 10,000 people. Survey information would be useful to gather information about how many women of child rearing age are in the area because we would like to know how many births take place in this area every year. Do the doctors know if census information is available? Is there any information on how many births happen here each year?

A. DS. Yes the district government and the local village health care office have surveyed how many people get sick, how many babies die, how many children get sick. They know how many people are men, women, and children in Jamseng Health Centre area.

Q. RC. I realise that it may not be accurate but if we could have that information it would be very helpful for us. Is Dr. Leddar able to get this information?

A. DS. He will look at the health centre. If they don't have it he will look in the district office.

Q. RC. A big part of a midwife's role would be education. In that case we would have to know how busy she would be. A full or half time job. Based on what I have heard from Didi Zasep (ZR's sister and Gaywa Coordinator) and Candace, women here would welcome an experienced women into the home at the time of delivery to have a better outcome. How feasible for a midwife from Zadoh to be

effective if she is only coming one day a week and births happen at any time? For the education part it would work, but not for deliveries.

A. DS. In the health care centre, they have a special branch called Women's Health Care Centre and Dr. Leddar can talk to head of that department to find someone to come here 1/week.

Q.RC. Would the woman be Tibetan or Chinese?

A.DS. Tibetan.

Q. RC. The question then becomes should we rely on the government health care worker from Zadoh or train a local person? Do we want to be self-sufficient, do we want to initiate something here or do we want to try to plug into the government services? The government services may be poor and we could do better. I'm not sure where we could find the best woman for this role.

ZR. My feeling is that it would be difficult to find someone right away. We need to look for someone who is interested and can read and write in Chinese. We can ask the doctors to look for this person locally for training, but in the meantime, we can hire someone to come down from Zadoh every 10 days or whatever is necessary, and at the same time we can ask these doctors and my brother to look for someone. Then when we find a good candidate we can ask if she would like to go to Yushu to study with Jinpa and we will pay the expenses, accommodations, food etc. This whole process could take 1-2 years.

Q. RC. I would like to request of Dr. Shamar to could keep a journal of problems with pregnancy, childbirth and infancy. This way he can work with a woman even if she is illiterate, he can investigate the circumstances, why things went wrong. This would also help establish a relationship with the community and demonstrate the concern Jamseng Health Centre has for these problems. At the end of a year, we would have better statistics that could help us with future planning. Could you ask Dr. Shamar if he would be willing to do this?

A. ZR. I asked Dr. Shamar if he would be willing to record all interactions with women who come to Jamseng, record her name, age etc and send this information to us and he said that he would.

Q. CC. What is the earliest age of pregnancy typically in this region?

A. DS. Average age is 20 but sometimes we see girls as young as 15 but this is rare.

Q. CC. What is available in terms of birth control specifically Depo Provera, it is an injection that you give once every three months?

Q. DS. Local woman are not forced to have birth control such as an IUD. They do not sterilize by force here, they only advise not to have babies after having had two, for the minority people. Tibetans are considered a minority. They always advise, maybe in other parts of Tibet they do forced sterilizations, but in this area forced sterilizations never happen. For birth control they have the needle that you suggested, IUD and condoms.

Q.EF. Do the local women wish to have fewer children?

A. DS. They are quite aware of those techniques.

CC. The woman we saw yesterday was visited by and encouraged by the government official to use an IUD because she had 3 children. She agreed because she only wanted three, but the only kind of birth control available to her was a kind of Chinese pill that made her skin black. She didn't have this shot.

DS. There is a special office in Zadoh that offers "the needle". We can make a special request and they would come here when they are available. Maybe that woman wasn't given the option and she didn't know to ask.

AA. Education again. They don't know what to ask for.

Q. CC. Would they have to pay for the needle?

A. ZR. Yes.

Q. RC. In Dr. Shamar's experience of the last two years, of the woman that he sees of child bearing age, 15 to 45, what percentage are literate?

A. DS. Dr. Leddar and Rinpoche's brother asked him this question before, but Dr. Shamar is so busy, and the patients are so busy i.e. they are anxious to leave, that he hasn't been able to ask.

Q. RC. The reason I ask is because we have the posters and pamphlets from the Kunde Foundation and I wonder how best we can use them. There have pictures and writing so the woman can look at the information but they really won't know what it is saying. He could have them on the walls. They might distract the men. We should decide how they could be helpful. The poster might encourage a woman to ask for help or for more information. .

A. DS. They have posters about health during pregnancy already in Chinese and the local women cannot read it. If we have Tibetan ones, they could be helpful. But if the women are asked if they are literate by the doctor they might wonder what being literate has to do with health care.

RC. But if they see the picture, they might ask what it is says and they can start a dialogue.

Q.EF. Is there anything like a morning after pill? It is available in Siberia, many African nations and Australia as a herbal treatment. If available here, this might be a useful part of an education program.

A. DS. There are herbs but they don't give it due to karma. doctors and women are reluctant to use it.

Q. EF. What about abortion?

A. DS. Tibetan doctors never do abortion traditionally due to karma. But these days Tibetan women do go to Chinese hospitals for abortions.

Q. CC. Do they see or hear about STDs or HIV/AIDS?

A. DS. Sexually transmitted diseases becoming more common all the time due to the mixing of Chinese and Tibetans and people coming and going all the time, and also a lot of truck drivers, prostitutes. So very common now. Only a few cases of AIDS are suspected. Not epidemic.

Q. CC. Are any tests available for STDs?

A. DS. No, not in Zadoh.

Q. CC. Can they diagnose and treat STDs with Tibetan medicine?

A. DS. Sometimes they can diagnose with checking the pulse. Sometimes not.

Q. AA. What about Caesarean births?

A. DS. This year they did six in Zadoh.

Q. AA. What is the main food for newborns. Is it mother's milk?

A. DS. Mother's breast-feed as long as possible. You can also buy glucose and formula in case of problems.

RC. Thank-you very much for this information. I'm glad that we can have this discussion and am relieved that we can start addressing these concerns.

ZR. We should look for a young woman in this area who would like to train as a nurse. I will ask the doctors to do this. In the meantime, we need to find a midwife from Zadoh to come here every 10 days.

Everyone: Yes, this is a good idea. Important for Dr. Shamar to work with her and they can learn from each other.

ZR. One in a while she can give group education sessions.

RC. She can discuss issues such as preparation for pregnancy, how to prevent problems, the need for sterile conditions, cutting the cord, general hygiene as well as the maternal child health concerns. If there is anything that we can buy for the midwife, then make those requests to us (Zadoh committee) and we can facilitate that.

DS. Difficult because we can't arrange time but if a woman comes on a weekly basis then woman will get to know. Dr. Leddar has a niece who has already trained with Jinpa in their midwifery program. She lives on the other side of the hill. Her home is in Zadoh.

Her name is Kalsang Palmo and we can visit with her tomorrow.

Meeting with Kalsang Palmo, Dr. Leddar, Dr. Shamar Rinpoche

Summary and Recommendations:

Kalsang Palmo has a certificate of midwifery from the Jinpa School; a six-month course, and is willing to work for Jamseng. Areas studied: assistance with birth, assessing fetal positions, and she has participated in a few births in her village.

Kalsang would come on a regular day so the women will become familiar with her schedule and availability.

KP could teach health, nutrition.

She can call Choetso Drolma at the end of the month relaying the issues the women are bringing up to her, and CD can then email Candace. This way we will be able to follow the progress of this initiative and start to prepare any supplies that KP might be able to use.

Information KP will keep:

1. How many women came this month?
2. How many came for the first time?
3. What were their problems?
4. How many were pregnant?
5. How did you help them? (Listening, advising, teaching)
6. Request for birth control (IUDs, Depo provera)
7. What supplies you might need to allow you to do your job better?

Reviews will be done monthly and annually to monitor the effectiveness of this project.

Meetings with Local Women Dr. Candace Cole, Choetso Drolma (translator)

A compilation of responses from women patients presenting at the Jamseng Health Care Clinic during clinics attended by Dr. Candace Cole, August 2004. All of the women were rural dwellers from remote areas far from urban areas such as Zadoh City. One woman located a day's walk from the clinic suffered a recent pregnancy loss and she was interviewed in depth for about one hour. The other women gave small pieces of information as part of the history of their presenting illness.

1. What help is available for you during child birth?

- Husband helped, cut cord
- No one to help
- Some girls have mother who can help
- No monitoring of any kind.

2. What are common problems in pregnancy?

- Sadness due to previous loss
- Alone
- Mothers work too hard
- No access to good food
- Don't know time of conception, consequently can't monitor progress properly

3. Is alcohol a problem during pregnancy?

- No, it is not used or it is not available

4. What happens at birth?

- Blankets on ground, throw away after, placenta put into a hole in the ground
- Lucky if you have a toilet to let the blood flow into
- Nomad women put child on sheepskin and place by fire

5. What are some problems at birth?

- Sometimes feet come out first, baby dies
- Premature births

6. What are some problems after birth?

- Post delivery bleeding, give meat soup
- Breast infected, become swollen, red, mother has fever. Cannot express milk manually.

7. Would you accept the services of a midwife?

- It would be a big help. Would have to be a Tibetan lady.

8. What about birth control?

- I had IUD, not good.
- Chinese medicine pill- gave black colour to face (would take pill if no side-effects)
- Government official came to Yushu and told me that three children were enough, I could have declined (the IUD) but I didn't want more than three children.

9. What are common problems for children during the first three years of life?

- Diarrhea
- Poor appetite

[Transcription and editing: Deborah Simpson, Conrad Richter]

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