



YAARA HONE?

Building collective responsibility
for maternal safety

Gender and Health Equity Project

Series on Decoding Maternal Safety

YAARA HONE?

Building collective responsibility for maternal safety

Gender and Health Equity Project

OTHER BOOKS IN THIS SERIES:

[Identifying and assessing maternal risks](#): A handbook for healthcare providers

[Arivu Neravu for maternal health](#): What communities should know and do

Over the years, the Gender and Health Equity Project received financial support from the Swedish International Development Cooperation Agency (Sida), the John D. and Catherine T. MacArthur Foundation, the Rockefeller Foundation, the Ford Foundation and the International Development Research Centre (IDRC).

'Yaara Hone? Building collective responsibility for maternal safety' does not reflect the views of the Indian Institute of Management Bangalore or of any of the Gender and Health Equity Project's funders.



Centre for Public Policy
Indian Institute of Management Bangalore

2015

First published 2015



This work is licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. [To view a copy of this license, visit http://creativecommons.org/licenses/by-nc-sa/4.0/.](http://creativecommons.org/licenses/by-nc-sa/4.0/)




You are free to:

SHARE - copy and redistribute the material in any medium or format

ADAPT - remix, transform, and build upon the material

The licensor cannot revoke these freedoms as long as you follow the license terms.

Under the following terms:

-  **ATTRIBUTION** - You must give **appropriate credit**, provide a link to the license, and **indicate if changes were made**. You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use.
-  **NONCOMMERCIAL** - You may not use the material for **commercial purposes**.
-  **SHAREALIKE** - If you remix, transform, or build upon the material, you must distribute your contributions under the **same license** as the original.

NO ADDITIONAL RESTRICTIONS - You may not apply legal terms or **technological measures** that legally restrict others from doing anything the license permits.

Notices:

You do not have to comply with the license for elements of the material in the public domain or where your use is permitted by an applicable **exception or limitation**.

No warranties are given. The license may not give you all of the permissions necessary for your intended use. For example, other rights such as **publicity, privacy, or moral rights** may limit how you use the material.

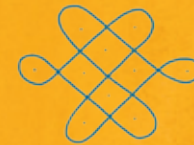


TABLE OF CONTENTS



Foreword	1
Acknowledgements	3
List of abbreviations	4
Glossary of Indian terms	5

Introduction	8
--------------	---

1. SADAGARA DINA

What? Why? Who? How?	16
Frequently Asked Questions	37

2. SAMALOCHANA DINA

What? Why? Who? How?	48
Frequently Asked Questions	69

3. SCRIPTS OF FOUR PLAYS

Pratimeyala Prashne (The Questions of a Young Girl)	85
Kusumala Kathe (Kusuma's Story)	115
Mooru Hennina Kathe (The Story of Three Girls)	153
Bandipurada Kathe (A Story on Women's Maternal Rights)	167





FOREWORD

The Gender and Health Equity Project worked on maternal safety and rights from 2000 to 2014 in Koppal district, Karnataka. Maternal safety in gender-adverse contexts is seriously compromised by a refusal among healthcare providers, communities and families to recognise or acknowledge women's health needs. There is also little sense of individual or shared responsibility for maternal safety in such contexts.

Under the banner of the Surakshita Taytana Andolana, the project developed strategies in Koppal to improve collective responsibility for maternal safety, and strengthen access to health services. The project worked with pregnant women, their families, communities and healthcare providers. This series of books builds on some of that work. Its multidisciplinary team of writers include Dr. Aditi Iyer (public health), Dr. Anuradha Sreevathsa (obstetrics and gynaecology), Lakshmi Viswanatha (social work), Dr. Srinidhi V. (medicine) and Dr. Vinalini Mathrani (social work).

The project's strategy to build collective responsibility for maternal safety involved mobilising the community and relevant healthcare providers around maternal deaths and survivals. The Samalochana Dina facilitated learning about death prevention in villages where maternal deaths occurred. The Sadagara Dina celebrated maternal survival at the end of 42 postpartum days. The responses to these Dinās were generally positive. That was our motivation to produce this kit.

Yaara Hone? means 'Who is Responsible'? This kit, put together by Aditi Iyer and Vinalini Mathrani, describes the activities and processes through which a sense of shared responsibility can be cultivated through the two Dinās.

Gita Sen

Project Leader, GHE Project & Professor (Retd.)

Centre for Public Policy

Indian Institute of Management

Bangalore, India

TEAM OF WRITERS

Aditi Iyer
Vinalini Mathrani

BOOK DESIGN AND ILLUSTRATIONS

Nikita Jain
Alankrita Jain

Disclaimer:

This kit outlines several strategies to break social hierarchies and traditions that communities hold dear. While these strategies worked in Koppal, they may have to be modified in response to gender, caste, religion and class politics in other contexts. The strategies must also be steered in ways that prevent religious and caste sensitivities from adversely affecting pregnant women and bereaved families. The Gender and Health Equity Project cannot be held responsible for adverse consequences that can arise when community-based organisations steer the Dinās without adequately considering local sensitivities and configurations of power.

ACKNOWLEDGEMENTS

Over the years, many individuals contributed in special ways to the Samalochana and Sadagara Dinās and this kit.

- The Gender and Health Equity Project's field team in Koppal (under Somashekar Hawaldar's direction) and its research team in Bangalore developed the content and form of the Dinās.
- Prof. Gita Sen provided conceptual inputs to this work, reviewed the kit and suggested its title.
- Members of the Kala Tanda took the Dinās to different villages over the length and breadth of Koppal in an innovative, adaptive and inclusive manner. Manasa Patna conducted an in-depth review of the Samalochana Dina including its consequences for bereaved families.
- Anasuya Sengupta developed Kusumala Kathe with Somanna Master and the Kala Tanda, while Veloshnee Govender and the research team provided additional support.
- Mridula Shankar and Bhavya Reddy wrote the brief that formed the base for the scripting of Pratiṃeyala Prashne. Vani Periodi and Uday Kumar Jyothigudde worked with the Kala Tanda on developing the script and its dramatic elements.
- The villagers of Koppal, who generously hosted the Dinās, held up a mirror to our approaches and strategies. We are especially grateful to the bereaved families who selflessly gave us permission to conduct the Samalochana Dina in their villages.

Other individuals contributed to the production and refinement of this kit. The writers acknowledge their contributions with the deepest gratitude.

- Priya Patel asked critical questions and provided editorial inputs to kit while it was still in the form of a draft.
- The doctors, researchers, civil society representatives and documentary film maker, who attended the Project's Roundtable on Maternal Health (January 22-23, 2015), responded to the kit in its draft form.
- Jashodhara Dasgupta, Secretary, SAHYOG; and Steering Committee Member of the National Alliance for Maternal Health & Human Rights, who was an external peer reviewer, offered insightful comments and suggestions.
- Aravinda Ananthraman copy edited the manuscript with ease and efficiency.

LIST OF ABBREVIATIONS

ANC	Antenatal care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
CDPO	Community Development Programme Officer
CHC	Community Health Centre
DHO	District Health Officer
FAQs	Frequently Asked Questions
GP	Gram Panchayat
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Services
IFA	Iron and Folic Acid
MO	Medical Officer
NGO	Non Governmental Organisation
NRHM	National Rural Health Mission
PHC	Primary Health Centre
RCHO	Reproductive and Child Health Officer
RMP	Registered Medical Officer
THO	Taluka Health Officer
TT	Tetanus Toxoid
VHSC	Village Health Sanitation Committee



GLOSSARY OF INDIAN TERMS

Aarti:	A Hindu religious ritual in which wicks soaked in ghee or camphor are lit and offered to a deity/person
Ajji:	Grandmother, in Kannada
Anganawadi Kendra:	ICDS day-care centre for children aged four to six, which also registers pregnant women.
Anganawadi worker:	Worker at the ICDS centre
Anna:	Brother, in Kannada
Attige:	Sister-in-law, in Kannada
Avva/Amma:	Mother, in Kannada
Bhajjis:	Deep fried vegetables encased in gram flour
Bandipurada Kathe:	A story from Bandipur
Dal:	Lentil
Dalit:	Erstwhile “untouchables” in India’s caste system
Gram Panchayat:	Local self-government institution at the village level
Haladi kumkum:	Turmeric and vermilion
Jatha:	Procession
Jhari:	Gold thread
Jola:	Millet

Kala Tanda:	Performance Troupe
Kaalu:	Pulses
Kishora:	Young boy
Kishori:	Young girl
Kusumala Kathe:	Kusuma's Story
Mahila Sangha:	Women's collective
Mane mane bheti mane mane ondu roti:	Home visits to collect cooked food
Mangalasutra:	Necklace traditionally worn by married women
Mauna meravanige:	Silent procession
Mooru Hennina Kathe:	The story of three girls
Oni:	Neighbourhood, typically a street
Pratimeyala Prashne:	Questions of a Statue
Roti:	Unleavened bread made of millet
Sabhe:	Meeting
Sadagara Dina:	A day marked by active joy and celebration
Samalochana Dina:	A day for collective learning and reflection
Saree:	Indian garment worn by women
Seemantham:	Ceremonial celebration of a woman's first pregnancy, typically among Hindus.

Surakshita Taytana Andolana:	Safe Motherhood Movement
Sutradhar:	Narrator
Swami:	Holy man
Taluka:	Block
Tam Tam:	Large auto rickshaw
Tayi:	Mother
Upma:	Durum wheat porridge
Yaara Hone?:	Who is Responsible?
Zilla Taytana Rakshana Vedike:	Community-based organisation working on safe motherhood at the district level in Koppal, under the mentorship of the Gender and Health Equity Project.



INTRODUCTION

MATERNAL SAFETY: A SOCIAL OBLIGATION

Women contribute to society when they bear children. So maternal safety is a social obligation; the responsibility of every family, community and healthcare provider. *Maternal safety refers to survival and the absence of disability or long-term morbidity due to pregnancy.*

Maternal safety can be assured relatively easily by every society with the available obstetric knowledge and technology. Yet, social and health system factors can serve as barriers. Here are some examples:

- Early marriage without contraception puts teenagers at risk of untimely pregnancies.¹ In districts like Koppal, available statistics typically underestimate such practices².
- Multiple pregnancies because of son preference endanger the lives of women³.
- Women and girls in poor homes typically suffer from undernourishment and anaemia. Anaemia weakens a woman's ability to undergo pregnancy safely and is a serious threat in districts like Koppal⁴.
- Oppressive gender relations make women vulnerable to domestic violence and sexually transmitted infections.
- Not being able to afford or access treatment during emergencies denies women the knowledge and technology that could save their lives.
- Even healthcare institutions can contribute to harm, if they treat women with disrespect or abuse them.
- Traditional practices that restrict movement or water intake after delivery can actually threaten postpartum women's survival.

These threats to maternal safety arise because communities and healthcare providers do not know about their roles and responsibilities, or because they refuse to acknowledge them. The barriers can be broken when women know that maternal safety is a right and those around them fulfil their responsibilities.

Strategies that build awareness, challenge social hierarchies and foster relationships between people can help create responsive communities. And community-based organisations are ideally suited to steer this work. But how are they to build collective responsibility in divided communities that have little sense of shared identity? How are they to convert communities that treat maternal health as a private matter concerning a woman and her immediate family?

This kit addresses these questions. It outlines the Gender and Health Equity Project's approach to building collective responsibility for maternal safety, based on its work in Koppal over many years. Other volumes in this series address other stakeholders who are responsible for maternal safety. The handbook on maternal risks is meant for doctors and staff nurses. The collection of articles titled Arivu Neravu for Maternal Health provides medical information in small capsules for interested readers in communities.



¹ The risks associated with teenage pregnancies include pre-eclampsia and/or obstructed labour.

² According to DLHS-4 (2012-13), 21.3 per cent of all married women in rural Koppal were under 18 years. This figure is likely to be an underestimate due to misreporting. People in Koppal are aware that child marriages can invoke punitive action. This awareness has grown since DLHS-3 (2007-08) when 44.9 per cent of married women were reported to be under 18.

³ The risks associated with multiple pregnancies include anaemia, gestational diabetes, high blood pressure, placenta previa, preterm labour, malpresentation, postpartum haemorrhage (PPH) and sepsis.

⁴ According to the DLHS-4 (2012-13), 51.9 per cent of girls aged 6-9 years, 46.8 per cent of those aged 10-19, and 53.2 per cent of all pregnant women in rural Koppal had haemoglobin levels below 11 g%. However, since haemoglobin was measured by the highly inaccurate filter paper method, these percentages are rough estimates at best.

YAARA HONE?

Yaara Hone? is meant for organisations that work with communities, which do not take the health needs and rights of its women seriously. We outline the Project's approach to building acknowledgement and collective responsibility for maternal safety in such communities.

The approach is encapsulated in two events, which we describe: one, a celebration of life; the other, a collective reflection after death. Both events emerged as the Project's response to field challenges in Koppal. They built on insights gained via research and field actions (including a zero-tolerance campaign). Over time, they were refined via mid-course corrections suggested by internal and external reviewers.

Sadagara Dina (a day marked by active joy) celebrates pregnancy and maternal survival at the end of 42 postpartum days. It draws attention to the fact that a woman's life has value and must be protected. Samalochana Dina facilitates reflection and learning in villages in which pregnancy-related deaths have occurred. It nurtures the idea that most pregnancy-related deaths can be prevented when there is a sense of collective responsibility for maternal safety.

Both events convert maternal safety from the private concern of every woman and her family into an issue for the entire village and its healthcare providers. In doing so, they contest traditional practices that serve to keep maternity out of public view and within the realm of women. Equally, they sensitise different categories of stakeholders to their obligations towards maternal safety without actively pinning blame on individuals for their failures to prevent death⁵.

The Project's approach to both events builds on the understanding that social hierarchies based on gender, age, religion, caste and economic class divide communities. These hierarchies must be contested and social divisions bridged, if people are to be collectively engaged in a process of change. To do this, the events grapple with power within communities. They break silences around



⁵ This is not to suggest that intentional harm must be condoned. There are methods of dealing with intentional harm that are beyond the purview of the events. These include, among others, fact-finding missions followed by public interest litigations and/or public protests.

women's health needs. They create awareness about women's entitlements. They tackle social exclusion. They symbolically defy casteist notions of purity and pollution.

Even so, the events cannot singlehandedly re-wire deeply entrenched power equations within communities. What they offer are opportunities for interaction. They provide a glimpse of how much can be gained when members of an unequal community collaborate for maternal safety. The Dinas can become effective agents of change when they are followed up by sustained work with the same communities.

WHAT DOES THE KIT CONTAIN?

The kit contains detailed descriptions of Sadagara Dina and Samalochana Dina, with accompanying lists of frequently asked questions (FAQs). The kit also contains the scripts for four plays: two short and two long plays. The short plays are enacted in a single sitting. The long plays, on the other hand, are enacted in two parts; each on a separate day. The plays have accompanying synopses, sets of key messages, and lists of questions to guide group discussions.

The plays focus on getting families and the community to recognise their roles and responsibilities. 'Kusumala Kathe' addressed the question of collective responsibility before the National Rural Health Mission (NRHM) came into being. Families in Koppal typically sought care during obstetric emergencies, but were sent from pillar to post before they were accepted by a health institution. In contrast, 'Pratimeyala Prashne' is set in a post-NRHM world when women have more assured access to institutions, but remain vulnerable to obstetric risks and adverse social practices.

HOW IS THIS KIT TO BE USED?

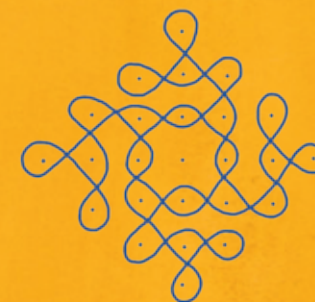
The kit can be used in different ways depending on the readers' requirement and level of interest. A casual reader who is curious about Samalochana Dina can go directly to the relevant section of the kit, without reading about Sadagara Dina. A potential implementer of the Samalochana Dina, however, would do well to read its basic description along with the accompanying FAQs. The same applies to Sadagara Dina.

Users of the kit should feel free to adapt the plays to their particular contexts. The scripts are only suggestive storylines that can be altered to accommodate other issues that are relevant to the community. These can include questions about the accountability of health workers and/or institutions, disrespect, abuse, corruption and poor referrals.

Similarly, the characters in the plays and their dialogues can be developed in ways that hold the interest of the audience. The implementing organisations would know best how to dramatise and contextualise the plays.

Users of this kit should also feel free to opt for a short play, instead of a long one, if it is more in keeping with their organisation's capacity and style of functioning.

We hope that community-based organisations that work on maternal health beyond Koppal district and Karnataka will find this kit useful. Here is an approach that can be adapted to other social issues that suffer (as maternal health does) from an absence of shared responsibility and solidarity.





SADAGARA
DINA

SADAGARA DINA

WHAT? WHY? WHO? HOW?

Sadagara : a feeling of active joy associated with festivity

SADAGARA DINA: WHAT IS IT?

Sadagara Dina is a **celebration of safe motherhood**. It is relevant in regions like Koppal, where pregnancies are numerous but maternal safety is not assured. It actively contests tradition by celebrating all pregnancies, not just the first pregnancy that calls for a Seemantham¹. Further, it felicitates all women who successfully complete 42 postpartum days. In doing so, the Sadagara Dina demonstrates that every pregnant woman's life has value. In regions where women suffer from poor health, the Sadagara Dina strives to make maternal safety a rallying point for collective action.

SADAGARA DINA: WHY HAVE IT?

Sadagara Dina offers something to everyone who has any responsibility for maternal safety:

- It offers pregnant women an opportunity to interact with each other, and receive services through an enhanced antenatal care (ANC) clinic.
- It allows their families to see the possibility of support from people who are beyond their regular social sphere.
- It provides communities a platform to publicly thank spirited individuals (including blood donors) who helped save women in the grip of obstetric emergencies.
- It gives health workers an opportunity to persuade pregnant women and their families to (1) become responsible caregivers within the home, (2) get antenatal checkups regularly, (3) take risks seriously, and (4) opt for an institutional delivery.

¹ Ceremonial celebration of a woman's first pregnancy, typically among Hindus.

Sadagara Dina also conveys some important messages about maternal safety.

Families may celebrate only some pregnancies or village communities may value the pregnancies of only some women.



The Sadagara Dina demonstrates that every pregnancy is important, regardless of the woman's religion, caste, obstetric history and sex of her living children.

Communities believe that pregnancy is a normal event in a woman's life; one that she will carry through without problems.



The Sadagara Dina makes women and their families aware that while pregnancy is a normal biological event, maternal survival can be jeopardised by poor health and adverse cultural practices.

Communities believe that maternal safety is the responsibility of an individual woman and her family.



The Sadagara Dina sensitises all sections of the community to their collective responsibility towards maternal safety.

ANC services tend to be piecemeal, hurried, inadequately focused on pregnancy-related risks, and limited by communication gaps between providers and women.



The Sadagara Dina builds bridges between government health workers and women through an enhanced ANC clinic containing a wide basket of services and health education.

SADAGARA DINA: WHO ARE THE PARTICIPANTS?

The participants include pregnant women, new mothers and their families, as well as opinion creators of the village, Community/Primary Health Centre (C/PHC) staff and the village as a whole. The programme is facilitated and held together by the Surakshita Taytana Andolana's cultural troupe (Kala Tanda).

SADAGARA DINA: HOW DOES IT WORK?

The Andolana organises a Sadagara Dina in villages to which they have been invited. These invitations typically come from the health department or Integrated Child Development Services (ICDS) workers. At times, non-governmental organisations (NGOs) or village leaders, who are aware of the activity, also invite the Andolana. The Andolana's Kala Tanda carries out a programme of activities and imparts messages through music and songs.



ESSENTIAL STEPS:

STEP 1. Engaging opinion creators and health system actors

1.1 Identifying opinion creators²

The effort to identify opinion creators at the very beginning is motivated by the idea that sensitisation of the community must start with its leaders if it is to succeed. The Surakshita Taytana Andolana defines an opinion creator as any

- individual who:
- engages in village-level politics
 - resolves conflicts in the village
 - gives money to people in distress
 - shows initiative in organising village-based programmes
 - is routinely asked for his/her opinion on all matters concerning the village
 - is a member of a Mahila Sangha (women's collective)

The 10-12 membered Kala Tanda specially seeks out such individuals through a **three-stepped** process.

1. They first approach the Anganawadi worker, who gives them socio-demographic information about the village (population, number of households, caste breakup, etc.). They discuss the Andolana's definition of an opinion creator and get the Anganwadi workers's nominations for possible candidates.



2. Next, members of the Kala Tanda approach the Gram Panchayat (GP), the local self-government institution at the village level, for additional recommendations.



² If the village has a Village Health and Sanitation Committee (VHSC), the Kala Tanda first meets the committee to begin a discussion on the issue of maternal safety and to run through the agenda detailed under 1.4.

3. Finally, members of the Kala Tanda divide themselves into pairs and go into every oni (street) in the village. They introduce the Andolana and the Sadagara Dina, and ask residents to suggest names of individuals who meet the criteria outlined above.

This process of eliciting the names of opinion creators in every oni prevents exclusion on the basis of religion and caste. It creates equal opportunities for all sections of the community to be systematically represented. The inclusion of women from Mahila Sanghas also ensures that at least some gender balance is maintained through the selection process.

At the end of these oni visits, the names of all opinion creators are consolidated into one list for the village. In addition to their names, the telephone numbers, religion and caste are recorded. Government functionaries in the village (i.e., the Accredited Social Health Activist or ASHA, the Anganawadi worker, GP member, teacher, etc.) are marked out as such. At this point, the gender balance in the group is considered. If there are far too few women, an effort is made to include more women through Sangha members or government functionaries on the list.

Members of the Kala Tanda use their oni visits as an opportunity to draw up a list of all pregnant women in the village.

 Variable, 30 minutes with the Anganawadi worker, 20 minutes with the GP and approximately 30 minutes per oni + time required for consolidation.

1.2 Inviting opinion creators to a meeting

Later that day, pairs of Kala Tanda members personally invite each opinion creator to a meeting (described under 1.4). If the opinion creator is not at home, a Tanda member telephonically invites him/her to the meeting.

 (@ 5 minutes per opinion creator): Variable, depending on their number.

1.3 Visiting the PHC

Members of the Andolana visit the Medical Officer (MO) of the PHC to which the village is affiliated, to seek support for the Sadagara Dina. This support is absolutely necessary if there is to be an ANC clinic as part of the Dina. Once they get the MO's support, the Andolana's representatives obtain a set of alternative dates on which the ANC clinic can be run.

The Kala Tanda then goes with these dates into the opinion creators' meeting (described next).

 15 to 30 minutes.

1.4 Meeting with opinion creators

A week or so later, members of the Andolana and the Kala Tanda revisit the village for a meeting with its opinion creators.

Members of the GP and government functionaries, such as the village ASHAs and the Anganawadi workers are invited to the meeting, if their names are not on the list. If the village has a sub-centre, the Auxiliary Nurse Midwife (ANM) is invited too. We have found from experience that around 50 per cent of the opinion creators on the list come to the meeting.

Ideally, the meeting should try to generate consensus on why the village must rally around the issue of maternal safety. In practice, this is often difficult to achieve through a single meeting, unless the group is extraordinarily receptive to a persuasive and skilled facilitator. Typically, the meeting addresses the practicalities of organising the Sadagara Dina through an 8-point agenda.

- Background information about the Surakshita Taytana Andolana
- Rationale for the Sadagara Dina: The lack of maternal safety in the district and the need for collective responsibility in this regard


- The objectives and description of the Sadagara Dina
- Permission to conduct the Sadagara Dina
- Setting a date for the event
- Decision on whether an ANC clinic is to be organised: the decision depends on whether there are at least 20 pregnant women in the village.
- Venue for the main event
- People taking responsibility for sponsoring and carrying out different tasks

 1-1.5 hours



1.5 Reminding opinion creators and PHC staff

One day before the Sadagara Dina, members of the Kala Tanda phone key opinion creators to remind them about the event. This step is necessary, as these influential individuals sometimes forget their commitments. The Andolana's representatives also remind the PHC staff about their promised ANC clinic.

 (@ 3-5 minutes per phone call): Variable, depending on the number of opinion creators and PHC staff.

DAY 1

STEP 2. Ensuring social inclusion

2.1 Meeting with Anganawadi worker(s) and ASHA(s)

In the morning, members of the Kala Tanda invite the Anganawadi worker(s) and the village ASHA(s) to a meeting. During the meeting, they

- procure an updated list of pregnant women,
- share the sequence of activities to be conducted over two days, and
- discuss possible barriers to participation due to casteism, religion, alcoholism and infrastructural issues.

 30-45 minutes

2.2 Visits to the homes of pregnant and postpartum women in all neighbourhoods (*Mane mane bheti, mane mane ondu roti*)

Members of the Kala Tanda working in pairs visit the homes of pregnant and postpartum women in all onis of the village - dalit (Scheduled Caste) and upper caste alike. They are usually accompanied by the ASHA and/or the Anganawadi worker. The act of visiting every oni sometimes results in the identification of additional pregnant or postpartum women who are not on any list.



During their visit, Tanda members specially invite the women to the Seemantham and felicitation ceremony planned as part of the Dina. They have a quick discussion with them on pregnancy and postpartum care. They ask if they have ANC cards and give them the number of the Andolana's helpline³. They then apply haladi kumkum (turmeric and vermilion), ask for a roti (unleavened bread made of millet) or a small amount of any cooked food, and leave.

Three motivations inform this activity:

- to reach out to all pregnant women,
- to encourage their participation, and
- to symbolically defy casteist notions of purity and pollution by accepting and pooling cooked food from all sections of the village.

 required (@ 5 minutes per household): Around 2.5 hours (big village), 2 hours (medium-sized village), and 1 hour (small village).



³ The helpline in Koppal District assists pregnant and postpartum women experiencing complications with information, guidance and/or arrangements for blood.

2.3 Visit to the local school

In the afternoon, three or four members of the Kala Tanda interact with children from Standards 5-10 in the local school. They introduce the children to the Surakshita Taytana Andolana and invite them to the Sadagara Dina.

Tanda members then raise the issue of gender discrimination and child marriage, and discuss how these adversely affect maternal survival and safety. They motivate the children to support pregnant and postpartum women in their village, give them the telephone numbers of the Andolana's helpline and the Child helpline (#1098). They also conduct a quiz and hand out books and pens to prize winners. Finally, they request the children to tell all the pregnant women they know to attend the Seemantham.

 1 hour



2.4 Procession to invite (Jatha)

The Kala Tanda carries banners and walks in a procession through every street, joyously announcing the Dina and inviting people to the evening's programmes. The Tanda is usually accompanied by children and youth, sometimes in large numbers.

The rationale for this activity is to reach out to all sections of the community.

 Variable, depending on the size of the village. Average: 30 minutes.



STEP 3. Building acknowledgement and collective responsibility

3.1 Cultural programme

The Kala Tanda's cultural programme in the evening has songs, dances, jokes and skits that are interspersed with announcements about the Andolana, its

helpline and the Seemantham (described next). The programme, which provides a stage for local talent and creates a happy atmosphere, is a build up to the Seemantham. The programme usually ends by with announcements about the contributions made by different people in the village.

While the cultural programme goes on, three other activities take place simultaneously. Tanda members working in pairs

- finalise the list of pregnant and postpartum women,
- collect food specially prepared for the pregnant women attending the Seemantham and
- request an opinion creator to inaugurate the Seemantham. These activities culminate in the Seemantham.

 Around 1 hour

3.2 Seemantham

The Seemantham breaks a time-honoured tradition in four distinct ways, with a view to building acknowledgement across gender and caste divisions.

- First, it converts a private ceremony that is usually restricted to a woman's family and her relatives into a public event in the village square.
- ▼
- Second, unlike the traditional Seemantham which is conducted for a woman's first pregnancy, it celebrates any pregnancy among all women in the village, with no regard for their religion or caste.
- ▼
- Third, instead of being a function exclusively for women, it invites men to offer aarti to the women present. Interestingly, the men offer aarti to women from castes other than their own.
- ▼
- Fourth, the facilitators persuade pregnant women to publicly take their husband's name.

Breaking tradition in this way makes it possible for men to see that they have a role in maternal safety in their village. The Seemantham also shows the village that the lives of all pregnant women are valuable.

The Seemantham takes place on a stage. It begins with a prayer, a welcome speech and a brief introduction to the objectives of the Sadagara Dina and the Surakshita Taytana Andolana. One of the opinion creators is invited to say a few words about maternal health and care. Chairs are placed on the stage to honour pregnant women in batches of five. A gift bag is prepared for each pregnant woman containing fruits, a coconut and blouse piece from the donations made by other residents. Women are offered aarti by men, anointed with haladi kumkum and adorned with flowers in their hair. Songs are sung. The women sometimes come up with proverbs. Some of them utter the name of their husbands.

 Variable, depending on the number of pregnant women. Average: 1-1.5 hours.



3.3 Play (Part 1)

The Kala Tanda performs a play (Pratimeyala Prashne⁴) that interrogates the beliefs and practices that contribute to preventable harm during pregnancy, labour and postpartum. The first part captures the events and circumstances in Renukavva's (the protagonist's) young life that led up to her pregnancy. The play closes at a climactic moment, when Renukavva is close to death just as she is about to give birth. The audience is asked what is likely to happen to her: will she survive or die?

 1 hour

3.4 Focus group discussions with the village youth

Two focus group discussions are held immediately after the play: one with kishoris (adolescent girls); the other, with kishoras (adolescent boys). The kishoris are nearly the same age as Renukavva and potentially at equal risk of being pushed into marriage. When these youngsters are drawn into an analysis immediately after the play, their memories are fresh and their reactions spontaneous. However, their participation can be slim if the play concludes late at night.

The group discussions are open to all youth in the audience with no regard for their religion or caste. Of these, typically 10-20 youth join in the discussions.

The facilitator of each group asks the kishoris or kishoras to recall Renukavva's age, physical and mental maturity, and to indicate whether she is likely to survive or die. The group is sub-divided into those who think she will survive and those who believe she will die. Each sub-group is then asked to articulate their reasons for Renukavva's survival or death. The specific questions that are asked during these discussions are listed on page 105.)



⁴ In the past, the Kala Tanda performed *Kusumala Kathe*, the script of which is enclosed in the kit.



The interaction ends with the Kala Tanda inviting the youngsters to see Part 2 of the play, and urging them to take responsibility for conducting similar programmes in the future.



1 hour

DAY 2

Day 2 begins with three simultaneous activities that contribute to building collective responsibility: Oni Sabhe, wall painting and an ANC clinic.

3.5 Oni Sabhe (neighbourhood meetings)

The purpose of the neighbourhood meetings is to summarise the play for those who missed it, and facilitate a discussion on what could happen to Renukavva. These oni meetings take place in every street of the village, dalit (erstwhile “untouchables” in India’s caste system) and upper caste alike.

The Kala Tanda breaks up into smaller groups to facilitate meetings in several streets at the same time. They carry a banner (depicting scenes from the play) and hold discussions along the line of questions listed on page 105.

This is another opportunity for the Kala Tanda to update its list of pregnant and postpartum women. The Tanda members specially invite these women to the ANC clinic and felicitation ceremony organised as a part of the event. They also indicate the timing and venue for each of these activities.

The facilitators carry a contribution box for those who may voluntarily want to make donations. They ask for raw rice to be distributed to postpartum women during the felicitation ceremony.



@ 30 minutes per meeting): Variable, depending on the number of streets.

3.6 Wall painting

The purpose of the wall painting is to trigger memories of Surakshita Taytana Andolana long after the Sadagara Dina. The painting is visual with some text. It contains the dates of the Dina, the goal of 0-0-100 and an explanation of what it stands for (no maternal deaths, no infant deaths, universal access to safe deliveries), as well as contact details of the Andolana and its helpline. The task of transforming the wall identified during the opinion creators’ meeting is assigned to a commissioned artist.



The cost of painting the wall (around Rs.1,650 in 2014) is borne by the Andolana. Even though the wall painting can be replaced by an inexpensive banner (at a seventh of the cost), it would not be as enduring as the former.



1 hour

3.7 ANC clinic

The Kala Tanda organises an ANC clinic if there are at least 20 pregnant women in the village⁵. The clinic, which starts around mid-morning, is open to women of all social backgrounds. Most often, the ANM is the one who conducts the clinic with the help of a Lady Health Visitor.



The ANC clinic brings a more comprehensive set of diagnostic tests and services to the village than usual. These include blood tests to identify blood group, haemoglobin (HB) level; urine test to detect diabetes; measurement of blood pressure, weight, height; abdominal examination; distribution of Iron Folic Acid (IFA) tablets; and Tayi cards to those who need them. This is also an opportunity



⁵ If there are fewer than 20 pregnant women in the village, Kala Tanda members refer them to the PHC.

for health education – on nutrition, on women's entitlements to services and schemes, on risks during pregnancy and the importance of consuming IFA. These sessions are usually followed by the distribution of nutritious food provided by the Anganawadi Kendra (ICDS Centre). Women identified with pregnancy-related risks are counselled along with their families.



Variable, depending on the number of pregnant women. Average: 3 hours.

3.8 Inauguration of the wall painting

The wall painting is inaugurated by an opinion creator and/or individual who has actively contributed to maternal safety in the village. The Kala Tanda, other Andolana members and local residents look on. The inauguration ends with everyone present taking an oath to maintain 0-0-100 in the village.



30 minutes

3.9 Felicitation ceremony

Later in the evening, mothers who have completed 42 postpartum days or have children who have completed their first year of life are felicitated. In addition, if any healthcare provider or blood donor played a critical role, s/he is also felicitated.

The felicitation ceremony begins with a cultural programme. Villagers and the Tanda sing songs while people assemble. The mothers being felicitated are given small hampers, each containing a blouse piece, bangles and five different types of food (viz., raw rice, jola or millet, wheat, dal or lentils, kaalu or pulses). Each baby is given a bowl and a spoon.



The healthcare providers and blood donors are felicitated differently. The woman who survived an obstetric complication (or a member of her family) invites the concerned healthcare provider and/or donor to the stage. She talks about her ordeal and expresses her gratitude for the support she received from the healthcare provider or blood donor. Photos are taken and the event is reported in the Andolana's newsletter.

 Variable, depending on the number of women. Average: 2 hours.

3.10 Play (Part 2)

The second part of Pratimeyala Prashne begins with a summary of the first part for the benefit of those who missed it. The Sutradhar (narrator) facilitates a discussion with the crowd about Renukavva's fate in a condensed version of the Oni Sabhe. After 10 minutes or so, the play begins.

 45 minutes



STEP 4. Calling it a day

After the play concludes, the Kala Tanda announces the names of all contributors and thanks each of them individually. They invite some members of the audience to the stage and ask for their feedback. Kala Tanda members also pass the hat around for individual contributions. Usually, many people give small sums of money. Occasionally, people give additional money to individual performers. The opinion creators then count the proceeds and announce the sum to the crowd.

DAY 3

STEP 5. Taking stock

The Kala Tanda and other members of the Andolana review the Sadagara Dina. They

- share their observations and reflections.



- score each activity in the programme on a scale of 1 to 5 after weighing positives and negatives

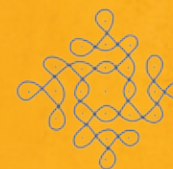


- identify lessons to be taken on board in a spirit of quality improvement.

 Around 4 hours

SADAGARA DINA

FREQUENTLY ASKED QUESTIONS



FREQUENTLY ASKED QUESTIONS

1. Why is participation by all sections of society important to the Sadagara Dina?

The Sadagara Dina builds on the knowledge that gender, age, caste, religion and economic class cause internal divisions within communities. These divisions not only restrict the spread of information but also limit the possibility of any collective action for maternal safety. The Sadagara Dina, which attempts to break these barriers, delivers one strong message: maternal safety is the responsibility of an entire village. The Dina can drive this message home only if all sections of society participate and absorb the ideas disseminated through it. Given this, participation by all sections of society is crucial to the success of the Sadagara Dina.



2. Can participation by all sections of society be guaranteed if one follows the steps detailed for the Sadagara Dina?

The steps detailed for the Sadagara Dina are designed to break social hierarchies that serve as barriers to participation. If these steps are followed, it can increase the likelihood of participation by a cross section of the community. But there are no guarantees, as social exclusion resulting from power relations may be too deeply entrenched to be broken in a few days.

At a minimum, members of the Kala Tanda must demonstrate to the community that they have broken hierarchies and bridged social divisions among themselves, and are a stronger group because of this. They must also actively counteract the distortions occurring in the rollout of the Sadagara Dina by using multiple strategies (some of which are outlined under Q.4).



3. What are the barriers to participation and how do they operate?

The barriers to participation are infrastructural and social. Infrastructural barriers such as frequent or extended breakdowns in electricity can be disruptive but are not insurmountable. For example, the sequence of activities can be altered to accommodate scheduled power cuts in the village, or generators can be organised to deal with power outages.

The social barriers resulting from gender, age, caste, religion and economic class are more challenging. Here are some examples of how they operate.

- In villages where the upper castes are in a majority, dalits keep away from the opinion creators' meeting.
- In other villages, poor and/or lower caste leaders have to work harder to make their voices heard in the opinion creators' meeting.
- Casteist upper caste ASHAs or Anganawadi workers exclude dalit onis or find other ways to subvert the collection of rotis and cooked food.
- Empowered individuals who enjoy greater freedom (typically, boys, men, older women) dominate public spaces while younger women and adolescent girls are pushed into corners.
- Work pressures and/or restrictions on mobility prevent younger women and adolescent girls from actively participating in the Dina, while this is not so for their husbands and brothers.
- Alcoholism among men can prove disruptive in some villages, especially late in the evening.
- Upper caste women feel uncomfortable sharing the stage with dalit women during the Seemantham.
- In villages dominated by the upper castes, dalit men are unwilling to offer aarti to upper caste women, fearing adverse consequences.
- Families tend to prevent their teenage daughters from participating in the Seemantham, knowing that their marriages below 18 were illegal.



4. What strategies can be employed to tackle discrimination and social exclusion on the basis of gender, age, caste, religion and economic class during the length of the Sadagara Dina and beyond (if applicable)?

For the Kala Tanda, tackling power relations means being constantly aware of the exclusionary and discriminatory consequences of every action or decision taken before and during the Sadagara Dina. It also means being vigilant about the attitudes and actions of individuals who are enlisted locally.

Here are some proven strategies that can be used to tackle potential exclusion:

- Use two criteria to judge the suitability of any suggested space for the cultural activities. First, it should be centrally located. Second, it should be accessible to men and women from all castes and religions.
- Recruit local guides from among the dalits and religious minorities to counteract the adverse effects of casteism and religious intolerance among ASHAs and Anganawadi workers from dominant castes/religions.
- Use the opinion creators' meeting to discuss concerns about casteism and ways in which caste-based exclusion can be dealt with.
- Ensure that the opinion creators' meeting does not proceed until all caste groups are represented.
- Seek out and persuade individuals who stay away from the opinion creators' meeting to participate, especially if they belong to castes that are systematically excluded. The reverse may also occur in villages dominated by dalits. In such cases, the upper castes must be actively sought out.
- Seek out and persuade women and adolescent girls to participate in the Oni Sabhe.
- Provide equal opportunities for all individuals present in the opinion creators' meeting to express their opinion.
- Choose an appropriate time for activities in the evening so as to maximise the possibility of participation by adolescent girls, wives, daughters-in-law and health workers.
- Use the analogy of blood mixing (which happens when blood transfusions become necessary) to contest the sanctity of caste boundaries.



5. What is to be done if opinion creators consent to the Sadagara Dina but are unwilling to take responsibility for it?

Opinion creators should be clearly told that the Sadagara Dina cannot be held without their active participation. The Surakshita Taytana Andolana has encountered situations in which opinion creators gave consent but offered inadequate logistical and/or material support, especially for the Seemantham and felicitation ceremony. In these instances, the opinion creators believed that the Kala Tanda had its own funds so there was no need for them to contribute. The Tanda provided the necessary clarifications and made up for the shortfall by separately collecting blouse pieces and other required materials during oni visits.



6. Do members of the health department actively participate in the Sadagara Dina?

PHC MOs are generally happy to support the ANC clinic, after they realise that the turnout of women is likely to be better than usual. MOs and other health functionaries are also more than happy to attend felicitation ceremonies.



7. What is the thinking behind the plays?

Key messages in the plays are informed by the Project's research in Koppal. Kusumala Kathe builds on the Project's first investigation into a maternal death in 2004. Findings from a household health survey in 2002 also informed the main messages imparted through the play.

Pratimeyala Prashne builds on insights gained from verbal autopsies in a post-NRHM era, during which women delivered in institutions and had more sustained contact with health workers. The families of these women

were typically at a loss to understand clinical decisions and referral advice during an obstetric emergency. However, the factors leading up to obstetric complications were more within their control and comprehension. Given this, the play primarily focuses on the adverse social beliefs and practices that put women in harm's way. *Pratimeyala Prashne* is an indicative storyline that can be modified, depending on the issues that need to be portrayed through it.



8. Can the Sadagara Dina singlehandedly change mindsets and galvanise collective actions?

The Sadagara Dina can inspire individuals to think and act differently, but mindset change within communities and collective action require sustained follow up over a period of time. If an organisation has an on-going engagement with the community, follow up could involve creating and mentoring a Maternal Safety Group. Another approach is to create linkages with other safe motherhood initiatives in the area.



9. What qualities and qualifications should members of the Kala Tanda have?

Ideally, the Kala Tanda should be recruited from the same district, as cultural competence is an essential qualification. They need not be highly educated, but should have the capacity to learn. They should be good communicators and listeners. They should be willing to work with people from different castes and religions, both rich and poor. Above all, they should be open-minded and flexible, energetic and enthusiastic. At least half the team should be able to sing, act or play an instrument. An ability to identify and solve problems quickly is an asset.



10. What are the essential components of training for the organising team?

Training must have three components:

- basic technical information about maternal safety,
- theatre workshops to modify the storyline (if necessary), build up the drama and characters in the play,
- skill-building workshops on the art of consent-taking, facilitation, and problem-solving.



11. What should a Sadagara Dina budget include?

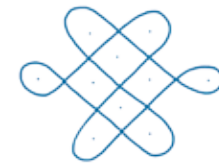
Expenditures for the Dina include payments to team members (honoraria, local transport) and the hired painter, as well as rent for lights and microphone sets, if needed. The printing of banners and placards constitute one-time expenses, which are not excessive. Other expenses typically can be covered by community contributions (e.g., board and lodge for team members, etc.).



12. How does one prevent loss of freshness and energy in the organising team?

As team members become more familiar with the content of the Sadagara Dina, their interest may dip and their approach may become mechanical. Team leaders could tackle their boredom by interspersing Sadagara Dina with Samalochana Dina, and rotating responsibilities among team members. This will allow team members to continually learn and be challenged, thereby sustaining their interest and inspiring them to perform their roles well. Reflective discussions after every Sadagara Dina can also help team members critically evaluate processes and outcomes, and identify fresh insights and lessons. Refresher theatre workshops and pep talks are other ways to energise jaded teams.

Whenever required, leaders can remind team members that the work of the team as a whole will only be as successful as the amount of effort that each individual puts into it. As such, if individuals do not feel inspired to establish meaningful communication with the community, they might as well not take part. It is then left to the leader's discretion to ask individual members to leave if no other options exist.





2

SAMALOCHANA
DINA

SAMALOCHANA DINA

WHAT? WHY? WHO? HOW?

Samalochana : *Collective thinking and reflecting*

SAMALOCHANA DINA : WHAT IS IT?

Samalochana Dina is an event that **transforms a maternal death from the personal tragedy of an individual family into an issue concerning the entire village and its healthcare providers**. It forces different sections of society to acknowledge that the death did happen, when collective responsibility could possibly have saved the woman's life.

Usually, many factors drive a woman to her death during pregnancy, labour or postpartum. These include:

- A set of specific factors associated with the acts of seeking and receiving care (e.g., piecemeal antenatal care, non-consumption of iron tablets, unrecognised obstetric risks, unaccountable healthcare providers, harmful practices, negligence, etc.).
- The consequences of poorly functioning public health institutions including the quality of referral and transport (e.g., unavailable doctors, dilapidated buildings, ambulances in need of repair, etc.)
- The impact of social inequality on her daily life (e.g., relentless workloads, vulnerability to violence, caste-based exclusion, geographical remoteness, etc.)

While these contributors to a woman's death can be identified through a good verbal autopsy, the Samalochana Dina does not require these details to fulfil its objectives¹. The idea of a Samalochana Dina is to get different sections of



¹ The Gender and Health Equity Project's verbal autopsies identify all of the proximal and distal causes of death. However, the findings from these autopsies are not shared during the Samalochana Dina, as it would violate the assurance of confidentiality that is given while obtaining informed consent for each autopsy.

the community to acknowledge that a woman, whose life had value, had died. Its second objective is to build collective responsibility. Both objectives are addressed through the activities listed under Step 3.

Samalochana Dina addresses the question of accountability without pinning blame on any individual. The idea is to make stakeholders aware of their individual and collective responsibilities through a process of reflection. During the stakeholder's meeting (described under 3.7), members offer their versions of how or why the woman died. These accounts may not be accurate. But the meeting forces every individual on the podium to talk about the death, knowing that others present can contest their narrative. The stakeholders' meeting is meant to be cathartic, rather than analytical. It is meant to be an opportunity for members to contemplate actions that would prevent such deaths from occurring in future.

SAMALOCHANA DINA: WHY HAVE IT?

The Samalochana Dina offers something to everyone who has any responsibility for maternal safety.

- It allows bereaved family members to share their experiences of seeking and receiving healthcare, and the obstacles they encountered while doing so.
- It makes people in the community aware of the cultural beliefs, behaviours and customs that put women in harm's way.
- It gives the MO and/or health staff of a C/PHC, an opportunity explain how and why the death occurred to the woman's family and community.

Samalochana Dina also conveys some important messages about maternal safety.

Individuals may believe that a maternal death is a personal tragedy.



The Samalochana Dina allows such individuals to see that a maternal death can become a community's tragedy.

Communities can be fatalistic about maternal deaths.



The Samalochana Dina makes communities aware of the fact that most maternal deaths can be prevented.

Communities believe that maternal safety is the responsibility of an individual woman and her family.



The Samalochana Dina sensitises all sections of the community to their collective responsibility towards maternal survival.

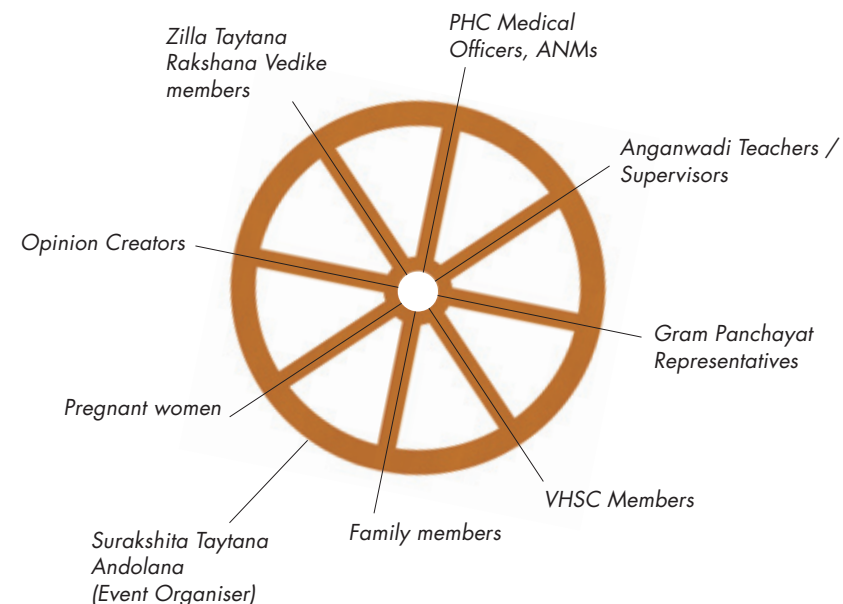
Families may believe it was the doctors' fault, or doctors may blame families for their errors or failures.



The Samalochana Dina can help a doctor regain the trust of the family. It can help the family restore its reputation by talking about what happened.

SAMALOCHANA DINA: WHO ARE THE STAKEHOLDERS?

All categories of individuals or groups shown in the figure below are responsible for a pregnant woman's survival. They are the stakeholders who can strengthen the goal of maternal safety if they work with each other.



SAMALOCHANA DINA: HOW DOES IT WORK?

The Surakshita Taytana Andolana organises the Samalochana Dina in a village that has suffered a maternal death IF the woman's family consents to it. The process of obtaining consent involves extensive rapport building, clear explanations of the objectives of the Andolana and the Dina, and reiteration of the fact that consent is entirely voluntary. If news of the death reaches the Andolana early, two to three members of its Kala Tanda attend the funeral before obtaining informed consent.

There are five major steps to the Samalochana Dina, after informed consent has been obtained.

ESSENTIAL STEPS:

STEP 1. Engaging opinion creators and health system actors

1.1 Identifying opinion creators²

The effort to identify opinion creators at the very beginning is motivated by the idea that sensitisation of the community must start with its leaders if it is to succeed. The Surakshita Tayana Andolana defines an opinion creator as any individual who:

- engages in village-level politics
- resolves conflicts in the village
- gives money to people in distress
- shows initiative in organising village-based programmes
- is routinely asked for his/her opinion on all matters concerning the village
- is a member of a Mahila Sangha (women's collective)

The 10-12 membered Kala Tanda specially seeks out such individuals through a **three-stepped** process.

1. They first approach the Anganawadi worker, who gives them socio-demographic information about the village (population, number of households, caste breakup, etc.). They discuss the Andolana's definition of an opinion creator and get the Anganwadi workers's nominations for possible candidates.



2. Next, members of the Kala Tanda approach the Gram Panchayat (GP), the local self-government institution at the village level, for additional recommendations.



² If the village has a Village Health and Sanitation Committee (VHSC), the Kala Tanda first meets the committee to begin a discussion on the issue of maternal mortality and to run through the agenda detailed 1.4.

3. Finally, members of the Kala Tanda divide themselves into pairs and go into every oni (street) in the village. They introduce the Andolana and the Samalochana Dina, and ask residents to suggest names of individuals who meet the criteria outlined above.

This process of eliciting the names of opinion creators in every oni prevents exclusion on the basis of religion and caste. It creates equal opportunities for all sections of the community to be systematically represented. The inclusion of women from Mahila Sanghas also ensures that at least some gender balance is maintained through the selection process.

At the end of these oni visits, the names of all opinion creators are consolidated into one list for the village. In addition to their names, the telephone numbers, religion and caste are recorded. Government functionaries in the village (i.e., the Accredited Social Health Activist or ASHA, the Anganawadi worker, GP member, teacher, etc.) are marked out as such. At this point, the gender balance in the group is considered. If there are far too few women, an effort is made to include more women through Sangha members or government functionaries on the list.



Variable, 30 minutes with the Anganawadi worker, 20 minutes with the GP and approximately 30 minutes per oni + time required for consolidation.

1.2 Inviting opinion creators to a meeting

Later that day, pairs of Kala Tanda members personally invite each opinion creator to a meeting (described under 1.4). If the opinion creator is not at home, a Tanda member telephonically invites him/her to the meeting.



(@ 5-7 minutes per opinion creator): Variable, depending on their number.

1.3 Visiting the PHC

Members of the Andolana visit the PHC to which the village is affiliated, to invite the MO to the stakeholders' meeting. The MO is responsible for filling up the government's verbal autopsy form and is, therefore, well acquainted with the death. The benefits of attending the stakeholders' meeting are pointed out to the doctor. The doctor is informed that the meeting is an opportunity for him/her to explain what really happened. If there were misgivings in the family and community, the meeting is an opportunity to clear the air and regain the community's trust.

If they get the MO's support, the Andolana's representatives obtain a set of alternative dates for the event. The Kala Tanda then goes with these dates into the opinion creators' meeting (described next).

 15 to 30 minutes.

1.4 Meeting with opinion creators

A week or so later, members of the Andolana and the Kala Tanda revisit the village for a meeting with its opinion creators.

Members of the GP and government functionaries, such as the village ASHAs and the Anganawadi workers are invited to the meeting, if their names are not on the list. If the village has a sub-centre, the ANM is invited too. We have found from experience that around 50 per cent of the opinion creators on the list come for the meeting.

Ideally, the meeting should try to generate consensus on why the village must rally around the issue of maternal safety. In practice, this is often difficult to achieve through a single meeting, unless the group is extraordinarily receptive to a persuasive and skilled facilitator. Typically, the meeting addresses the practicalities of organising the Samalochana Dina through an [8-point agenda](#).

- Background information about the Surakshita Taytana Andolana

- Rationale for the Samalochana Dina: The recent death in the village and the need for collective responsibility for maternal safety
- The objectives and description of the Samalochana Dina
- Permission to conduct the Samalochana Dina
- Setting a date for the event
- Identification of the stakeholders depicted in the figure on page 51
- Venue for the main event
- People taking responsibility for sponsoring and carrying out different tasks

 1-1.5 hours



1.5 Inviting stakeholders


One or two days prior to the Samalochana Dina, two members of the Kala Tanda personally invite all the stakeholders identified during the opinion creators' meeting to the stakeholders' meeting (detailed under 3.7). They give each stakeholder a three-page note introducing the event and a brief history of the deceased woman. Attached to this note is a programme of activities to be conducted as part of the Samalochana Dina, and a list of all identified stakeholders. During this interaction, there is usually some discussion about maternal safety.

Members of the Kala Tanda also keep the Community Development Programme Officer (CDPO), the Taluka Health Officer (THO), the District Health Officer (DHO) and the Reproductive and Child Health Officer (RCHO) informed about the event by handing them copies of the three-page note.

 (@ 5-7 minutes per stakeholder): Variable, depending on the location of the stakeholders.

1.6 Reminding opinion creators and PHC staff

One day before Samalochana Dina, members of the Kala Tanda telephone the key opinion creators to remind them of the event. This step is necessary, as these influential individuals sometimes forget their commitments. The Andolana's representatives also remind the MO about the stakeholders' meeting.

 (@ 3-5 minutes per phone call): Variable, depending on the number of opinion creators and PHC staff.

DAY 1

STEP 2. Ensuring social inclusion

2.1 Meeting with Anganawadi worker(s) and ASHA(s)

The Kala Tanda enters the village in the morning with its members wearing red ribbons around their arms. The ribbons are intended to alert onlookers to the death that made the Samalochana Dina necessary.

Members of the Tanda first invite the Anganawadi worker(s) and the village ASHA(s) to a meeting. During the meeting, they (1) procure an updated list of pregnant women, (2) share the sequence of activities over two days, and (3) discuss possible barriers to participation due to casteism, religion, alcoholism and infrastructural issues.


 30-45 minutes

2.2 Visits to the homes of opinion creators in all neighbourhoods (*Mane mane bheti, mane mane ondu roti*)

Members of the Kala Tanda working in pairs visit the homes of all opinion creators in the village (dalit and upper castes alike) to ask for a roti or any other cooked food. They remind these leaders about the Samalochana Dina and urge them to participate actively.

Two motivations inform this activity:

- to encourage active participation
- to symbolically defy casteist notions of purity and pollution by accepting and pooling cooked food from all sections of the village.

 (@ 5 minutes per household): Around 2.5 hours (big village), 2 hours (medium-sized village), 1 hour (small village).

2.3 Visit to the local school

In the afternoon, three or four members of the Kala Tanda interact with children from Standards 5-10 in the local school. They introduce the children to the Surakshita Taytana Andolana and invite them to the Samalochana Dina.

Tanda members then raise the issue of gender discrimination and child marriage, and discuss how these adversely affect maternal survival and safety. They motivate the children to support pregnant and postpartum women in their village, give them the telephone numbers of the Andolana's helpline and the Child helpline (#1098). They also conduct a quiz and hand out books and pens to prize winners. They urge the children to participate in the Samalochana Dina.

 Around 1 hour



2.4 Procession to invite (Jatha)

The Kala Tanda carries banners and walks in a procession through every street. They announce the Dina and invite people to the evening's programmes. The Tanda is usually accompanied by children and youth, sometimes in large numbers.

This activity is necessary if only to break social divisions that limit knowledge of the death to one or a few onis, depending on the status of the deceased woman's family.

 Variable, depending on the size of the village. Average: 30 minutes.



STEP 3. Building acknowledgement and collective responsibility

3.1 Play (Part1)

The Kala Tanda performs a play (Pratimeyala Prashne³) that interrogates the beliefs and practices that contribute to preventable harm during pregnancy, labour and postpartum. The first part captures the events and circumstances in Renukavva's (the protagonist's) young life that led up to her pregnancy. The play closes at a climactic moment, when Renukavva is close to death just as she is about to give birth. The audience is asked what is likely to happen to her: will she survive or die?



3.2 Focus group discussions with the village youth

Two focus group discussions are held immediately after the play: one with kishoris (adolescent girls), the other, with kishoras (adolescent boys). The kishoris are nearly the same age as Renukavva and potentially at equal risk of being pushed into marriage. When these youngsters are drawn into an analysis immediately after the play, their memories are fresh and their reactions spontaneous. However, their participation can be slim if the play concludes late at night.

The group discussions are open to all youth in the audience with no regard to their religion or caste. Of these, 10-20 youth typically join in the discussions.

The facilitator of each group asks the kishoris or kishoras to recall Renukavva's age, physical and mental maturity, and to indicate whether she is likely to survive or die. The group is sub-divided into those who think she will survive and those who believe she will die. Each sub-group is then asked to articulate their reasons for Renukavva's survival or death. The specific questions that are asked during these discussions are listed on page 105.)



³ In the past, the Kala Tanda performed *Kusumala Kathe* or *Kusuma's Story*, the script of which is enclosed in the kit.

The interaction ends with the Kala Tanda inviting the youngsters to see Part 2 of the play, and urging them to take responsibility for conducting similar programmes in the future.



DAY 2

Day 2 begins with two simultaneous activities that contribute to building acknowledgement: *Oni Sabhe* and wall painting.

3.3 *Oni Sabhe*

The purpose of the neighbourhood meetings is to summarise the play for those who missed it, and facilitate a discussion on what could happen to Renukavva. These *oni* meetings take place in every street of the village, dalit and upper caste alike.

The Kala Tanda breaks up into smaller groups to facilitate meetings in several streets at the same time. They carry a banner (depicting scenes from the play), specially invite pregnant women to join the group, and hold discussions along the line of questions listed on page 105.

At the end of the Oni Sabhe, they invite everybody present to attend the stakeholders' meeting in the evening and Part 2 of the play.

The facilitators carry a contribution box for those who may voluntarily want to make donations.

 (@ 30 minutes per meeting): Variable, depending on the number of streets.



3.4 Wall painting

The purpose of the wall painting is to trigger memories of Surakshita Taytana Andolana long after the Samalochana Dina. The painting is visual with some text. It contains the dates of the Dina, the goal of 0-0-100 and an explanation of what it stands for (no maternal deaths, no infant deaths, universal access to safe deliveries), as well as contact details of the Andolana and its helpline. The task of transforming the wall identified during the opinion creators' meeting is assigned to a commissioned artist.

The cost of painting the wall (around Rs.1,650 in 2014) is borne by the Andolana. Even though the wall painting can be replaced by an inexpensive banner (at a seventh of the cost), it would not be as enduring as the former.

 1 hour

3.5 Inauguration of the wall painting

The wall painting is inaugurated by an opinion creator and/or individual who has actively contributed to maternal safety in the village. The Kala Tanda, other Andolana members and local residents look on. The inauguration ends with everyone present taking an oath to maintain 0-0-100 in the village.

 30 minutes



3.6 Mauna meravanige (Silent procession to mourn)

Kala Tanda members, wearing red ribbons around their arms and carrying placards, walk in a silent procession through the village. The idea is to create a solemn atmosphere in the village prior to the stakeholders' meeting. The deceased woman's family is invited to lead or participate in the procession. Opinion creators, ASHA(s), Anganawadi worker(s), village youth, pregnant women and children are also invited to join the procession. The silence of the procession is broken once in every oni by the Kala Tanda announcing the death and the stakeholder meeting to follow, and shouting a few slogans.

 Variable, depending on the size of the village. Average: 30 minutes.



3.7 Stakeholders' meeting followed by oath taking

The objective of the meeting is to foster a sense of collective responsibility for maternal safety among stakeholders and members of the audience. Chairs with nameplates are arranged on the stage. Every stakeholder has a designated chair. The stakeholders go up to the stage as their names are announced, and occupy the chairs earmarked for them. A stakeholder's failure to attend the meeting results in his/her chair remaining empty. This absence symbolically depicts their lack of responsibility.

The meeting is initiated with a prayer and a song composed in honour of the deceased woman. The facilitator, who is a member of the Andolana, provides a context by announcing the death and the objectives of the meeting. Two minutes of silence are observed. Then, a member of the woman's family recounts the events that led up to her death.



What follows is a discussion among the stakeholders of what their roles and responses were, and what these could have been. They talk about what they would do in the future should a similar situation arise. All stakeholders are given an equal opportunity to speak. Through this facilitated process, more information is generated about the death, even as relationships are built among the stakeholders. After this, the audience has a chance to ask questions.

Once the meeting concludes, all participants (stakeholders and audience alike) take an oath to prevent maternal death. They agree to prevent child marriage, improve communication with the PHC, and take care of pregnant women.

 1 to 1.5 hours

3.8 Play (Part 2)

The second part of Prati Meyala Prashne begins with a summary of the first part for the benefit of those who missed it. The sutradhar (narrator) facilitates a discussion with the crowd about Renukavva's fate in a condensed version of the Oni Sabhe. After 10 minutes or so, the play begins.

 45 minutes



STEP 4. Calling it a day

After the play concludes, the Kala Tanda announces the names of all contributors and thanks each of them individually. They invite some members of the audience to the stage and ask for their feedback. Kala Tanda members also throw open their donation box for individual contributions. Usually, many people give small sums of money. Occasionally, people give additional money to individual performers. The opinion creators then count the proceeds and announce the sum to the crowd.

 15 to 30 minutes

DAY 3

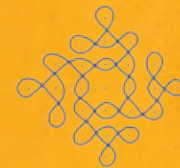
STEP 5. Taking stock

The Kala Tanda and other members of the Andolana review the Samalochana Dina. They

- share their observations and reflections
- score each activity in the programme on a scale of 1 to 5 after weighing positives and negatives
- identify lessons to be taken on board in a spirit of quality improvement.

 Around 4 hours

SAMALOCHANA DINA
FREQUENTLY ASKED QUESTIONS



FREQUENTLY ASKED QUESTIONS

1. A Samalochana Dina can take place only if the family gives its consent.

To what does a bereaved family give its consent?

The bereaved family gives its consent to the Dina on the whole. The family also separately consents to basic information about the deceased person (her name, age, living children) being shared with others in the community.

The family has a right to refuse consent entirely or to give only partial consent. Their decision must be respected and clearly communicated to all members of the organising team and local volunteers.



2. How is consent to be taken?

Gaining informed consent is an elaborate process with no shortcuts. It includes (1) building rapport, (2) giving clear and complete information about the intention and process of the Samalochana Dina, (3) asking for voluntary consent. The field worker's ability to establish a non-hierarchical relationship with the family is important.

Rapport building can take place in different ways, depending on the family in question and the context in which the interaction is taking place. At a minimum, the process of rapport building should include:

- Condolences to the family
- An introduction to the organisation and its objectives to justify one's presence in the household
- A self introduction establishing, wherever possible, any shared identity that can help build bridges
- Clear information about the organisation and its track record of work in the area
- Contact information

Next, the Samalochana Dina must be clearly introduced. The project's field worker should introduce the Dina as an event designed to publicly mourn the deceased woman and to help the community realise that maternal deaths can and must be prevented. The steps involved in the Samalochana Dina must be clearly explained, particularly the points at which the family would be invited to participate.

After this, the family can be asked for their consent. The act of gaining consent also involves informing the family about the rights to refuse consent entirely or to give partial consent.



3. What happens if a family refuses to give consent? Are there any circumstances under which consent can be re-negotiated among its members?

The bereaved family's consent is an essential prerequisite for the Samalochana Dina. If its members unanimously refuse to give consent, their decision must be respected, and the proposal to hold the event withdrawn.

At the same time, one must recognise that decision making within households can be unequal. If family members are not unanimous in their decision to give or refuse consent, each member can be individually asked for consent before a consensus is facilitated among them. The outcome of this process will determine whether or not the Samalochana Dina can be held.



4. How is consensus on the need for collective responsibility to be achieved if opinion creators view maternal safety as the private concern of a woman and her family?

It is unrealistic to expect that consensus can be achieved through just one interaction with such opinion creators. Rapport building and consistent interactions with them before and during the Samalochana Dina could help.

Equally, facilitators of the meeting with opinion creators must be equipped with basic information about the dynamics of maternal safety in order to handle questions and steer discussions. They need to convince opinion creators that (1) maternal survival can reasonably be expected; (2) at least some social factors in the village must be altered if maternal survival is to be assured; and (3) communities have the strength to prevent maternal deaths if its members work together on the issue.



5. Why is participation by all sections of society important to the Samalochana Dina?

The Samalochana Dina builds on the knowledge that gender, age, caste, religion and economic class cause internal divisions within communities. These divisions not only restrict the spread of information but also limit the possibility of any collective action for maternal safety. The Samalochana Dina, which attempts to break these barriers, delivers one strong message: that maternal safety is the responsibility of an entire village. The Dina can drive this message home only if all sections of society participate and absorb the ideas disseminated through it. Given this, participation by all sections of society is crucial to the success of the Samalochana Dina.



6. Can participation by all sections of society be guaranteed if one follows the steps detailed for the Samalochana Dina?

The steps detailed for the Samalochana Dina are designed to break social hierarchies that serve as barriers to participation. If these steps are followed, it can increase the likelihood of participation by a cross section of the community. But there are no guarantees, as social exclusion resulting from power relations may be too deeply entrenched to be broken in a few days.

At a minimum, members of the Kala Tanda must demonstrate to the community that they have broken hierarchies and bridged social divisions among themselves, and are a stronger group because of this. They must also actively counteract the distortions occurring in the rollout of the Samalochana Dina by using multiple strategies (some of which are outlined under Q.8).



7. What are the barriers to participation and how do they operate?

The barriers to participation are infrastructural and social. Infrastructural barriers such as frequent or extended breakdowns in electricity can be disruptive but are not insurmountable. For example, the sequence of activities can be altered to accommodate scheduled power cuts in the village, or generators can be organised to deal with power outages.

The social barriers resulting from gender, age, caste, religion and economic class are more challenging. Here are some examples of how they operate.

- In villages where the upper castes are in a majority, dalits keep away from the opinion creators' meeting. Alternatively, upper caste leaders may not attend this meeting if the woman who died was dalit.
- In other villages, poor and/or lower caste leaders have to work harder to make their voices heard in the opinion creators' meeting.
- Casteist upper caste ASHAs or Anganawadi workers exclude dalit onis or find other ways to subvert the collection of rotis and cooked food.

- During the stakeholders' meeting, health workers may be harsh on families that have grievous complaints against the PHC MO.
- Empowered individuals who enjoy greater freedom (typically, boys, men, older women) dominate public spaces while younger women and adolescent girls are pushed into corners.
- Work pressures and/or restrictions on mobility prevent younger women and adolescent girls from actively participating in the Dina, while this is not so for their husbands and brothers.
- Alcoholism among men can prove disruptive in some villages, especially late in the evening.



8. What strategies can be employed to tackle discrimination and social exclusion on the basis of gender, age, caste, religion and economic class during the length of the Samalochana Dina and beyond (if applicable)?

For the Kala Tanda, tackling power relations means being constantly aware of the exclusionary and discriminatory consequences of every action or decision taken before and during the Samalochana Dina. It also means being vigilant about the attitudes and actions of individuals who are enlisted locally.

Here are some proven strategies that can be used to tackle potential exclusion:

- Use two criteria to judge the suitability of any suggested space for the cultural activities. First, it should be centrally located. Second, it should be accessible to men and women from all castes and religions.
- Recruit local guides from among the dalits and religious minorities to counteract the adverse effects of casteism and religious intolerance among ASHAs and Anganawadi workers from dominant castes/religions.
- Use the opinion creators' meeting to discuss concerns about casteism and ways in which caste-based exclusion can be dealt with.
- Ensure that the opinion creators' meeting does not proceed until all caste groups are represented.

- Seek out and persuade individuals who stay away from the opinion creators' meeting to participate, especially if they belong to castes that are systematically excluded. The reverse may also occur in villages dominated by dalits. In such cases, the upper castes must be actively sought out.
- Seek out and persuade women and adolescent girls to participate in the Oni Sabhe.
- Provide equal opportunities for all individuals present in the opinion creators' meeting to express their opinion.
- Choose an appropriate time for activities in the evening so as to maximise the possibility of participation by adolescent girls, wives, daughters-in-law and health workers.
- Use the analogy of blood mixing (which happens when blood transfusions become necessary) to contest the sanctity of caste boundaries.



9. What is to be done if opinion creators consent to the Samalochana Dina but are unwilling to take responsibility for it?

Opinion creators should be clearly told that the Samalochana Dina cannot be held without their active participation. The Surakshita Taytana Andolana has encountered situations in which opinion creators gave consent but offered inadequate logistical and/or material support. In these instances, the opinion creators believed that the Kala Tanda had its own funds so there was no need for them to contribute. The Tanda provided the necessary clarifications and made up for the shortfall by separately collecting required materials during oni visits.



10. Do members of the health department actively participate in the Samalochana Dina? How is one to secure their active participation?

The presence of a Medical Officer is critical to the success of the Samalochana Dina. The stakeholders' meeting remains incomplete without the doctor.

However, we have found PHC MOs reluctant to participate in the stakeholders' meeting if they played any role in the events leading up to a woman's death. They are either defensive or disinclined to explain their actions to people outside the department. And their absence from the meeting is always a source of great disappointment for the community.

We have also found that whenever PHC MOs attend the stakeholders' meeting and explain the circumstances of death, they are able to regain the community's trust and earn goodwill. Given this, any organising team must do its best to secure the participation of the concerned doctor and/or other health department representatives.

Representatives of the organising group must clearly explain the objectives of the Samalochana Dina to the doctor. They should clarify that the stakeholders' meeting is not an extrajudicial court but an opportunity for the MO to explain what really happened or why there were lapses. An open and honest approach has earned PHC MOs trust and goodwill in the past. It could so easily do this in the future too.



11. What should one do if conflicts arise among stakeholders or between stakeholders and the community? How are they to be handled?

The stakeholders' meetings should facilitate collective learning without giving way to a blame game. If disagreements arise, the facilitator must allow conflicting opinions to be voiced before steering the discussion away from an inventory of failures towards the identification of corrective measures.



12. What can be done to protect the bereaved family from emotional distress during the Samalochana Dina?

The Kala Tanda supports the family throughout the Samalochana Dina and handles any concerns and emotional distress that may arise over the course of the two days. The Kala Tanda also creates the possibility of contact and

communication beyond the Dina by exchanging contact details and assuring continued support. The Andolana introduced the Samalochana Dina over five years ago, and in this time there have been no adverse consequences for consenting families.



13. Is it necessary to conclude the stakeholder meeting with an oath taking ceremony?

No, it not necessary to conclude with an oath taking ceremony. The organising body can identify any culturally appropriate symbolic way of promising changed action in the future.



14. What is the thinking behind the plays?

Key messages in the plays are informed by the Project's research in Koppal. Kusumala Kathe builds on the Project's first investigation into a maternal death in 2004. Findings from a household health survey in 2002 also informed the main messages imparted through the play.

Pratimeyala Prashne builds on insights gained from verbal autopsies in a post-NRHM era, during which women delivered in institutions and had more sustained contact with health workers. The families of these women were typically at a loss to understand clinical decisions and referral advice during an obstetric emergency. However, the factors leading up obstetric complications were more within their control and comprehension. Given this, the play primarily focuses on the adverse social beliefs and practices that put women in harm's way. Pratimeyala Prashne is an indicative storyline that can be modified, depending on the issues that need to be portrayed through it.



15. Renukavva is the protagonist's name in the play, Pratiameyala Prashne. What is one to do if the deceased woman's name is also Renukavva?

The protagonist's name must be changed.



16. Can the Samalochana Dina singlehandedly change mindsets and galvanise collective actions?

The Samalochana Dina can inspire individuals to think and act differently, but mindset change within communities and collective action require sustained follow up over a period of time. If an organisation has an on-going engagement with the community, follow up could involve creating and mentoring a Maternal Safety Group. Another approach is to create linkages with other safe motherhood initiatives in the area.



17. Why does the Samalochana Dina not actively focus on pregnant women the way the Sadagara Dina does?

The intentions of the two Dinas are very different. Unlike the celebratory Sadagara Dina, the Samalochana Dina wrestles with the complexity of maternal death prevention. Pregnant women are important stakeholders in their own safety. However, their role in furthering this goal is limited during an emergency. The responsibility of ensuring that a woman does not die during an emergency falls on family members, health workers and community leaders. Given this, the Samalochana Dina actively focuses on stakeholders who have the power to prevent death, beyond the pregnant women themselves.



18. What qualities and qualifications should members of the Kala Tanda have?

Ideally, the Kala Tanda should be recruited from the same district, as cultural competence is an essential qualification. They need not be highly educated, but should have the capacity to learn. They should be good communicators and listeners. They should be willing to work with people from different castes and religions, both rich and poor. Above all, they should be open-minded and flexible, energetic and enthusiastic. At least half the team should be able to sing, act or play an instrument. An ability to identify and solve problems quickly is an asset.



19. What are the essential components of training for the organising team?

Training must have three components: (1) basic technical information about maternal safety, (2) theatre workshops to modify the storyline (if necessary), build up the drama and characters in the play, (3) skill-building workshops on the art of consent-taking, facilitation, and problem-solving.



20. What should a Samalochana Dina budget include?

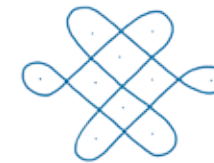
Expenditures for the Dina include payments to team members (honoraria, local transport) and the hired painter, as well as rent for lights and microphone sets, if needed. The printing of banners and placards constitute one-time expenses, which are not excessive. Other expenses typically can be covered by community contributions (e.g., board and lodge for team members, etc.).



21. How does one prevent loss of freshness and energy in the organising team?

As team members become more familiar with the content of the Samalochana Dina, their interest may dip and their approach may become mechanical. Team leaders could tackle their boredom by interspersing Sadagara Dinas with Samalochana Dinas, and rotating responsibilities among team members. This will allow team members to continually learn and be challenged, thereby sustaining their interest and inspiring them to perform their roles well. Reflective discussions after every Samalochana Dina can also help team members critically evaluate processes and outcomes, and identify fresh insights and lessons. Refresher theatre workshops and pep talks are other ways to energise jaded teams.

Whenever required, leaders can remind team members that the work of the team as a whole will only be as successful as the amount of effort that each individual puts into it. As such, if individuals do not feel inspired to establish meaningful communication with the community, they might as well not take part. It is then left to the leader's discretion to ask individual members to leave if no other options exist.

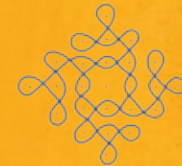




3

SCRIPTS OF
FOUR PLAYS

PRATIMEYALA PRASHNE
(THE QUESTIONS OF A YOUNG GIRL)



PRATIMEYALA PRASHNE

(THE QUESTIONS OF A YOUNG GIRL)

SYNOPSIS

This two-part play is about Renukavva, a 16 year old, whose childhood comes to an end when she is withdrawn from school at the age of 12, forced into marriage at 14, and finds herself pregnant at 15.

Part 1 captures Renukavva's trials during her first pregnancy. She obtains some antenatal care, but only after the village ASHA manages to persuade her unconvinced in-laws. Although she displays obvious symptoms of severe anaemia, her in-laws do not take her tiredness, swollen body and breathlessness seriously. Renukavva goes untreated into early labour and develops problems. Her relatives fumble as they are not prepared for an obstetric emergency. Part 1 ends at a climactic moment when it is not clear whether Renukavva will live or die as she is taken to a tertiary hospital.

The entire audience is asked whether she will live or die. This question is then taken to youth groups of the village immediately after the play, and to different neighbourhood groups during the next day. (The questions used to guide these discussions are listed at the end of the Part 1 of the play.)

Part 2 of the play has two alternative scenarios. In Scenario 1, Renukavva reaches the tertiary facility where she and her baby narrowly escape death. In Scenario 2, Renukavva dies on the way to the facility.

It should be possible for either of these scenarios to be used, depending on what is more appropriate for the occasion. It should also be possible to present both scenarios to demonstrate, through comparisons, that community actions around an obstetric emergency can potentially save lives.

CAST OF CHARACTERS

Renukavva	The narrator (Sutradhar)
Renukavva	The child
Renukavva	The young girl
Eshappa	Renukavva's husband
Lakshamma	Renukavva's mother
Sangappa	Renukavva's father
Amanamma	Renukavva's mother-in-law
Saroja	Renukavva's friend
Gowamma	The village ASHA
Nagratna	ANM
Dr. Sharanappa	Medical Officer
Manjunath	GP member
Dr. Huligappa	Doctor at a tertiary hospital
Manappa	Ambulance attendant



KEY MESSAGES IN THE PLAY

- Withdrawing a child from school and getting her married is wrong and must not be condoned.
- When a teenager gets pregnant she is at high risk of developing high blood pressure or going through a difficult delivery.
- It is important to register a pregnancy as early as possible to secure antenatal care and advice.
- Complete antenatal check-ups during each trimester, consisting of blood and urine tests, abdominal examinations, and monitoring of blood pressure and weight are necessary, if risks are to be effectively identified and managed.
- Every woman is entitled to proper nutrition, rest and healthcare during pregnancy and after delivery.
- There is an unhelpful tendency to consider symptoms like excessive tiredness and swelling as normal consequences of pregnancy. These are symptoms of anaemia that must be taken seriously.
- Preparing for an emergency is important, as complications can develop at any time. This is even more critical for women who are suffering from risks.

The play begins with a member of the Kala Tanda introducing the group (as one that seeks to promote maternal safety in the district under the aegis of the Surakshita Taytana Andolana) and the Andolana's many activities. The Kala Tanda member then announces the play, explains that it is based on a true story and requests the audience to actively think about its main messages.

PART 1



SCENE 1: Centre of the village

Characters on stage: All characters

The scene opens with all the actors entering singing a song. Renukavva, the narrator takes centre stage.

Renukavva (the narrator) : Welcome everybody to this evening's performance. This is more than just a performance. What we are going to present to you today is an excerpt from the theatre of life. My name is Renukavva and this is my story. This could well be the story of hundreds of young girls like me. My story is not very long so stay with me till the end and tell me what you think. I am now 16 years old. This story began when I turned 12. See what happened.

(Renukavva [the narrator] points to right of the stage where a scene unfolds.)



SCENE 2: Renukavva's home

Characters on stage: Renukavva and her mother, Lakshamma

(Renukavva [the child] is dressed in a school uniform packing her bag to leave for school. Her mother Lakshamma approaches her.)

- Lakshamma :** Renukavva, put your bag away.
- Renukavva :** Why Avva? I am getting late for school.
- Lakshamma :** You won't be going to school from today.
- Renukavva :** Stop going to school? Why Avva?
- Lakshamma :** You are now 12 years old. You are a big girl and you must start helping us in the field.
- Renukavva :** Help in the fields? Why? I still want to study and play.
- Lakshamma :** You know we have only half an acre of land and we cannot afford any hired labour. So if we are to make ends meet, you have to help.
- Renukavva :** Let my brothers help. I want to study and become a doctor when I grow up.
- Lakshamma :** They have to go to school because they are boys. It is more important for them to go to school. They will earn and the family will benefit. There have been no rains this year so we are already very badly off. We need all the help possible.

Renukavva : Avva, please let me go to school for at least one more year.

Lakshamma : Renukavva don't be difficult. What difference will one more year make?

Renukavva : Avva, let me go today and say goodbye to my friends and teachers. I want to go to Saroja's house first and tell her what is happening.

Lakshamma : Go Renukavva but take off that uniform, you are now grown up.

(Lakshamma drapes a saree over the uniform and sends Renukavva sobbing softly to her friend's house.)



SCENE 3: Saroja's house

Characters on stage: Renukavva and her friend Saroja

Saroja : Renukavva, why are you wearing a saree? Don't you know that today is a school day? Hurry up. Go home and change. Otherwise we are going to be late for school.

(Renukavva starts sobbing.)

Saroja : Renukavva, why are you crying?

Renukavva : Saroja, my mother says that I cannot go to school any more. She says that from today I have to wear a saree and work in the fields. I am very scared that soon they will get me married. I am too small, I want to study and play. What shall I do?

Saroja : Oh, Renukavva, this is terrible. I will talk to my father about this. He is a GP member and my mother is a Sangha member. Both of them feel that we should be allowed to study and not be married till we turn 18.

(Renukavva [the narrator] watches this scene and starts her narrative.)

Renukavva (the narrator) : At 12, I was too big for school. At 14, I was too big to stay at home. My parents decided to marry me off to my mother's brother's son.



SCENE 4: Saroja's house

Characters on stage: Renukavva (the child) and her friend Saroja

Renukavva : Saroja, I have terrible news. My parents have fixed my marriage with Eshappa, my cousin. He is much older than me. I am very scared. I don't have the will or strength to fight any more. Anyway, it is not as if my protests stopped my parents from pulling me out of school. How will it help to protest against this marriage?

Saroja : Renukavva, I will tell my father to speak to your parents because this is very serious. The last time he spoke to your parents about allowing you to continue with school, they refused to listen. I hope they listen at least now.



SCENE 5: Renukavva's house

Characters on stage: Manjunath (GP member and Saroja's father), Lakshamma and Sangappa (Renukavva's father)

Manjunath : What is this I hear? You are planning to get Renukavva married?

Sangappa : Yes. How did you get to know?

Manjunath : My daughter Saroja told me. Do you know that this is illegal? There is an Act called the Prohibition of Child Marriage Act 2006, which is against child marriage. If this case gets reported, both of you and Eshappa may be imprisoned for up to two years or you may have to pay a heavy fine. In _____ village, a case of child marriage was reported and the parents were imprisoned, because both the children were underage.

Lakshamma : Don't threaten us. What can we do? Our hands are tied. Eshappa is a good man. He is growing old and is not willing to wait any longer. We are very poor and can't afford a big dowry. Who will be willing to marry our daughter later? Moreover, Eshappa belongs to our village, so we will at least get to see Renukavva often.

Sangappa : The decision has already been made. So please keep your opinions to yourself.

Renukavva (the narrator) : And so I was married in the dead of the night, in less than a month. This was one more transition so early in my life.



SCENE 6: Renukavva's marital home

Characters on stage: Renukavva and Amanamma
(Renukavva's mother-in-law)

Renukavva : Amma, I am very tired. I don't feel like going to work in the field today.

Amanamma : Renukavva, don't be lazy. You know we all have to work. We are not a rich family and your mother told me that you are a good worker.

Renukavva : Amma, I am really tired and unwell. This morning I was vomiting and I felt dizzy.

(Amanamma whispers in Renukavva's ear and Renukavva whispers back.)

Amanamma : Renukavva, you are pregnant. I am so happy.

Renukavva : Pregnant but I am so young! How can I be pregnant? I want to tell Saroja.

Amanamma : Go see your friend and come. I will send word to your mother's house.



SCENE 7: Saroja's house

Characters on stage: Renukavva and Saroja

Renukavva : Saroja, you know what, I am pregnant. My mother-in-law is very happy but I am feeling very scared. I am only 15 years old. I look at you in your school uniform and wish it were me. How will I go through pregnancy and take care of a baby?

(Tears trickle down Renukavva's face.)

Saroja : I agree we are too young to have children. In fact, we are still children ourselves. What can be done? I will ask my mother to tell Gowamma, the ASHA, about you.



SCENE 8: Renukavva's marital house

Characters on stage: Gowamma (ASHA), Amanamma and Renukavva

Gowamma : Amanamma, I hear that Renukavva is pregnant. She is very young. You need to be careful.

Amanamma : Careful! What do mean? Pregnancy is the most natural development.

Gowamma : Yes pregnancy is natural but Renukavva is very young. Her body is not fully grown yet, which means she is not ready for pregnancy.

- Amanamma** : I too had my first baby at 15 and look at how hale and hearty I am now.
- Gowamma** : That may be so in your case. It need not be the same for all. Some develop risks and some even die because of these risks. That's why it is important to be in constant contact with health workers. Do you know that all pregnant women must get registered at the PHC and get antenatal care?
- Amanamma** : Registration, antenatal care!! What is the need for all this? I never did any of this. In those days we were very strong. Girls nowadays are so fragile. We need to toughen them up.
- Gowamma** : Renukavva, please listen to me; you need to visit the PHC soon and get registered. They will give you a Tayi card there and will make note of all the services you receive.
- Renukavva** : Will you.....?
- Amanamma** : You are not going anywhere. I have had five babies without all this nonsense.
- Gowamma** : Let me tell you what should be done. I will come with you to the PHC for registration...
- Amanamma** : Renukavva, you are not going anywhere and Gowamma, we will call you when we need your help.

(Gowamma leaves the stage. Renukavva [the young girl] looks cowed down and Amanamma looks triumphant. They both leave the stage and Renukavva [the narrator] takes centre stage.)

- Renukavva (the narrator)** : Gowamma left that day but returned later, when my mother-in-law was in the fields, to tell me all about care during pregnancy.



SCENE 9: Renukavva's marital house

Characters on stage: Gowamma and Renukavva

- Gowamma** : Saroja told me that your mother-in-law is out in the fields so I thought this is a good time to visit you.
- Renukavva** : Thank you for coming.
- Gowamma** : Let me tell you everything that you should be doing. If possible we should go to the PHC today itself for registration. Once you are registered, you should have at least three antenatal check-ups. The first should be when you get registered. That is, very early in the pregnancy or at least between the 4th to the 6th month of pregnancy. The second should be during the 8th month and the last should be at the 9th month.
- Renukavva** : What happens during these check-ups?
- Gowamma** : Antenatal care means a general examination, checking height, weight and blood pressure. HB should be checked for anaemia, urine tests for sugar and albumin and HIV testing.
- Renukavva** : Do I have to take any medicines?
- Gowamma** : The ANM will give you iron and folic acid tablets, which are red in colour, in the second trimester. You

should take these after a meal to avoid sickness. The doctor or nurse will give you two tetanus injections.

Renukavva : Injections also? Is it necessary to do all this? I am scared of injections.

Gowramma : These are all necessary – in fact, they are the bare minimum. Moreover, all these services are free.

Renukavva : Slowly, slowly, I tried to share this information with my mother-in-law. She had no time to give my words too much thought, as she was always busy working in the fields. Even though these services are free, every visit to the PHC means a loss of daily wages. Gowramma visited us again and convinced my mother-in-law to take me to the PHC. Finally, in my fifth month we visited the local PHC.

(Renukavva [the narrator] moves left and points to the centre where the young Renukavva, her mother-in-law and the MO of the PHC are standing.)



SCENE 10: PHC

Characters on stage: Dr. Sharanappa (Medical Officer), Amanamma and Renukavva

Dr. Sharanappa : Renukavva you look very young. What is your age?

Renukavva : I am 15 years old.

Dr. Sharanappa : You people get married early and get pregnant very fast. Your body is not prepared for pregnancy. Tomorrow, when there is an emergency we will have to deal with it. Do you know that since you are underage you will not be entitled to any of the maternal benefits?

Amanamma : No, I didn't know that but in our family, it is common to have babies by the time a girl is 15 years old.

Dr. Sharanappa : That may be so but she looks very pale. It looks like she has less blood. She needs to come for regular check-ups. Please come back for the second antenatal visit next month.

Renukavva : But Gowramma told me that the second visit is required only in the eighth month.

Dr. Sharanappa : That is true only if you are healthy. In your case, you need to come back because you have less blood.

Amanamma : I knew no good would come of this visit. What do you want us to do? Set up camp here?! Renukavva has to go back and work in the fields. Do you think we are made of money? Come back here every month. Impossible!

Dr. Sharanappa : Please try and understand. Renukavva is very young, is underweight, has less blood and she needs to rest and eat well if she is to deliver safely.

Amanamma : Mark my words. She will deliver safely without all this interference.



SCENE 11: Renukavva's marital house

Characters on stage: Renukavva, Gowramma and Amanamma

Gowramma : I have brought you these red tablets, Renukavva. Don't forget to take one of these every night after dinner. These increase the red blood cells which nourishes you and the baby.

(Gowramma leaves.)

Amanamma : Renukavva, you are not going to eat these tablets. It will make the baby grow too big and then we will have problems with the delivery. I am going to feed them to the cow instead. Let her give birth to a big calf. We need big animals.

Renukavva : Amma, I will do what you say but let me rest. I feel very tired.

Amanamma : Rest Renukavva? Do you know how much work there is to be done both in the fields and at home? It is normal to be tired during this phase. That does not mean you give up work. I cannot manage everything on my own. You must help. If you rest, you will gain more weight, then the delivery and recovery after that becomes difficult. I have also noticed that your blouse is becoming tight. You are putting on too much weight. You should be eating much less.

Renukavva (the narrator) : And so I continued to toil in the fields and at home. In my eighth month I went to my natal home, as is the custom. My mother and I went to the PHC for my second antenatal visit.



SCENE 12: PHC

Characters on stage: Lakshamma, Renukavva and Dr. Sharanappa

Dr. Sharanappa : Yes, come in. What is your name?

Renukavva : My name is Renukavva. I came to you three months ago for registering my pregnancy.

Dr. Sharanappa : Ah, yes, yes, I remember now. You seemed to have less blood, right? Why did you take so long to return? I told you to come back the following month.

Renukavva : I had no time and my mother-in-law insisted that there was no need.

Dr. Sharanappa : Will you listen to me or to her?

Renukavva : What can I do? I am helpless.

Dr. Sharanappa : Why are you panting as you speak? You are also looking very pale and swollen. Have you been taking the IFA tablets?

(Renukavva looks away.)

Dr. Sharanappa : *(raises his voice in anger)* I am really very angry. Obviously you have not been taking the red tablets. Do you know what this means? You may need to take a blood transfusion. It has become all too complicated. There is no blood bank in the district so organising blood is very difficult.

Renukavva : *(cowers)* I am sorry, I am sorry.

(The two move to the side and leave the stage while Renukavva [the narrator] takes centre stage.)

Renukavva (the narrator) : I went home with my mother and the first thing she did was to call Gowramma home to ask for advice. She also called Eshappa my husband.



SCENE 13: Renukavva's natal home

Characters on stage: Gowramma, Renukavva, Eshappa (Renukavva's husband) and Lakshamma

Lakshamma : Gowramma, we have just been to the PHC and Dr. Sharanappa says that Renukavva may need blood. What should we do?

Gowramma : I wish you had listened to me from the beginning. I tried to convince Renukavva to take the red pills but she didn't. Anyway, there is no point in talking about what has happened in the past. Eshappa, I will give you the number of a helpline and they will put you in touch with potential donors. You also need to organise money in case of an emergency.

Eshappa : *(writes the number down on a piece of paper)* I will call this number and ask for the donors. But my mother feels that preparing for an emergency in advance is an ill omen so we are not going to organise the money.

Renukavva (the narrator) : My husband called this number and within a few days they organised two potential donors. He did not set aside money in case of any emergencies. I watched all this transpire and couldn't help feeling that my life was less important than all these superstitious beliefs. But I could

not say anything in front of my mother-in-law and husband. It is ironic that it was my body and my life; yet they were the decision makers.

Then came the 9th month and I went into labour 15 days early.

(Renukavva [the narrator] moves to the left and points to centre stage. Renukavva [the young girl], her husband Eshappa and her mother assume centre stage.)



SCENE 14: Renukavva's natal home

Characters on stage: Renukavva, Eshappa and Lakshamma

Renukavva : Avva, Avva, something is happening to me. Come quickly.

Lakshamma : What happened? Don't panic, you are going into labour. It is still very early though.

Renukavva : Inform my husband.

Lakshamma : You lie down. I will go and call him.

Renukavva : Avva, I am scared - don't leave me.

Lakshamma : I will send one of your brothers to call him.

Renukavva : Avva, I am getting sharp pains.

Eshappa : *(runs on to the stage looking flustered)* I will call the ambulance, we must take Renukavva to the PHC.

Eshappa : *(makes a call to the 108 ambulance)* Hello hello, please

come immediately. We need to reach the PHC. What? Did you say you are busy on another call? You won't be able to come for at least two hours?

(Meanwhile, Renukavva [the young girl] clutches her belly and moans softly. She slowly collapses to the ground.)



END OF PART 1

The announcer then requests the village youth in the audience to stay behind for a group discussion. Members of the Kala Tanda divide the youth present into two groups: one comprising young girls (Kishoris); the other, young boys (Kishoras). After a short discussion, which lasts around 15 minutes, the facilitators from the Kala Tanda tell the participants that they would learn about Renukavva's fate if they return for Part 2 of the play on the next day.

The next morning, the Kala Tanda goes into every neighbourhood (oni) of the village to conduct group discussions. They first sing songs and gather oni members together. They bring out a banner which pictorially depicts some key scenes from the play. They then present a synopsis of what has happened in the first half of the play for the benefit of those who did not see the play. They ask the same questions that were put forth at the youth meeting and supplement these with an additional discussion on the importance of hygiene during delivery. The primary agenda of these meetings is to promote safe deliveries.

GUIDING QUESTIONS

1. What is the name of the play?
2. What is the name of the protagonist?
3. What were her dreams?
4. When did she get married? Did she enter marriage willingly? Should her family have listened to her when she told them she did not want to get married?
5. When Manjunath tried to prevent Renukavva's marriage and failed, what did you feel? Do these things happen in your village? Do you think it is fair?
6. So many life-changing events occurred in the last two years of Renukavva's life. Should this have happened to a young person like her?
7. What is the appropriate age for the first pregnancy?
8. During pregnancy, what kind of antenatal care is required? Do women in your village get this care?
9. Why did Renukavva have swelling and tiredness?
10. Does this usually happen to women when they are pregnant? How do families typically respond? How do you think they should respond?
11. Why is rest and adequate nutrition important during pregnancy? Are these assured to pregnant women in your village?
12. Is it inauspicious to prepare for emergencies? What are the consequences of abiding by these beliefs?
13. Will Renukavva live? Why? Or why not?
14. Who all are responsible for her plight?

PART 2
SCENARIO 1



SCENE 1: Renukavva's natal home

Characters on stage: Renukavva, Eshappa, Manjunath and Lakshamma

Eshappa : Amma, what should we do?

Lakshamma : Go ask the neighbours for money. We will take her to the PHC ourselves. How I wish we had kept some money aside. Gowramma had advised us to do so.

(Eshappa rushes off stage. Renukavva [the young girl] is now lying down moaning loudly. Her mother is sitting on the ground tending to her.)

Eshappa : *(looking very flustered rushes back to the stage)* Amma nobody is willing to help. What will happen to us?

(Renukavva moans even more loudly. Enter GP member - Manjunath)

Manjunath : I heard about what is happening from Gowramma. I have organised a Tam Tam (large auto rickshaw) to take you to the PHC and here is Rs. 500/- for any additional expenses. I will also come with you.



SCENE 2: PHC

Characters on stage: Nagratna (ANM), Lakshamma, Eshappa, Renukavva, Manjunath

Eshappa : Where is the doctor? Renukavva is about to have a baby.

Nagratna : The doctor is on leave. Today is a festival day. I will see what I can do.

(Renukavva in the meanwhile is moaning and panting. Nagratna attempts to examine her.)

Nagratna : She is very breathless and looks very pale. I think she needs a blood transfusion. I don't think we can handle this case over here. I am going to refer her to _____ hospital in the next district.

Lakshamma : Why don't you call the MO instead and let him decide. We are very scared of going to big hospitals. We don't know what they will do to her over there.

Nagratna : I think it is too late for us to handle this case over here. Leave immediately.

Eshappa : At least give her some treatment here.

Nagratna : There is nothing we can do here. She needs a transfusion or else her heart will be affected.

Manjunath : Let us not waste time here. In a big hospital they will be able to give her better care.

(Manjunath, a groaning Renukavva, Eshappa and Lakshamma depart.)



SCENE 3: _____ Hospital

Characters on stage: Dr. Huligappa (doctor at the tertiary hospital), Eshappa, Manjunath, Lakshamma, Renukavva, Amanamma, Sangappa and Renukavva's brothers

(Renukavva is coughing while speaking.)

Renukavva : I have never experienced so much pain in my life. Death is preferable. I can't breathe. My entire body is swollen including my fingers and toes.

Dr. Huligappa : Yes, how can I help you?

Eshappa : Nagratna, the ANM from our PHC referred us to you as she said she is unable to help us in any way.

(Dr. Huligappa examines Renukavva.)

Dr. Huligappa : Eshappa, Renukavva's condition is critical. I wish the ANM had informed me before sending you here. We would have been better prepared. We need to transfuse blood immediately. Do you know of anybody who can donate?

Eshappa : I have the numbers of two potential donors. I will call them just now.

(Renukavva continues groaning in the background.)

I have spoken to the donors. They will be here within six hours.

Dr. Huligappa : We will keep Renukavva under observation till then.

Lakshamma : Doctor, please save my daughter. We will take good care of her after this. This is her first child.

Dr. Huligappa : It is touch and go. I cannot promise anything, but we will try our best. If you can assure me that the donors will come, we can start the transfusion and they can replace the blood.

Eshappa : Yes, yes, they will be here as soon as possible.

(Renukavva continues moaning. The hospital staff start the blood transfusion process.)

Dr. Huligappa : She is not responding well so we still can't say anything. She is at risk of congestive heart failure. Call everyone who wishes to meet her.

(Amanamma, Renukavva's brothers and father enter and rush to her. They spend a few moments with her when Renukavva starts moaning again.)

Dr. Huligappa : She is about to deliver. All of you please leave the room except Lakshamma.

(A curtain is pulled around the three characters. After a while, Dr. Huligappa emerges holding a baby.)

Dr. Huligappa : Congratulations! Renukavva has had a baby girl. She is still very fragile and you will have to take good care of her.

(All the actors move off the stage and Renukavva [the narrator] assumes centre stage.)

Renukavva (the narrator) : It was a very long labour. I groaned and moaned for 36 hours - I had never felt such agonising pains before. I would not wish this on my worst enemy. There were times when I blacked out with the pain. It almost feels like I actually died and then came back to life. I wondered why we did not pay heed to Gowramma's words. We could have prevented these ghastly developments. We could have saved all the money and trouble that was required in bringing me to _____. What is this world we live in, where good advice is dismissed so easily? When will a woman's life be valued?

After I gave birth to a beautiful baby girl I thought about many things - can I make a vow to give her education and healthcare? Will she have a life different from mine? Will it be in my hands? These are questions I put before all of you today. What is right? What is wrong? Can we change the wrongs we commit into right action? When do we start? Today, tomorrow? Where do we start? Here?



THE PLAY ENDS

PART 2 SCENARIO 2



SCENE 1: Renukavva's natal home

Characters on stage: Renukavva, Eshappa, Manjunath and Lakshamma

Eshappa : Amma, what should we do?

Lakshamma : Go ask the neighbours for money. We will take her to the PHC ourselves. How I wish we had kept some money aside. Gowramma had advised us to do so.

(Eshappa rushes off stage. Renukavva [the young girl] is now lying down moaning loudly. Her mother is sitting on the ground tending to her.)

Eshappa : *(looking very flustered rushes back to the stage)* Amma nobody is willing to help. What will happen to us?

(Renukavva moans even more loudly. Enter GP member - Manjunath)

Manjunath : I heard about what is happening from Gowramma. I have organised a Tam Tam (large auto rickshaw) to take you to the PHC and here is Rs. 500/- for any additional expenses. I will also come with you.



SCENE 2: PHC

Characters on stage: Nagratna (ANM), Lakshamma, Eshappa, Renukavva, Manjunath and Dr. Sharanappa

Eshappa : Where is the doctor? Renukavva is about to have a baby.

Nagratna : The doctor is on leave. Today is a festival day. I will see what I can do.

(Renukavva in the meanwhile is moaning and panting. Nagratna attempts to examine her.)

Nagratna : She is very breathless and looks very pale. I think she needs a blood transfusion. I don't think we can handle this case over here. I am going to refer her to _____ hospital.

Lakshamma : Why don't you call the MO instead and let him decide. We are very scared of going to big hospitals. We don't know what they will do to her over there.

Nagratna : I think it is too late for us to handle this case over here. Leave immediately.

Eshappa : At least give her some treatment here.

Nagratna : There is nothing we can do here. She needs a transfusion or else her heart will be affected.

Manjunath : Let us not waste time here. In a big hospital they will be able to give her better care.

Dr. Sharanappa : *(enters)* Yes, what is the problem?

Eshappa : Renukavva is in terrible pain. Please see what you can do.

Nagratna : Doctor, I told them that they should take her to _____ immediately but they wanted to get your opinion.

(Dr. Sharanappa examines Renukavva.)

Dr. Sharanappa : Her pulse rate is very low. She is extremely breathless and pale. She needs a blood transfusion immediately. Take her to _____ hospital right away.

Lakshamma : Doctor, please give her some treatment here, so that she will be able to reach _____ safely.

Dr. Sharanappa : There is nothing I can do for her. Please go fast.

(Manjunath, a groaning Renukavva, Eshappa and Lakshamma depart.)



SCENE 3: Inside the ambulance

Characters on stage: Manappa (ambulance attendant), Manjunath, Renukavva, Eshappa and Lakshamma

Renukavva : Amma I can't breathe, please help me.

Manappa : *(tending to Renukavva)* Just relax. We will reach the hospital soon. I don't have any medication in the ambulance.

Renukavva : *(clutching her mother's hand)* Avva, the pain is unbearable. I don't want to die.

Eshappa : *(pleads with Manappa)* Tell the driver to go fast. Renukavva may not survive for long.

Manappa : He is driving as fast as possible. We can do nothing. You people always leave things to the last minute and then the entire burden falls on us.

(Renukavva moans loudly at first and then her moans became softer and slowly inaudible. Lakshamma rubs her hands and wails loudly.)

Lakshamma : My daughter, my daughter! Breathe.

Lakshamma : *(asks the ambulance attendant)* What is happening to her? Do something.

Manappa : *(looks for a pulse)* It is too late too late! I cannot find her pulse.

(Lakshamma and Eshappa start weeping loudly. Manjunath attempts to pacify them.)

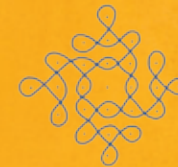
Renukavva (the narrator) : And thus came my end. This is not what I had chosen. I was just 16. Why should I have died? What did I do wrong? What was my crime? Is it my fault that I was born a girl? Is it my fault that I had to leave school? Is it my fault that I got married so young? Is it my fault that I did not receive proper antenatal care? Is it my fault that I did not get rest and nutritious food during my pregnancy? Is it my fault that I did not take the red pills? Is it my fault that my family is superstitious and did not prepare for emergencies? Why is the PHC not equipped to deal with emergencies? Why didn't they refer my case properly? Who is responsible for all this? Who will take the blame? What can be done to avert such a situation? I am not alone in this – I represent many young girls, who face similar situations. How will they be taken care of?



THE PLAY ENDS

KUSUMALA KATHE

(KUSUMA'S STORY)



KUSUMALA KATHE

(KUSUMA'S STORY)

SYNOPSIS

This play depicts the trials of a young girl, Kusuma, who is in her fourth pregnancy. She has three daughters. Her in-laws forced her to get pregnant in the hope that she will deliver a boy, a child of the desired sex. They do not consider healthcare necessary. During Kusuma's pregnancy, they deny her antenatal care. When she suffers from prolonged labour, they call for an ill-qualified Registered Medical Practitioner (RMP), whose practices are irrational and harmful, and a traditional midwife, who is unhygienic. Kusuma gives birth at home, but the child born is dead. She then starts bleeding; her life clearly under threat. Kusuma's cries for help finally prompt her relatives to take her to a tertiary hospital.

The play is presented in two parts. Part 1 ends at a climactic moment when Kusuma is taken to the hospital but her fate is not known. At this junction, the audience is asked whether she will live or die. This question is also taken to youth groups in the village immediately after the play, and to neighbourhood groups on the next day. (The questions used to guide these discussions are listed at the end of Part 1 of the play.)

Part 2 of the play resolves the speculation around Kusuma's survival. With the odds working against her, her life comes to a premature end at the hospital. The play then addresses the question of how and why Kusuma died. Who was responsible? How were they responsible?



CAST OF CHARACTERS

Sutradhar (Bhramanna)	Narrator
Nagamma	Kusuma's grandmother-in-law; Mallanna's grandmother
Mallanna	Kusuma's husband
Basanna	Kusuma's elder brother
Akkavva	Kusuma's younger sister
Savitri	Kusuma's friend
Durgamma	Kusuma's neighbour
Kasturamma	Kusuma's mother-in-law
Kusuma	Protagonist
Devappa	Mallanna's father
Savanna	God of death
Sanjeevakka	ASHA worker
Dr. Shivmurthappa	Village doctor, Registered Medical Practitioner (RMP)

Suvarna	Patient
Dr. Shankrappa	PHC doctor
Shivputrappa	Attendant at the PHC
Sharada	Staff nurse
Manjula	Midwife
Kusuma 1	Protagonist
Kusuma 2	Protagonist



KEY MESSAGES IN THE PLAY

- Early marriage at the cost of education is unjust.
- Forcing women to undergo multiple pregnancies, until they give birth to a male child, is both unjust and harmful to their health.
- Every pregnant woman is entitled to complete antenatal care.
- Labour exceeding 24 hours is a cause for alarm.
- Skilled birth attendance under hygienic conditions is a woman's right.
- Families should follow medical advice and take women to tertiary healthcare facilities when necessary.
- The responsibility for maternal survival rests with families, communities and healthcare providers.
- Daughters-in-law should be entitled to the same rights as other members of their marital families.
- Maternal safety is every woman's right.

The play begins with a member of the Kala Tanda introducing their group (as one that seeks to promote maternal safety in the district under the aegis of the Surakshita Taytana Andolana) and the Andolana's many activities. The Tanda member then announces the title of the play, explains that it is based on a true story and requests the audience to actively think about its main messages.

PART 1



SCENE 1: Kusuma's house

Characters on stage : Bhramanna, Nagamma (Old lady), Mallanna (Kusuma's husband), Basanna (Kusuma's elder brother), Akkavva (Kusuma's younger sister), Savitri (Kusuma's friend), Durgamma (Neighbour), Devappa (Kusuma's father-in-law), Kasturamma (Kusuma's mother-in-law)

The actors stand in a semi-circle.

Bhramanna : Oh! What celebrations! What festivities!
(the narrator)

All the other actors : Oh! What celebrations! What festivities!

(Song on festivities)

Bhramanna : *(addressing the audience)* You haven't asked us why these festivities are taking place or where they are happening. Oh! You too are immersed in these festivities, right? Let me tell you. We are in Kusuma's

house in the village of _____ that is in the taluka of _____, in the _____ district. Let us ask the old lady of this house what they are celebrating. Aiji, please come here.

Nagamma : What is it, son?

Bhramanna : Why is the house full of relatives and friends, Aiji? Is there some festival?

Nagamma : The whole village knows about what is happening but you don't know anything, son?

Bhramanna : If I knew, would I ask you, Aiji?

Nagamma : My grandson's wife, Kusuma is in her fourth pregnancy.

Bhramanna : Fourth pregnancy?

Nagamma : Why, son? Is that a problem?

Bhramanna : It is not a problem for me. Why should I worry? But your grandson and his wife already have three children. Why do they want another child?

Nagamma : The first three children are girls. We need a boy to bring light into this house. That's why Kusuma has become pregnant for the fourth time. This time, we are hoping that it will be a boy. A boy after three girls is a good omen.

Bhramanna : *(addressing the audience)* Now you know the reason for festivities and celebrations.

Mallanna : *(addressing Basanna)* Oh! Come, Basanna. At last you have come! You have brought your sister along with you. We are all happy that you could come.

Basanna : I promised you that I would come, right? How could I break that promise? At last, you are going to be a father to a son.

Mallanna : *(looking shy)* Don't mention it, Basanna!

Akkavva : Look! Mallanna's face has lit up! In the end your stubbornness bore fruit, right?

Mallanna : What do you mean? How am I being stubborn?

Akkavva : If this is not stubbornness, what is it? Even when Kusuma didn't want it, you made her pregnant for the fourth time saying that you wanted a son. She was hardly 16 years old when she got married and had her first baby within a year. The next two girls were born soon after that. Do you think you have done the right thing?

Mallanna : What do you know? You are living happily. You have a secure future with two sons. My case is not like that. I wanted a son but got three daughters. Don't I need a son to brighten this house, to continue our family line and most importantly to perform my last rites?

Akkavva : Whatever you say brother, you should have stopped after two children. What do you know about the problems of women? Each delivery brings with it the threat of death.

Nagamma : What are you talking about, child? For a woman who has had three deliveries, delivering a fourth is no problem. I have had 16 pregnancies but I never complained. What do you think a woman's responsibility is? It is doing household chores, cooking and giving birth to babies. How can you dispense with your husband after two deliveries? The house should be full of children.

Savitri : The generation that you lived in and the one that we live in, are completely different, Aiji. We don't have good food like you used to have.

Durgamma : What Aiji, look at me. I haven't had a single baby even though I have been married for so many years. I prayed to every God and visited every hospital. Despite all that I was still childless. But now, I have adopted an orphan. The only worry childless couples have is that they are childless. It is people with children, who have many other worries. I would have been just as happy with a baby girl, as I would have been with a boy. Look at you Mallanna, it is not enough to just be happy that Kusuma is pregnant. Have you taken her to the hospital?

Savitri : Have you got her blood and urine tests, done, brother? Have you taken her to the healthcare centre to get a TT injection?

Akkavva : Have you given her the red tablets that give her strength?

(Mallanna shakes his head indicating that he has not done anything.)

Nagamma : What are all of you saying? I have had multiple pregnancies without taking any tablets or injections. I have never even seen the inside of a hospital. That is why we have not given any medicines or injections to our Kusuma. God has given her this pregnancy and God only will look after her. You keep quiet.

Durgamma : Aiji, you have to get her examined regularly. One can't anticipate when a problem may arise.

Kasturamma : What are these evil things you are saying? You should not say such things in auspicious times like these. Come let us do an aarti.

(They make Kusuma sit on the stool and get things ready for the aarti. They make her wear a green saree and a blouse with jhari (gold thread). They slide bangles on to her wrists and adorn her hair with jasmine flowers.)

Basanna : What, Mallanna, you have filled your stomach with happiness because you are going to have a son but what about us? When are you going to feed us?

Devappa : We have arranged for everything because we are going to be blessed with a boy. Everyone please come for lunch.

(Everyone goes inside.)



SCENE 2: Kusuma's house

Characters on stage: Savanna (God of Death),
Sanjeevakka (ASHA worker)
and Bhramanna.

Savanna : *(enters dancing to the music and laughing loudly)* Ha! Ho! Ha! Ho! I am Savanna. I am also known as the God of Death. I go where there is ignorance. I love this place. I will leave my mark on this house. I will kill. I will take a life!

Sanjeevakka : *(soft music playing as she enters)* Savanna, you fool! I am Sanjeevakka. To protect is my profession. I will not give you an opportunity to kill.

Savanna : No! I will surely kill!

Sanjeevakka : No! I will protect!

Savanna : I will kill!

Sanjeevakka : I will save!

Bhramanna : Stop! Why are you fighting? Everybody is asleep after all these celebrations. Don't disturb them.

Savanna : Who is this man who interferes in our argument?

Bhramanna : Isn't Brahma the author of this great big drama called life? Similarly, I am Bhramanna, the author of this play. I control every character in this play. I control your characters too! Don't create trouble and force me to remove your characters from the play.

Savanna : Isn't my character the one that kills?

Sanjeevakka : Isn't my character the one that protects?

Bhramanna : I don't disagree with you but who told you both to argue about what you are planning to do? You do what you have to do. But remember, it is finally me, Bhramanna who decides for how long one has to be protected and when one has to die. Don't get into unnecessary arguments and kill your characters. You are independent, but only to do what your characters allow you to do. Come, let us go.

(They go inside.)



SCENE 3: Kusuma's house

Characters on stage: Kusuma, Kasturamma, Nagamma, Mallanna, Dr. Shivmurthappa (Private village doctor), Bhramanna

(Kusuma is writhing with labour pains.)

Kusuma : *(groaning)* Oh! What pain! Ah! What terrible pain.

Kasturamma : What's the matter, dear? *(after seeing her suffering)* Get up everyone. Kusuma is in labour.

Nagamma : Is it so? Hey, Mallappa! Get up. Your wife is having labour pains. Let the pains come fast.

Mallanna : Shall I go and bring the doctor?

Nagamma : No, no. Go and bring the midwife.

Mallanna : Ok.

(Mallanna gets ready to leave.)

Kusuma : *(in pain)* No, come back. These are not labour pains. These feel more like the pains of death! I am not able to withstand them!

Mallanna : I will go and bring the doctor.

Nagamma : Are you mad? The pains have just started and you want to bring the doctor.

(Mallanna looks at Kusuma with concern.)

Mallanna : Kusuma is suffering terribly! I can't bear to see it. I am going to get the doctor.

Nagamma : Mallanna, if you insist on bringing a doctor don't bring the government doctor. Get the private doctor. He is the one who responds when we call.

(Mallanna agrees and leaves. Kusuma continues to moan. The private village doctor (RMP) comes, dancing to the music. Song about the village doctor is played.)

Dr. Shivmurthappa : What happened, Kasturavva?

Kasturamma : Come, come doctor. Examine my daughter-in-law.

Dr. Shivmurthappa : Okay, bring me a chair.

Mallanna : *(getting a chair)* Doctor, my wife is in terrible pain. Please examine her immediately.

Dr. Shivmurthappa : Don't worry. My arrival is like the coming of God. Kasturavva, give me some water. Coming here has left me breathless. I am also hungry - bring me some food.

Nagamma : Please first examine our Kusumamma. You can eat and drink water later.

Dr. Shivmurthappa : *(examines Kusuma's eyes, pulse and tongue)* Don't worry. I will give her an injection and then she will be fine.

(He gets the injection ready.)

Mallanna : Doctor, will my wife be safe?

Dr. Shivmurthappa : *(giving Kusuma an injection)* Yes, she will be fine. Don't worry. Everything is going to be alright. Cover her with a blanket while she sleeps. Kasturavva, at least now bring me some water and something to eat. Also make me some tea.

Kasturamma : Yes, yes. I will prepare something.

Dr. Shivmurthappa : Then I will visit the next house in the meantime. They too had come to call me. I will be back soon. Please keep everything ready.

(The doctor leaves to the strains of the song about the village doctor. Kusuma is in severe pain. Savanna stands and laughs while Sanjeevakka shakes her head.)

Bhramanna : What kind of people are they? When will they learn? After the private doctor gave Kusuma the injection, did she deliver? What actually happened? Watch to find out.

Mallanna : *(watching Kusuma moan)* Mother, grandmother, it is very hard for me to see Kusuma suffer like this. Let us take her to the hospital.

Nagamma : Going to the hospital is not necessary. Wait and watch. She will deliver soon.

Kusuma : Let us go to the hospital right now! I cannot bear this pain.

(She gets up to leave. Everyone accompanies her. Background music plays.)



SCENE 4: PHC

Characters on stage: Dr. Shankrappa (PHC doctor),
Suvarna (Female patient),
Mallanna, Kusuma, Shivputrappa
(Attendant), Nagamma,
Kasturamma

(The PHC doctor is at his desk. A female patient enters.)

Suvarna : *(shivering)* Doctor, doctor, please see if I have a cold and fever.

Dr. Shankrappa : Since when have you been sick?

Suvarna : Since two days.

Dr. Shankrappa : Is that so? *(checks her pulse)* What did you eat before coming here?

Suvarna : I have eaten some chillies to drive out the cold and fever.

Dr. Shankrappa : You should not eat such things when you have fever. I will prescribe some tablets. You can collect them from outside when you leave. Take one tablet in the morning, one in the afternoon, one in the evening and one at night for four days. Everything will be all right. Come back here after the tablets are over.

Suvarna : Yes doctor.

(Patient leaves.)

Mallanna : Doctor, doctor, my wife is suffering from labour pains. Please examine her.

Dr. Shankrappa : Is that so? Please send her inside so that I can examine her.

(Everyone tries to go inside but the attendant prevents everyone except Kusuma and Kasturamma from going inside. Mallanna's grandmother tries to push her way in.)

Shivputrappa : Aji, you stay outside. Only one person is allowed inside with the patient.

Nagamma : See, Mallanna? See how they treat us. That is why I told you not to come to this hospital.

Mallanna ; Aji, I am so scared. Nothing is going to happen to Kusuma, right?

Nagamma : Why are you so worried, son? When a sapling is born out of another tree, there are bound to be some problems. You have to withstand them. Even though I went through 16 pregnancies, your grandfather never worried. He just used to sit outside calmly.

Mallanna : *(sees the doctor coming out)* Doctor, how is my wife doing?

Dr. Shankrappa : You have come to the hospital only after things are completely out of control. You never get antenatal check-ups done after the periods stop, despite us telling you so many times. See, I am telling you as your well-wisher, ours is a small hospital. We don't have the facilities to conduct a complicated delivery. This is a very serious case. You have to take her to the district hospital right away. Don't delay any further.

Mallanna : Okay, doctor.

Nagamma : You have given her an injection and a tablet, right? Then send her home! We will conduct the delivery at home itself. Come dear, let us go home. God will take care of everything. Come on everyone, let us go.

(Everyone leaves.)

Dr. Shankrappa : When will these people understand? They never listen to anything.



SCENE 5: PHC

Characters on stage: Bhramanna, Savanna, Sanjeevakka, Mallanna, Kusuma, Sharada (Staff nurse), Nagamma

(Savanna stands up in the middle of the stage. He is laughing out loudly. Sanjeevakka also arrives).

Bhramanna : What kind of people are these? No matter how many times they are told, they never understand. They brought Kusuma home. The doctor repeatedly told them to take her to the district hospital. I was in another village recently where there was another woman there like Kusuma who was suffering from labour pains. The delivery was protracted. Her family took her to the hospital. The doctor there gave her an injection, sent her home and washed his hands off the case. He didn't even inform them that it was a complicated case and that they should take her to a better equipped facility. The woman died that very night. Kusuma suffered through the night. She had severe bleeding. Despite that the family didn't take her to the district hospital. They took her back to the same PHC the next day.

(Background music as Kusuma and her family enter the PHC. They are greeted by the staff nurse.)

Mallanna : Sister, even though the pains started two days ago, my wife has not delivered. Please call the doctor.

Sharada : Oh! It is you people again? Come in. The doctor is in a meeting in Koppal. I will examine her. Please send her in.

(They go inside. The staff nurse gives Kusuma an injection and comes out.)

Mallana : Aiji, Kusuma has been suffering in pain since yesterday morning but the baby has not been born. I am feeling very scared.

Nagamma : Don't worry son. I have suffered from labour pains three days before the delivery. Nothing will happen. I don't know why you are getting so scared.

Sharada : Look, the doctor examined her earlier and gave her an injection. I too have given her a TT injection now. Don't worry. Just take her home. Come back if there is a problem.

(Everyone leaves. Savanna laughs cruelly while Sanjeevacka shakes her head.)



SCENE 6: Kusuma's house

Characters on stage: Kusuma, Basanna, Akkavva, Kasturamma, Nagamma, Mallanna, Manjula (Midwife), Savanna, Sanjeevacka and Bhramanna

(Kusuma is at home and in terrible pain. Basanna and Akavva arrive.)

Basanna : Kusuma, how are you? Be brave and withstand the pain. You will be fine.

(He goes to Mallanna and consoles him.)

Akkavva : Elder sister, is the pain too much? You have to bear it. We came here as soon as we heard about it. Don't worry - nothing bad will happen.

Kasturamma : *(addressing Akkavva)* Your sister hasn't eaten anything since morning. Try to feed her this upma with your hands. She might have a few spoonfuls.

Akkavva : Elder sister, please eat a little. Here, let me feed you.

(She tries to feed her, but after eating a little, Kusuma vomits.)

Nagamma : Eat something, child. Force it down. If there is something in the stomach, it will make the pains more intense and productive.

(Kusuma vomits again. Even when she tries to drink tea, she vomits.)

Kusuma : *(in acute pain)* Avva, please send them out. I seem to be getting severe pains.

(She groans in pain.)

Nagamma : All the men please go out. Mallanna, go get the midwife.

(Mallanna and Basanna leave.)

Kasturamma : Avva, they say the delivery becomes easier in a sitting position. Shall I make her sit?

Nagamma : Okay, dear.

(They make Kusuma sit.)

Akkavva : Aiji, is that midwife trained?

Nagamma : What did you say? Training? She is the one who conducts deliveries in all the houses in our village. What other training does she need, dear? She has so much experience.

Mallanna : The midwife is here.

Manjula : *(inhales some snuff, puts some betel nuts and leaves in her mouth and wipes her hands on her saree)* How are you, Kusuma? It seems like the severe pains have started? Do you have a sickle, Nagamma?

Nagamma : It is upstairs. I will get it. My mother had given that sickle to me. We have cut the umbilical cords of every single baby in our family with that sickle.

Akkavva : Instead of using a new blade to cut the umbilical cord, you want to use an old sickle, midwife? Will it not become septic?

Manjula : No dear! What do you modern people know about all this? I have cut hundreds of cords using sickles. Nothing is going to happen. You just be quiet. Should we conduct the delivery here itself?

Nagamma : Not here. This is a place where people walk around and sit. Let us go to the cowshed.

(The old lady takes Kusuma to the cowshed.)

Akkavva : Aiji, please listen to me. It is impossible to conduct deliveries in a cowshed. There is neither light nor air. It is not even clean.

Nagamma : What do you know about these things, dear? Be quiet. There shouldn't be too much light during the time of delivery. The air will only give the pregnant woman a cold. I had all my deliveries in this very place.

Akkavva : At least get some clean cloth to spread on the floor.

Nagamma : What nonsense! We have some gunny bags. You please be quiet. I am going inside now.

Akkavva : Mallanna, at least you should know about these things.

Basanna : That midwife has gone to conduct the delivery after consuming snuff and betel leaves and she hasn't even washed her hands!

Mallanna : What can I do, Basanna? No one listens to me.

(He stands there helplessly.)

Basanna : Akkavva, at least you tell them.

(Akkavva goes inside. Basanna consoles Mallanna. Savanna appears laughing loudly.)

Savanna : No! I will not be quiet anymore! I am feeling very hungry! I ate lots of people during the last drought. Now I am getting two more victims – Kusuma and her unborn baby. I will eat the unborn child like people eat tender cucumbers!

(He gets ready to leave when Sanjeevakka runs on to the stage.)

Sanjeevakka : Wait, Savanna! I am not going to let you do this! Don't do anything in haste!

Savanna : No! I will enjoy eating them!

Bhramanna : Savanna, please listen to Sanjeevakka. Please don't kill Kusuma – it will be such injustice! She didn't even want this pregnancy. Her family members told her repeatedly that she will definitely have a son after three daughters, so she agreed reluctantly. This society puts a lot of pressure on having a male child in the belief that he will bring some light into the house. Kusuma is withstanding all this pain only to keep them happy. Please don't kill such an innocent person, Savanna!

Savanna : No! I will not leave her this time!

Bhramanna : Savanna, despite being in so much pain, Kusuma is seeing some sweet and beautiful dreams. Let us go and see what her dreams are ...if you don't feel any sympathy towards her even after that, you can do as you wish.

(Saying this, he takes Savanna to see Kusuma's dreams.)



SCENE 7: Dream sequence in Kusuma's house

Characters on stage: Kusuma, Mallanna, 5-7 persons with non-speaking parts and Bhramanna

(The dream starts with a song/music. Kusuma holds the baby in her arms and places him in the cradle. Everyone is standing close to the cradle and singing.)

Mallanna : Look at my beautiful son. We shall call him Ananda.

(The crowd moves back and sits as the song continues.)

Kusuma : Ananda, Ananda, you are my dream come true. I will cherish you all my life.

Bhramanna : This is not true. It is only Kusuma's dream. Won't that merciless Savanna take pity on her, even after knowing that she has had such a dream? There is no hope if he doesn't relent.



SCENE 8: Kusuma's house

Characters on stage: Kusuma, Basanna, Mallanna, Kasturamma, Nagamma, Dr. Shankrappa and Bhramanna

(A song is playing in the background when Kusuma screams out loudly. Basanna enters carrying the baby's dead body. Mallanna follows right behind him and Kusuma, despite her weak condition, comes running after them.)

Kusuma : My baby! My baby! Please do not take my baby away from me!

(She is crying along with Kasturamma and Nagamma. A song about the baby's death plays in the background.)

Mallanna : Get up, Kusuma. Whatever had to happen, has happened. Go inside now.

Kusuma : My baby... my baby...*(faints while crying)*

(Kusuma's family takes the dead baby outside. They perform the last rites and leave Kusuma behind in her weakened state. After 10-12 hours, Mallanna enters and sees Kusuma lying unconscious.)

Mallanna : *(crying)* Kusuma! Kusuma! Please say something. Avva, Aiji all this has happened because of both of you! I will not listen to anyone now. I am going to bring the doctor right away.

(He goes out and comes back with the doctor.)

Dr. Shankrappa : *(takes Kusuma's pulse and examines her)*
Everything is out of control now. She is bleeding severely, but there may still be some chance of saving her if you take her to the district hospital immediately.

(Everyone gets ready to leave for the hospital.)

Mallanna : Get up, Kusuma! Say something! I will not make these mistakes again. I have already lost the baby and I cannot afford to lose you as well. Get up, Kusuma! Let us go to the big hospital.

(Music is playing while everyone leaves.)

Bhramanna : They finally took Kusuma to the big hospital. All the doctors there took very good care of her. They even gave her transfusions because of her excessive bleeding. Keeping this in mind, Kusuma should be alive now, right? Or is she dead? What do you think? If she is dead, why did she die? And if she is alive, how did she survive? I will not give you the answer. You have to think about it. We will be back tomorrow night. Let us know your answer then. After that, we will show you the second part of this play to let you know what actually happened to Kusuma.

Go home. Good bye. Good night to all of you.



END OF PART 1

The announcer then requests the village youth in the audience to stay behind for a group discussion. Members of the Kala Tanda divide the youth present into two groups: one comprising young girls (Kishoris); the other, young boys (Kishoras). (Guiding questions for the discussion are given below.) After a short discussion, which lasts for around 15 minutes, the facilitators from the Kala Tanda tell the participants that they would know Kusuma's fate if they return for Part 2 of the play on the next day.

The next morning, the Kala Tanda goes into every neighbourhood (oni) of the village to conduct group discussions. They first sing songs and gather oni members together. They bring out a banner which pictorially depicts some key scenes from the play. They then present a synopsis of what happened in the first half of the play for the benefit of those who were not present. They ask the same questions that were put forth at the youth meeting and supplement these with an additional discussion on the importance of hygiene during delivery. The primary agenda of these meetings is to promote safe deliveries.



GUIDING QUESTIONS

1. How many children does Kusuma have? What is the sex of her children?
2. Why did she need to get pregnant for the fourth time? Did Kusuma want to have another baby or was it forced on her? Should women have control over such decisions?
3. Is it important to have a male child? Why?
4. Should Kusuma have received antenatal care? Why?
5. For how long did Kusuma's labour last? Is it safe for a woman to have such prolonged labour?
6. Who are the different caregivers during her labour? What kind of care did they give her?
7. Why did the family not follow the PHC doctor's advice to take her to a higher facility? What are the consequences of this inaction?
8. Does Kusuma's baby live or die?
9. The entire family goes for the baby's funeral and leaves Kusuma alone for 12 hours. Were they right to do so?
10. Will Kusuma live or die? Why or why not? (The Kala Tanda encourages a debate between these opposing points of view.)

PART 2



SCENE 1: Central open place in the middle of the village

Characters on stage : All characters

The actors stand in a semi-circle.

Bhramanna : Welcome! Welcome! My salutations to you all. We have come back as we had promised. Yesterday, we showed you some incidents that had occurred in Kusuma's life. Do you remember? You have to remember because you are not people who will forget easily. After Kusuma's health deteriorated completely, they took her to the district hospital in _____. There, the doctors put in all their efforts and did everything they could to save Kusuma. They even transfused the blood she had lost. Then what happened? Do you think Kusuma survived? Come on, give us an answer.

(The narrator seeks the opinion of the audience through a discussion. These opinions are supported and countered by the other participants and artists.)

Come here, Savanna.

(Savanna enters dancing to some loud music.)

Tell them what happened to Kusuma, Savanna. Who won? You or Sanjeevakka?

Savanna : I killed Kusuma! *(laughs)*

Bhramanna : Sanjeevakka, come here.

(Soft music plays in the background when she enters.)

You were saying that you would not let Kusuma die? Did you lose?

Sanjeevakka : No, Sutradharanna! Savanna is lying! I have won!

Savanna : No! I have won!

Sanjeevakka : No! I have won!

Savanna : Kusuma is with me! I have won!

Sanjeevakka : No! Kusuma is with me! I have won!

Bhramanna : Stop, both of you! How can one person be with both of you? You are making a mistake! Check again and tell me!

Savanna : Kusuma is with me!

Sanjeevakka : No! Kusuma is with me!

Savanna : No! Kusuma is with me!

Sanjeevakka : No! Kusuma is with me!

Bhramanna : Can you show me?!

Savanna : Of course! I will show you right now!

Sanjeevakka : I too can show you right now!

Bhramanna : Okay, Savanna. In that case, call Kusuma.

Savanna : Come here, Kusuma. *(Kusuma comes when Savanna calls her but stands with her back to the audience.)*
Look, here is Kusuma.

Bhramanna : Sanjeevakka, have you learnt how to lie? I thought you are the last person in the world to lie. But nowadays there is falsity and deceit everywhere, and you also seemed to have succumbed to it, right?

Sanjeevakka : No! I never lie! I will also call Kusuma now. Come here, Kusuma.

(Kusuma comes and stands near Sanjeevakka with her back to the audience.)

Bhramanna : Kusuma is there and she is here too! What is this? A dream or is this reality? *(Pinches himself.)* No! No! This isn't a dream. It is reality! But how can one woman be in two different places? Let me ask them! Oh, Kusuma, standing in two different places, come forward and reveal your identity. Let us see who the real Kusuma is and who is the duplicate one.

Kusuma 1 : I am the real Kusuma! *(turns to face the audience)*

Kusuma 2 : I am the real Kusuma! *(turns to face the audience)*

Kusuma 1 : I am the real Kusuma!

Kusuma 2 : I am the real Kusuma!

Kusuma 1 : I am the real Kusuma, Sutradharanna, Savanna took me away – this is the truth!

Bhramanna : Oh God! What have you done, Savanna? We prayed so hard for Kusuma's safety! You killed her mercilessly! Kusuma, you had so many hopes! Why did you die?

Kusuma 1 : *(kneeling in front of Savanna)* Anna, I don't know why I died! Savanna, why did you kill me? What is my crime? I had so many dreams! You have destroyed all of them! Why? Tell me!

Why did you kill me? Oh! Oh! Oh! Why did you kill me?

I didn't ask for so many children.

I didn't insist on having a son.

I became pregnant for the fourth time due to pressure from the family.

No matter how much blood I lost, no one ever noticed.

Is this my fault, Savanna? Why did you kill me?

Savanna : My child, Kusuma, get up. The mistake is not yours. The fault lies with your family.

Kusuma 1 : What crimes did they commit, Savanna?

Savanna : Do you want to know? Wait then. Let me call all of them here. I will make them admit to their mistakes! All of Kusuma's family members come here right now!

(Everyone comes and stands with their hands folded.)

What do you have to say, Oh husband, Mallanna? You tied the mangalasutra around her neck right? Isn't it your duty to protect her? If you can't take care of her why did you enter into this relationship? Why don't you admit to your mistakes?

Mallanna : Yes, I did make a mistake. The community put pressure on me because I had three girls. In turn, I put pressure on Kusuma to get pregnant for the fourth time. I should have stopped after the second child, without bothering about whether they were girls or boys. I did not know that multiple pregnancies led to complications. My Kusuma is now dead because of this. I won't make this mistake again, Savanna. I will go to other people's houses and try to share the message that no couple should have more than two children, irrespective of whether they are girls or boys.

Savanna : If you had this clarity earlier, not only would your son have survived, your beautiful wife would also have been here with us today.

(Savanna turns to Kasturamma who is crying and questions her.)

Savanna : Kasturamma, stop crying. When you brought Kusuma home, did you bring home a bride or machine to endlessly produce children?

Kasturamma : I am sorry Savanna. I too am at fault. I should have ensured that the delivery took place in a clean surrounding, but I listened to my mother-in-law. I too gave birth to my children in a cowshed and lost two children. But for my third delivery, my natal family ensured that I delivered in a clean place. That is how Mallanna survived.

Savanna : You seem to have some strange traditions in this house. You let women deliver in a place meant for cows! You must realise that a cowshed is a place for cows, not for women to deliver.

Kasturamma : What can I do Savanna? I must listen to what my in-laws say.

Savanna : Certainly, you should listen to them; but only when they say the right things. When they give you ill advice, you should tell them that what they are suggesting is not right.

(Savanna turns to Devappa.)

Savanna : Are you not the head of this household? Don't you know what needs to be done when your daughter-in-law gets pregnant? Aren't you aware of the check-ups and care that is required? You know that you too have committed many crimes with regard to Kusuma.

Devappa : You are right but do you really think I am so influential in the family? Do you think that I have the power to take all the decisions? It is because of my mother, that we did not take Kusuma to the hospital on time; neither did we get her the necessary medication. We only went to the hospital when things were completely out of control. If we had taken the necessary steps, both my daughter-in-law and grandson would have survived.

Savanna : What's the point of having regrets now? You should have thought of all this earlier. I can't see your mother. Where is she? Hasn't she come?

Devappa : No, she has come, Savanna. She is right here.

(Savanna turns to Nagamma.)

Savanna : Nagamma, admit to all your crimes otherwise I will take you to task.

Nagamma : Savanna, I am entirely to blame. I did not listen to anyone. I insisted that everything should be done my way.

Savanna : You keep saying that you had 16 pregnancies, but you never shared that only one baby survived.

Nagamma : Yes, you are right. I have understood that only after Kusuma died. Now I request everyone with folded hands that they should not make the same mistakes as I did.

Savanna : It is not enough to say this just to me. You need to go to each house in this village and share this experience. Do you understand? Nobody else should make the same mistake again.

(Savanna addresses Kusuma.)

Savanna : Kusuma, did you see how they were all at fault? But these are not the only people. There are many more who are involved. Even your father made a mistake. In his anxiety to get you married before he died, he arranged your wedding at such a young age. You were not ready for child bearing, but at that stage in life, you had four pregnancies. Do you know that even a single pregnancy can be very harmful for you? And you gave birth to four? That's why you became easy prey for me.

(Savanna turns to Dr. Shivmurthappa.)

Savanna : Just to hasten the process of delivery, did you use an injection meant for cows on Kusuma? Do you not have any knowledge of what you are doing?

Dr. Shivmurthappa : I am sorry Savanna, I made a mistake. My son is a veterinary doctor and I used an injection from his kit.

Savanna : Stick to cows in the future and don't try out your injections on women.

(Savanna turns to Kusuma.)

Savanna : Kusuma, do you remember seeing a thin woman in a white saree at the PHC? Do you remember what she did to you?

Kusuma 1 : No, I don't remember anything.

Savanna : That lady was the staff nurse. When you were in pain and bleeding, she gave you a TT injection, without thinking about whether or not it made any sense. Why did you allow her to give you the injection?

Kusuma 1 : What could I do Savanna? I was in so much pain that I had no idea what was being done to me. How could I question her? I was helpless.

Savanna : You should always question why you are being given an injection. You should ask what the injection will do for you, or whether it will be of any use at that stage.

(Kusuma bangs her head. Savanna turns to the midwife, Manjula.)

Savanna : Come, tell me all that you did to Kusuma.

Manjula : I am sorry Savanna, please forgive me. I won't make a mistake like this in the future. To begin with, I will always wash my hands before conducting a delivery. I will also ensure that all safety measures have been taken. I will use a brand new blade. I will make sure that the delivery is conducted in a clean place that has plenty of light and air. If I have any problems during the delivery I will refer the case to the hospital.

Savanna : That's right Manjula.

(Savanna turns to the audience.)

Savanna : This community is a truly difficult one for a woman to live in. If she does not get pregnant soon after she gets married, society taunts her. If she has a girl child, they want a boy. The woman is held responsible for anything that goes wrong.

Even our healthcare system is at fault. The staff members need to reach out to all pregnant and postpartum women. They need to give them the right advice regularly. They need to treat them and conduct tests as and when required. The women should always follow medical advice. Now do you understand, Kusuma? They did not do all these things – that's why I am taking you away.

Kusuma 1 : They committed all these crimes. Why am I paying the price?

Savanna : Yes, it is true that they committed the crimes, but you showed no agency and allowed them to subject you to all this. Women cannot afford to stay quiet within the closed doors of their homes. People will step all over you if you are not assertive. You have to protest when required. Even under the worst circumstances, if you assert yourself it will help. Otherwise you will have no identity.

(Savanna turns to the rest of the cast.)

Now do you understand how important it is for a woman to assert her identity? Do you know the famous song about women's identity? Sing it for Kusuma. Sing it for the community.

Devappa : We know this song, Savanna, but these are bad times and no one is interested in these songs. They are only interested in film songs.

Savanna : It is not the times that are bad, but it is you people who lack conviction. Sing with confidence and people will listen.

(The remaining cast also sing the song.)

(touched by the song) How beautifully you sang. It brought tears to my eyes. You have such beautiful songs in your repertoire but you have forgotten these. Bring them all out and teach everyone these songs.

(Savanna takes Kusuma's hand and starts to walk away.)

Bhramanna : Look at Savanna, he is taking away Kusuma.

Savanna : Yes, I am doing that but you have seen that I am not the one at fault.

Bhramanna : *(calling Sanjeevakka)* Sanjeevakka, you step forward and narrate your story. Who is really at fault?

Sanjeevakka : Dear Bhramanna, Savanna has taken Kusuma. The meaning of Kusuma is 'flower'. Even if the flowers dies, the scent remains. The scent is her soul. Let us listen to what the soul has to say.

Kusuma 2 : *(turning to Savanna)* My family and the healthcare providers were at fault. These mistakes are made very often. But now everybody knows what kind of care pregnant and postpartum women need.

Sanjeevakka : Maternal safety is every woman's right. Even though one flower has died, with this newfound awareness, many other buds will bloom because pregnant and postpartum women will be cared for. From now on, there will be no work for Savanna in our village.

(Savanna looks down crestfallen.)

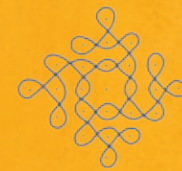
(All the cast members gather around Sanjeevakka and sing a song about maternal safety.)



THE PLAY ENDS

MOORU HENNINA KATHE

THE STORY OF
THREE GIRLS



MOORU HENNINA KATHE

THE STORY OF THREE GIRLS

SYNOPSIS

This short play is about Mahadevamma and Sangappa, a couple who have three daughters. Mahadevamma is pregnant for the fourth time. Sangappa desperately wants this child to be a boy. He threatens Mahadevamma with dire consequences if she gives birth to another girl. They visit the PHC to ask the doctor whether the pregnancy will result in the birth of a son. They also ask him which parent is responsible for the sex of the child. The doctor explains that the father determines the sex of the child, but this act is not intentional.

CAST OF CHARACTERS

Sutradhar	Narrator
Dundamma	Grandmother (old woman)
Lakshman	Vendor
Rama Kundaadi	Astrologer
Kentappa	Villager
Sangappa	Dundamma's son
Mahadevamma	Sangappa's wife
Lakshmi	Daughter 1

Vijaya	Daughter 2
Ganga	Daughter 3
Kallava	Mahadevamma's friend
Yellappa	Mahadevamma's friend
Dr. Narasimha	PHC Medical Officer



KEY MESSAGES IN THE PLAY

- The mother does not determine the sex of the infant.
- Blaming the woman for giving birth to a girl child is wrong. This must not be condoned/accepted.
- All children should be treated equally irrespective of gender.

The play begins with a member of the Kala Tanda introducing the group (as one that seeks to promote maternal safety in the district under the aegis of the Surakshita Taytana Andolana) and the Andolana's many activities. The Kala Tanda member then announces the play, explains that it is based on a true story and requests the audience to actively think about its main messages.



Narrator : Dear folks, a warm welcome to everyone! We are here to entertain you, to make you think. We are now going to enact a play to answer a question: who is responsible for having a son or a daughter: The man? The woman? Neither?

SCENE 1: Scene at a fair

Characters on stage: Dundamma (grandmother), Lakshman (vendor), Rama Kundaadi (astrologer), and Kentappa (villager)

(Dundamma is at the fair, in the fruit vendor's stall.)

Dundamma : *(addressing the vendor)* Son, where is this Rama Kundaadi, the astrologer who predicts the future?

Lakshman : Go straight ahead. You will find him at the circle.

(Dundamma walks towards the place where Rama Kundaadi is sitting.)

Rama Kundaadi : Rama's strength, Hanuman's strength, Lakshmi's strength. Give me whatever you want, in the name of Rama.

Dundamma : Rama Kundaadi, please tell me about my future.

Rama Kundaadi : Which village do you come from, Aiji?

Dundamma : I am from Talakeri.

Rama Kundaadi : Who is your family deity?

Dundamma : Hanuman.

Rama Kundaadi : I can see from your face that you have one son. You got him married. He has had three daughters, one after the other and now you are waiting for a boy.

Dundamma : Yes, yes what you say is all true.

Rama Kundaadi : Don't worry, Aiji. Take Hanuman's name and throw this stick with all your might.

(Dundamma throws the stick.)

Rama Kundaadi : Look, there is a strong possibility of getting a boy this time. Don't worry.

Dundamma : Yes, if it is indeed a boy this time, I will reward you with gold even if I have to sell my field for it.

Rama Kundaadi : Please give me Rs 50/- for now.

Dundamma : Here you are.

(She walks towards the fruit vendor's stall where she meets Kentappa.)

Kentappa : How are you, Dundamma?

Dundamma : Oh! You are Kentappa, aren't you? I am doing well. It has been a long time, since I last saw you. My vision

has become hazy. Come let us sit here while we talk.

Lakshman : If you sit here, how will my customers access me? Go there and talk.

(Kentappa and Dundamma shift their location to sit and talk.)

Dundamma : How are you Kentappa? How many children and grandchildren do you have?

Kentappa : I have two sons. They have four sons each. I am satisfied with life. I don't have any worries. What about you?

Dundamma : What shall I say about myself, Kentappa? I have one son. I got him married to my younger brother's daughter because they are from the neighbouring village. My daughter-in-law has given birth to three girls one after the other. Now she is pregnant with her fourth child. That is why I came here to meet Rama Kundaadi to find out what is in store for us. He has promised me that it will be a boy this time. If I don't get a grandson this time, please look for a bride and I will get my son married again.

Kentappa : You will end up in jail if you perform a second marriage!

Dundamma : Let the authorities come to arrest me. I will break their legs if they set foot in our village!

Kentappa : It's late, let us go.

Dundamma : Kentappa, please take the basket.

Kentappa : Is there a bus to your village?

Dundamma : There is. But right now, they are using it as a school bus. It never arrives on time. There are also Tam Tams. They

don't take old people like us in them. I will have to walk. Come on, let us go.

(Dundamma and Kentappa set off on foot.)



SCENE 2: Dundamma's house

Characters on stage: Dundamma, Lakshmi and Vijaya and Ganga (Dundamma's granddaughters), Sangappa (Dundamma's son), Mahadevamma (Sangappa's wife)

Dundamma : Where are all of you? What are you doing? I have come walking in the hot sun. Come, get me some water and take this bag.

Lakshmi, Vijaya and Ganga : Aiji Aiji! What have you brought?

Dundamma : I haven't brought anything for you, you useless girls.

Sangappa : Amma, I was waiting for you on the road to the fair. You took another route back home. What have you brought?

Dundamma : I have brought some bhajjis (vegetables fried in gram flour) and some bananas. Take these.

Sangappa : Look Mahadevamma, Amma has brought bananas and bhajjis. Serve me the bhajjis.

Mahadevamma : You and the children can eat them. They would also enjoy it.

Sangappa : Give it to them! But do you think you or they deserve it? You've not borne me a single son - such is my fate.

(turns to Dundamma) There is some work in the fields, mother. I will leave now. Send Mahadevamma with some food after a while.

Dundamma : Okay, but why don't you take her with you now?

Mahadevamma : I have some housework to finish.

(After the Sangappa leaves, Mahadevamma starts with the housework.)

Mahadevamma : My back is aching, Amma. Please take this food to the fields for Sangappa.

Dundamma : How can I go? You go there by yourself. Take your kids also along with you.

Lakshmi, Vijaya, Ganga : Aiji, we want to stay here with you.

Dundamma : What will you do staying here? Go to the fields. I will get some sleep for an hour.

(Mahadevamma takes the three girls to the fields.)



SCENE 3: Field

Characters on stage: Sangappa, Mahadevamma, Lakshmi, Vijaya, Ganga, Yellappa and Kallavva (Mahadevamma's friend)

Sangappa : Why did you bring the food so late? Give it here.
(He takes the package, opens it, and eats. The girls look at him hungrily. He then gestures to them to join him. The girls eat fast.)

Oh my God! These are not girls – they are monsters! Mahadevamma, I am warning you, you have given birth to three girls. This time you have to give birth to a boy.

Mahadevamma : It is not in my control.

Sangappa : Then, is it in my control?

Mahadevamma : It is in God's hands.

Sangappa : God is not the one who gives birth. You give birth. Am I right or wrong? No matter what you do, I want a boy this time. Go home now. Don't show me your face.

(Mahadevamma leaves crying. She is accompanied by the girls. In the middle of the road, Yellappa and Kallavva meet Mahadevamma.)

Kallavva : Why are you crying Mahadevamma?

Mahadevamma : What should I do? I am tired of this life. My husband beats me up every day because he wants me to give birth to a boy.

Kallavva : My husband too used to create problems like that. That is why both you and Sangappa should get yourselves examined by the PHC doctor. He will tell you which parent is responsible for the sex of the child.



SCENE 4: Dundamma's home

Characters on stage: Sangappa, Mahadevamma and Dundamma

- Sangappa** : I have just returned from the fields. I am hungry. Give me something to eat.
- Mahadevamma** : Come, let us get ourselves examined at the hospital.
- Sangappa** : Why should I go? I am hale and hearty. You go.
- Mahadevamma** : It seems there is a PHC doctor who will tell us which parent is responsible for the sex of the child.
- Sangappa** : Who told you this?
- Mahadevamma** : Kallavva and Yellappa told me while I was coming back from the fields.
- Sangappa** : You listened to them? They are the scoundrels of the village!
- Dundamma** : What is this argument all about?
- Sangappa** : Look, Amma. It seems that the PHC doctor can tell us who is responsible for giving birth to a boy or a girl.
- Dundamma** : Okay, then. Go and find out.
- Sangappa** : I will come to the PHC with you. If they tell us that you are carrying a girl child again in your womb, I will kill you there itself.



SCENE 5: PHC

Characters on stage: Sangappa, Mahadevamma and Dr. Narasimha (PHC Medical Officer)

- Sangappa** : Greetings doctor.
- Dr. Narasimha** : Hello. Come in. Why are you here?
- Sangappa** : Sir, my wife has given birth to three daughters. She is in her fourth pregnancy, so we want to know whether it is going to be a boy or a girl.
- Dr. Narasimha** : Rather than knowing the sex of your child, you should be concerned about your wife's wellbeing.
- Sangappa** : She is perfectly alright, doctor. But we really want to find out who is responsible for the sex of the child.
- Dr. Narasimha** : Okay. What kind of work do you do?
- Sangappa** : I am a farmer.
- Dr. Narasimha** : What are you growing in your fields?
- Sangappa** : I have planted millet this time.
- Dr. Narasimha** : So this year you will harvest corn instead of millet.
- Sangappa** : Doctor, have you gone mad? How can I harvest corn on the land where millet grows? We harvest the crop for which we sow the seeds. Look out of the window, there is a banyan tree growing. How can you expect it to give you mangoes? As you sow, so you reap.

Dr. Narasimha : Okay, so do you accept that? Similarly, the body of a woman is like the land. We harvest what we sow in it.

Sangappa : I didn't understand, sir.

Dr. Narasimha : There is something called chromosomes in our bodies, both in men and women.

In the man's body, there is X and Y. To make it more real, let us call it green gram and black-eyed peas. In the woman's body, there is X and X only green gram.

During intercourse, if the X chromosome goes from the man to the woman, it leads to an XX combination, which becomes a girl. If the Y chromosome goes from the man to the woman, then it leads to an XY combination, which becomes a boy.

So now, do you know who determines the sex of the baby?

Sangappa : Oh my God! It is the man, doctor.

Dr. Narasimha : Well the man's body has both the male and female chromosomes which finally determine the sex of the child. But even men cannot control which chromosome gets accepted. So, nobody can be really held responsible.

Sangappa : From now on, I will not hold my wife responsible for the sex of our children. With this knowledge how can I differentiate between children? This is a cruel society we live in where girls are discriminated against. Whether girl or boy, I will treat all my children equally in future.

(A song on gender equality is sung.)



THE PLAY ENDS

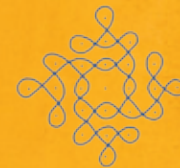
The Kala Tanda then conducts a discussion with the audience along the following lines:

GUIDING QUESTIONS

1. How many members does Dundamma's family have?
2. Is Dundamma's interaction with her granddaughters pleasant? Why? Or why not?
3. Is Dundamma a supportive mother-in-law? Why? Or why not?
4. Why is Sangappa disgruntled?
5. Why does he threaten to kill his wife?
6. Who is responsible for determining the sex of the child? Describe how?
7. Should a woman be blamed for giving birth to daughters?

BANDIPURADA KATHE

A STORY ON WOMEN'S MATERNAL RIGHTS



BANDIPURADA KATHE

A STORY ON WOMEN'S MATERNAL RIGHTS

SYNOPSIS

This short play is about a woman's rights to decision making and care during pregnancy. Sharadamma (the protagonist) is in her final month of pregnancy. She would like to seek medical care but receives no support from her husband, who considers it unnecessary. Defying his orders to visit a faith healer, Sharadamma sets off for her natal home, and from there to the PHC. Upon her return, she encounters the wrath of an angry husband.

CAST OF CHARACTERS

Sutradhar	Narrator
Rajappa	Husband
Sharadamma	Pregnant wife
Manappa	Rajappa's younger brother
Ningappa	Sharadamma's elder brother
Sumangala	Sharadamma's mother
Dr. Devraj	PHC Medical Officer
Balappa	Chemist



KEY MESSAGES IN THE PLAY

- A woman has the right to make informed decisions and take actions that promote her health during pregnancy and postpartum.
- A woman's family (both natal and marital) should respect her right to make decisions on matters pertaining to her health and wellbeing.
- A woman's family has a responsibility to enable and support her to receive the care she requires during and after pregnancy.

The play begins with a member of the Kala Tanda introducing the group (as one that seeks to promote maternal safety in the district under the aegis of the Surakshita Taytana Andolana) and the Andolana's many activities. The Kala Tanda member then announces the title of the play, explains that it is based on a true story and requests the audience to actively think about its main messages.



SCENE 1: Rajappa's house

Characters on stage: Sutradhar, Rajappa (Husband), Sharadamma (Pregnant woman), Manappa (Rajappa's younger brother)

Sutradhar : Dear folks, hello! We are from the Surakshita Taytana Andolana. We are here to entertain you and to make you think. We hope you understand the main messages of this play and reflect upon these even after the play ends.

Our play opens with Rajappa returning home with his two oxen after a day's work in the fields.

(Rajappa comes home, ties up the oxen and gives them some fodder. His wife, Sharadamma, is busy with household work.)

Rajappa : Sharadamma! What are you doing? Get me some water.

Sharadamma : Come inside, the water is right there. Take it and wash yourself.

Rajappa : Bring it outside or else I will come in with a big stick!! Why should I come in? I am a man. If I come in, people will say I am indulging you. I will not come in. Come out and bring something to eat also. What have you cooked?

Sharadamma : I have made some rotis and some curry. Come here and eat.

Rajappa : I will not come in. You bring it out and give me my food here.

Sharadamma : I would, under normal circumstances, but I am finding it difficult to walk around with such a big stomach.

Rajappa : Bring it here quietly! You have made such fat and hard rotis. How do I eat them? Hasn't your mother taught you how to make rotis?

Sharadamma : Here, take your food. After that, let us go to the hospital - I am not feeling well.

Rajappa : We can't go to the hospital. I am busy with the harvest. There is tremendous labour shortage. You keep saying that you want to go to the hospital. It is not possible. We will get you checked up after the harvest is done.

Sharadamma ; I am really finding it very difficult. Let me at least go to my native place. The PHC has a good doctor. I will get myself examined and come back.

Rajappa : If you dare go to a hospital or your native village, I will break your legs. Don't go anywhere. After three hours, come straight to the fields and get me some food to eat. On the way, visit the Swami and get a lucky charm. You will feel better. The monkeys are destroying the crops. I will leave now. But you come fast.

Sharadamma : Okay, I will. *(Manappa enters. Sharadamma turns to him.)* Manappa, Manappa brother come here!

Manappa : Yes, Attige?

Sharadamma : I am not feeling well. I will go to my native place for a check-up. Give these keys to your brother when he comes back. Tell him I had to go. I have kept some rotis.

Manappa : You should inform him yourself. He will beat me up when he comes back.

Sharadamma : He will do no such thing. You go to school.

Manappa : Okay, Attige. I will go.



SCENE 2: Sharadamma's natal house

Characters on stage: Sharadamma, Ningappa (Sharadamma's elder brother) and Sumangala (Sharadamma's mother).

(Sharadamma's family members see her coming in the distance.)

Ningappa : Amma! Amma! I can see Sharadamma coming.

Sumangala : Fetch some water for your younger sister.

(addressing Sharadamma) Why have you come alone, dear? Where is your husband? Have you fought with him?

Sharadamma : No, mother. I was not feeling well. That is why I have come back here. I need to visit the hospital.

Ningappa : Come let us go.

(They leave for the PHC.)



SCENE 3: PHC

Characters on stage: Ningappa, Sharadamma, Dr. Devraj (PHC Medical Officer) and Sumangala

- Ningappa** : Good morning, doctor. My younger sister is pregnant and not keeping well.
- Sharadamma** : Doctor, since the last few months I have been feeling extremely tired all the time.
- Dr. Devraj** : Come let me examine you first. It is clear that you have less blood. That's why you have been feeling tired. Are you eating properly? How many months pregnant are you now? How many pregnancies have you had before this?
- Sharadamma** : I am in my seventh month now and this is my second pregnancy. The first one was a miscarriage.
- Dr. Devraj** : Do you know the reason for the miscarriage?
- Sharadamma** : It was my fate and God's will. What to do, doctor?
- Dr. Devraj** : Don't put it on fate; you are all so misguided about these things. You never take care. Are you eating well or not? Do they give you vegetables and fruits at home? Did you go for a check-up during your first pregnancy?
- Sharadamma** : No doctor, I never went for any check-ups.

- Dr. Devraj** : This is the problem. It is not your fate. It is your actions. You had the first miscarriage because of that. You should go to the hospital and get a check-up done when your periods stop. Anyway, all that is the past. At least you must go for regular check-ups in the future. I will prescribe a tonic. You have to take it on time.

(addressing Sharadamma's mother and brother) Give her fresh and healthy food. Make sure she rests. Bring her here for her delivery. I will treat her only in that case.

- Ningappa** : Her husband is a very stubborn fellow. He refuses to send her to the hospital. We will have to do something this time. We will take the help of the villagers to convince him to bring her here.

(They return home.)



SCENE 4: Sharadamma's natal home

Characters on stage: Ningappa, Sumangala

- Ningappa** : Mother, I will go to the medical shop and get the medicine.
- Sumangala** : Okay, go and get it. If the shopkeeper asks you for money, tell him that we will pay when we harvest the crop. We are not going to run away.

(Ningappa goes to the medical shop.)



SCENE 5: Medical store

Characters on stage: Ningappa and Balappa (Chemist)

- Ningappa** : Please take a look at this prescription.
- Balappa (Chemist)** : Is anyone pregnant in your family?
- Ningappa** : Yes. My younger sister is pregnant.
- Balappa** : The doctor has prescribed a tonic for her.
- Ningappa** : Yes, do give it.
- Balappa** : Your mother hasn't paid the earlier dues yet.
- Ningappa** : We will pay you as soon as we get money from harvesting the crop.
- Balappa** : I will give you the medicine this time but no more credit in the future.

(Balappa hands over the tonic to Ningappa who then leaves.)



SCENE 6: Sharadamma's natal home

Characters on stage: Sumangala, Ningappa and Sharadamma

- Sumangala** : Have you got the tonic?
- Ningappa** : Yes. I have brought it. Give it to Sharadamma.
- Sumangala** : Yes. There are some old rotis in the kitchen. Give them to Sharadamma.
- Ningappa** : The doctor told us not to give her stale food, right, mother?
- Sumangala** : In that case, the neighbour, Ningappa, has soaked some grains in water. Go and get a bowl.
- Ningappa** : I will get some food Amma. Wait. *(He goes and gets the food).*
- Sumangala** : Give them to your younger sister. Let her eat.
- Ningappa** : Come Sharadamma, eat some food.
- Sharadamma** : I will eat but I must return soon.
- Sumangala** : What is the hurry?
- Sharadamma** : *(weeping softly)* Mother, there is no one there to cook. I want to leave.
- Sumangala** : Go, dear. You should go where you belong. Don't cry.
- Ningappa** : I will see you off. Give us a call once you reach home. Keep in touch regularly.

(Sharadamma leaves for her husband's house.)

SCENE 7: Sharadamma's marital home

Characters on stage: Rajappa, Manappa and Sharadamma

Rajappa : *(after coming back home from the field)* Manappa!
Come here! It is so late and Sharadamma never came to the fields with my food. I am feeling hungry. Where has she gone? Has anyone seen her?

Manappa : She gave me the house keys and left.

Rajappa : Where did she go?

Manappa : She was feeling exhausted so she told me to give you the keys when you came back. She said that she was going to her native place.

Rajappa : Whose permission did she take?

Manappa : She informed me before she left.

Rajappa : Has she married you or me? Let her come back. I will not allow her inside.

(Sharadamma enters.)

Rajappa : Who did you ask before you left?

Sharadamma : I told you when you were eating that I needed to go to my natal home.

Rajappa : I do not remember giving you permission. Instead I told you to get a lucky charm from the Swami of this village and that everything would be alright after that.

Sharadamma : I went to the Swami and he told me that charms wouldn't work. He said that I should visit a hospital.

Rajappa : Don't enter this house. Whose permission did you take when you left?

Sharadamma : Let us ask the people who are here what they think.

(turns and addresses the audience, loudly) Brothers and sisters. As you have seen my husband did not encourage or support me in any way. I needed antenatal care but he just dismissed it. I showed some agency and went to my natal place to get treated. Did I do anything wrong? Due to my actions, my husband is not allowing me to enter our home. Please give me an answer. I want justice. Don't you think antenatal care is important? I lost my first baby due to our negligence. I don't want to lose another baby. Please tell me, what should I have done and what should I do now?

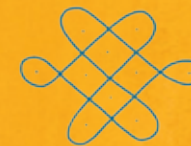


THE PLAY ENDS

The Kala Tanda then conducts a discussion with the audience along the following lines:

GUIDING QUESTIONS

1. Should Sharadamma have gone to her natal home? Why? Or why not?
2. How did Rajappa treat his wife? Do you see this kind of behaviour around you?
3. What advice did the Medical Officer give?
4. Are the pregnant women you know likely to follow this advice? Why? Or why not?
5. Why did Sharadamma go back to her marital home? How does Sharadamma's natal family's respond to her decision to return home? Were they right? Why? Or why not?
6. What is likely to happen to her and her unborn child in her marital home?
7. Do women have a right to take decisions about their health care? Why? Or why not?



SUGGESTED CITATION:

Gender and Health Equity Project. 2015. *Yaara Hone? Building collective responsibility for maternal safety*, in the series on Decoding Maternal Safety. Bangalore: Gender and Health Equity Project, Centre for Public Policy, Indian Institute of Management Bangalore.



Centre for Public Policy,
Indian Institute of Management Bangalore