

‘The grass is growing up around all the houses’

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On a quiet evening in March, we sat cross-legged, enjoying the warmth of the flickering fire in a small roundhouse at Guasa, a remote region in Lufa District in the Eastern Highlands Province. Shadows danced off the *pitpit* walls. Rain dripped from the edges of the *kunai* grass roof in a slow rhythmic beat. People came and went. Stories of the evening flowed back and forth between tellers, while baked *kaukau* was extracted from the ashes of the fire, scraped and divided among those present. When the talk turned to the health of the village, Pastor Kipa turned to me.

“Hagove (my village name), our lives have changed since you taught the women to deliver babies. Before, almost everyone’s house in the village had one or two small graves beside it. Now the grass is growing up around all the houses, because the babies are living”.

“That’s great, Kipa”, I responded with a pleased smile. In my thoughts, I wondered what a more objective analysis would show.

In 1994, prior to starting the village birth attendant (VBA) program, we had some community health worker students doing practical training with our health service. As part of their training, they accompanied us on an immunization patrol. In the Guasa area, I gave them an assignment to ask every mother two questions: “How many times have you been pregnant?” and “How many living children do you have?” 64 village women had a total of 317 pregnancies; 209 children were living and 108 had died (total mortality 34%). Almost all the women had lost between 1 and 4 children.

It is 5 years now since 14 VBAs have been trained to function as birth attendants in the Guasa area and quite a different picture is apparent. The VBAs report assisting 203

pregnancies and currently have 37 women in antenatal care.

Of the 203 pregnancies, 9 mothers were referred to the health centre or hospital because of high-risk complications including antepartum haemorrhage, prolonged labour, anaemia, syphilis and pregnancy past the expected date of confinement. 8 of the babies and all 9 mothers survived. The mother with an antepartum haemorrhage delivered a stillborn baby.

The VBAs delivered 194 pregnant mothers. Several primigravidas and several women with more than 5 previous children were taken to an aid post birthing room and were attended there by the VBA. There were no complications in these moderate-risk deliveries.

1 mother died within 1 week of delivery and her baby died 2 weeks later. The VBA who reported this said that the woman had not been to her for prenatal care, but only came at the time of labour. The delivery was done at home and had gone apparently normally; the VBA thought all was well. She was not called at the time of the maternal death, but the family later told her that the woman had been sick frequently during the pregnancy and had sores on her genitals. She did not know if the woman had been treated for these sores.

Of the remaining 193 deliveries no other maternal deaths occurred. The perinatal, neonatal and infant mortality were as follows. 4 were delivered dead: 1 stillborn term baby was delivered after prolonged labour and 3 spontaneous abortions occurred below 6 months gestation. 1 baby died at 1 week of age. 11 more babies died after 3 months of age. When asked the cause of death, the VBAs gave the following suggestions: adopted and *bun nating* (malnutrition) (4 infants); *sotwin*

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(pneumonia) (3 infants); *skin hat* (fever, possibly malaria) (2 infants); *tromoi han lek* (convulsions, possibly meningitis or cerebral malaria) (1 infant); *planti sua long bodi wantaim lek nogut* (deformed leg at birth with sores on body) (1 infant).

In summary, of the 203 pregnancies attended by the VBAs 1 mother and 18 children died. Therefore, the mortality for neonates and children delivered by the VBAs was 9%. Compared to the earlier verbal survey, this represents a combined reduction in pregnancy loss and child mortality of 74%.

Though Pastor Kipa could not have given, and perhaps not even understood, statistical data, his simple testimony – ‘the grass is growing up around our houses because our babies are living’ – appears true.

These figures, however, don’t tell the stories of the mothers and babies who were not attended during delivery. Neither do the data tell the stories of the babies lost to spontaneous abortions, or stillbirths of mothers who had not sought prenatal care. If pregnancies are lost prior to the mother being enrolled in the clinic registers, they may not be mentioned.

Even more tragic are the mothers who die from complications of spontaneous abortions or postpartum sepsis. Because these deaths are frequently viewed as a result of ‘poison’ (sorcery), villagers may not see the connection between pregnancy and death.

During that rain-soaked March I woke one morning to the sound of a woman crying. Later that afternoon, some friends came by. I asked a woman what the crying was about.

“My husband’s niece died today and we are preparing to bury her”, she replied.

“Oh, I’m sorry”, I said. “What happened to her?”

“They poisoned her”, she responded with a knowing nod of her head.

“So when they poisoned her, what happened to her?”, I queried again.

Looking puzzled, she explained in a tone she might use to a child, “Well, she had missed 3 menses, then 2 weeks ago she bled heavily and the baby came out. She was fine. She went to the garden and worked. But on Friday someone poisoned her. She felt sick and stayed in the house. Yesterday she had a high fever and today she died.” The auntie shrugged her shoulders.

“She could have had a bad infection after having the baby”, I offered. “Did you take her to the aid post when she felt sick?”

“No, they poisoned her!”, she responded, as if I should know that taking her to the aid post for that affliction would be most foolish. Another woman joined us, and the conversation turned to other village matters.

Some months later, when I asked the auntie of the deceased young mother if she knew of anyone who had died from the complications of pregnancy, she said that she didn’t. Hoping to prompt her memory I asked her about her niece. She replied again that she didn’t know anyone who had died from the complications of pregnancy.

So much work is yet to be done, but progress is being made. With a combined reduction in pregnancy loss and child mortality of more than 70%, the impact of trained VBAs on the survival of children in Lufa District is undeniable.