WOMEN’S NARRATIVE LIFE HISTORIES: IMPLICATIONS FOR MATERNAL AND CHILD HEALTH IN LADAKH

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Introduction

With a big smile on her face, forty-two year old Tsering Dolma1 teased her sisters-in-law by telling us, “I wasn’t born here. I’m from a much more progressive village!” They howled with outraged laughter as she moved about her kitchen, tending to the fire, feeding children, and answering our questions about her life. For an hour she engaged us with forthright conversation about her childhood, her daily activities, her hopes for her daughters’ lives, and the changes she had witnessed. When she rose to bid us good-bye, however, Chin was startled at her size: thin and short, her seemingly stunted growth hinted at severe childhood malnutrition. Moreover, despite her pleasant demeanour she had just described a life of significant loss and hardship. Her father died when she was two years old. Her mother died when she was fourteen, leaving her orphaned and grief-stricken. Her life became much harder after her mother’s death, she told us. She missed the care her mother had provided. Her workload increased as she was compelled to assume her mother’s work.

Tsering Dolma had been pregnant eight times, but only five children survived infancy. She herself was illiterate and irritated at herself for not pursuing an education as one of her childhood friends had. That friend now lives in Delhi and has a good job. Tsering Dolma wants her daughters to be educated and employed like her friend. She applauds the introduction of greenhouses, new seeds, and subsidised rice into her remote village. Her brave demeanour seems all the more courageous given her difficult circumstances. What are the stories that women in Ladakhi villages tell in order to make sense of a life that takes a significant toll on their own health, robs them of their mothers

1 All names have been changed to protect confidentiality. University of Rochester Research Subjects Review Board gave its approval for this study.
prematurely and takes their babies? What would they change? What would they keep the same?

Infant and child mortality rates in villages throughout the Himalayas are extraordinarily high. The reasons for this are not well understood. In order for programmes to effectively address the problem of maternal and child health, exact mechanisms need to be described. Drawing from the synthesis of three models showing the interaction of determinants of child mortality developed over the past twenty years, this study represents a preliminary investigation into possible mechanisms. The narrative life history method was chosen as an appropriate first step in this research for the open-ended format that allows the interviewees to control the content and direction of the interview, focusing on events that are important to them rather than the researcher. A careful reading of these narratives by multiple analysts revealed four reoccurring themes with significance for child survival: the importance of the mother-daughter bond, the lived experiences of hardship and deprivation, the desire for advanced education for daughters, and the welcomed increase in material well-being over the past 30 years. Programme recommendations that can be drawn from this work include: a broad focus on maternal health throughout the life cycle beyond women’s reproductive capacities; support for girls’ education; and continued development in conjunction with villagers to ease the burden of work-load and inadequate resources.

Background and Significance

Infant and child mortality rates from villages throughout the Himalayas is alarmingly high. Among Himalayan villages ranging from Bhutan to Tibet to Nepal and on to Ladakh, infant deaths alone are estimated to occur at a rate of 250–300 per 1,000 live births (Harris, et al. 2001; Crook and Osmaston 1994; Chin 1992; Levine 1988; Morrow 1987). Since the reasons for these persistently high rates are not well understood, the overall goal of our work in Ladakh is to identify and explain the causal pathways that link village life to child health in Ladakhi villages with the ultimate aim of making programme recommendations for child survival. Applying lessons learned from child survival programmes in other countries, like Bangladesh for example, is difficult, for although child survival programmes have been successful in stimulating a dramatic decrease in child deaths, since the 1980s the