PUJITHA KAMINENI
NATURAL BIRTH AFTER A C-SECTION

RECORDING HISTORY THROUGH UNTOLD NARRATIVES
THE CITIZENS’ ARCHIVE OF INDIA

KC DAS FAMILY
THE EARLY PATRONS OF JAMINI ROY

CEREBRAL PALSY IS NO BARRIER TO MOTHERHOOD
EDITOR’S NOTES
Women need to feel comfortable about their bodies and not let a patriarchal society define how they should look, much less behave. The editor speaks of the recent social media initiatives of outspoken women.

COVER STORY
In a first for the country, a woman with cerebral palsy is allowed to adopt a child. The feisty Jeeja Ghosh of Kolkata, who is also an activist for the disabled, recounts the hurdles she faced to become a mother.

MY BIRTHING STORY
Almost everyone told Fujitha Kamineni Reddy, who had a C-section the first time around, that she would not be able to have a normal birth the next time, much less a water birth. But supported by doctors and midwives, she went ahead and proved all her naysayers wrong.

COLLECTIONS
A little known story outside Kolkata is that of the KC Das family, the first patrons of the artist, Jamini Roy. Dhiman Das, a scion of the family, talks of their association.

MAKING A DIFFERENCE
Bibi Russell was a model for fashion houses in Paris and Milan. Today, she is an ambassador for impoverished weavers across the globe – from Bangladesh to Columbia.

TRAILBLAZERS
In the 19th century when women were largely confined to the home, Kadambini Ganguly not only went to school and college but also studied medicine in the UK, practising medicine until her dying day!

UNUSUAL INITIATIVES
We know little of the social history of our country. To fill the lacuna, Mumbai-based Citizens’ Archive of India, has been documenting the oral histories of those born before 1947 whose recollections are as important as the political stories.

PERSON OF THE QUARTER
In this new column we feature Indie Kaur from Stork Home, Head of Midwifery Services, and her inspiring motivation.

LAST WORD
Dr Evita Fernandez in her column says one thing women remember lifelong is their birthing experience. She calls for compassionate maternity care as the way forward.
I know we all have issues with social media, especially in light of the amount of false news and vilification on forums such as Facebook or Twitter. Or the way the number of comments or likes a post elicits can increase dopamine levels.

But the purpose of this piece is not to decry social media. While I give Twitter a wide berth and use Facebook in a limited manner, I am a fan of Instagram. I find many campaigns here that are interesting. There is an Insta handle, called Browngirlgazin, where young women speak of how inadequate they felt about their bodies and sexuality because of unrealistic standards of beauty. One girl wrote that she was made to feel ashamed because of the kind of clothes she wore and people implied if she was raped, it was because of the way she dressed!

A clothing brand recently ran a campaign where, instead of young, svelte models, older, menopausal women talked of their concept of beauty and age. The accompanying photographs, mostly in black and white silhouettes, showed women with greying hair and sagging skin.

A more radical site had photographs of menstrual blood to break existing taboos and to highlight the fact that menstruation is a natural physiological process and nothing to be ashamed of. One wrote of her embarrassment when she stained the sheets in a hotel, but added, what the heck, why should we women be embarrassed about a natural phenomenon. Some spoke of the overwhelming sense of shame they felt while buying sanitary pads and the leering look of the male shopkeeper while handing them the packets.

In a patriarchal society like India, where women are considered an appendage to a man, it is refreshing to hear these women’s voices, especially those of the young. They question the myth of beauty, which is equated with a fair complexion, doe-eyes and a slim waist, propagated in part by the fashion industry and cinema. Early Indian art, especially sculptures, depicted buxom women, considered the epitome of beauty then.

It is time we women looked at our bodies with more kindness and accepted who we are. As we age, we are hardly going to look like a Kareena Kapoor. There is no perfect body type and, if those in the fashion industry are pencil-thin, it is because they are essentially clothes-horses, a frame to showcase designer clothes.

We can put an end to the body shaming and allow our young girls to be comfortable about their bodies and not shy away from talking about either vaginas or menstruation. In fact, this hospital’s campaign for natural births is part of a larger change that should come about, of respectful maternity care, where doctors cannot assume they have a right over a pregnant woman’s body and which allows women to take control of their bodies. In this issue, Pujitha Kamineni, who chose a water birth despite a first time C-section, speaks, in almost spiritual terms, of her birthing process.

And who is to tell us who can be a parent and who cannot? Jeeja Ghosh of Kolkata has, to me, given a new meaning to being a mother. She says she is not demented, only a disabled person, and why should she not be allowed to adopt.

Indeed.
JEEJA GHOSH
THE DISABLED HAVE A RIGHT TO MOTHERHOOD TOO!

Women with disabilities often face a double burden – that of gender and disability. Like many women, JEEJA GHOSH wanted to become a mother. But, she has cerebral palsy and hence, still does not have legal rights over the daughter she and her husband have recently adopted. “I may be disabled but who says I am sexless or genderless or why do people assume I am demented?” asks Jeeja, who became the country’s first person with cerebral palsy to adopt a child. NIVEDITA CHOUDHURI met the disability rights activist in Kolkata recently, and communicated with her through the help of her husband Bappaditya.

Photographs: Satyaki Ghosh

A woman with an unsteady gait crosses a busy road in Kolkata. Buses, cars and auto rickshaws whiz by impatiently. Two men on a motorbike stop abruptly in front of her, narrowly avoiding a mishap. They utter profanities and make a quick exit.

The woman shakes her head mournfully. “You can’t cross the streets of Kolkata without being sworn at,” she mutters to herself. “They must be thinking why is she in a hurry. First, a woman; then, disabled... on her way to work. Unimaginable.”

This may be a scene from a National Award winning documentary on her life, but Jeeja Ghosh has been subjected to such insensitive remarks on a daily basis. The 48-year-old disability rights activist has cerebral palsy, but that has never stopped her from breaching barriers to realise her aspirations and dreams. Recently, she fulfilled a long-cherished dream by becoming the first woman with cerebral palsy in India to adopt a baby, thereby providing hope to many more like her who want to experience parenthood. However, she faced many disconcerting queries on the road to parenthood that highlighted the deep-seated prejudices and negative stereotypes that people in India have about people with disabilities.

So, how did it all begin? “I was born on Diwali. My mother had a prolonged labour and she was worried there may be birth injuries. I was in an oblique position. Ultimately, the doctor decided on a Caesarean section, but the damage was done. My brain cells were starved of oxygen and I ended up with cerebral palsy. Few people, including doctors, had any knowledge of cerebral palsy in those days,” says Jeeja.

Thrust into a world they knew nothing about and never wanted to be a part of, Jeeja’s parents and older sister have been unconditionally loving, compassionate and supportive of her throughout her long and difficult journey. Jeeja brings out old photographs of herself and her sibling surrounded by cousins and relatives. If life was overwhelming, Jeeja learned to take it in her stride. She suffered another blow when she lost her father at the age of ten. Despite being overwhelmed by the loss and all the challenges that ensued, Jeeja’s mother, Jayasree, was determined to provide the best possible education for her child.

She contacted the Indian Institute of Cerebral Palsy (IICP), which has been functioning in Kolkata since 1974. “Primarily established for people with cerebral palsy, IICP admits students with all sorts of handicaps, including intellectual disabilities. We looked out for each other. Interacting with such a diverse group of people with a wide range of needs taught me to be more tolerant and accept differences,” says Jeeja.

Having secured admission to La Martiniere for Girls, one of the most prestigious schools in Kolkata,
she completed ICSE with good scores. Subsequently, she graduated in sociology from Presidency College, Kolkata.

The hallowed Presidency College, built in 1817, put Jeeja in touch with some of the finest minds in the city. However, it was not disabled-friendly. That is hardly surprising as most colleges do not have the infrastructure that creates an inclusive environment for people with disabilities. “I had to attend classes in various buildings. There were numerous steps to climb. Looking back, I wonder how I did it. There I was, a woman, and disabled too. I was trying very hard to prove myself, I suppose.”

Jeeja then enrolled at the Delhi School of Social Work where she completed a master’s in Social Work. Not content to rest on her achievements, Jeeja also completed a second master’s from Leeds University, U.K. Returning to Kolkata, she started working at her alma mater, IICP, where she is currently Head of Advocacy and Disability Studies.

On the personal front too, life began to look promising. In 2013, she married Bappaditya Nag, a law officer with Syndicate Bank. The couple had met when both were part of the Human Rights Law Network, a collective of lawyers and social activists who provide legal aid to people who are disadvantaged and vulnerable.

Like most women, Jeeja, too, desired to experience motherhood. For years, she had worried that she would never be a parent. Growing up with a physical disability, she had never thought she would have children or, for that matter, find someone who would want to spend his life with her. Now, that elusive happiness seemed within her grasp. In June this year, the couple finally brought home baby Hiya after a tense face-off with the authorities who questioned Jeeja’s capability and preparedness to bring up a child.

Preparations to welcome a baby began in 2016 when Jeeja and her husband approached the Central Adoption Resource Authority (CARA). After filling in the requisite forms and completing a home study report, the couple opted for the states of West Bengal, Tripura and Odisha from where they could choose a baby.

In April 2018, Jeeja heard about a child at Self-Realisation Mission (SRM) in Anandapur subdivision in Odisha’s Keonjhar district. The baby was born in January this year and had been abandoned at a local hospital by her mother. The couple took a liking to the child, but they were told by an official at SRM that Jeeja was “physically not fit” for adoption. Jeeja’s supportive
husband Bappaditya countered this saying that while his wife was “physically not fit to run a marathon, she was more than capable of nurturing a baby!”

It is important for a person with a disability to find empathetic members in the adoption committee, sensitive to the needs and aspirations of people with disabilities. Here, Jeeja had to contend with bias yet again. “At the meeting with the committee, I was asked if I lose my temper very often as I am a ‘patient’ with cerebral palsy,” recalls Jeeja incredulously. “They did not know the difference between cerebral palsy and a mental illness. They thought people with cerebral palsy are cantankerous, crotchety and high-strung. They also questioned my communication skills and asked how I would interact with the baby!”

Another expected question asked was how would Jeeja take care of a baby when she had a physical disability. Here, too, the couple was ready with an answer. “My husband is very hands-on. I told the committee we would have no issues raising a baby. I will do as much as I can for my child. We have efficient carers at home. In many cases, working women make arrangements to have their children looked after by nannies. I wondered why I was being singled out,” says Jeeja.

She reiterates that an assumption persists that people with disabilities can’t have, do not want to have or should not have children. “Many people perceive disabled people as categorically sexless and genderless. Women with disabilities face more discrimination than men with disabilities. They are regarded as asexual on the one hand but, on the other, as more vulnerable and likely to be abused.”

Finally, embittered after the meeting with the adoption committee, the couple approached Dr Sadaf Nazneen, consultant (Eastern region), CARA, for help. After considerable evidence-based persuasion regarding their ability to parent a child, they received an order around the end of May, permitting them to adopt the baby.

On June 7, Hiya finally entered their home. However, the new parents’ legal formalities are far from over. Hiya is legally in Jeeja and Bappaditya’s foster care now. “An application has been filed in a court in Keonjhar. We expect to get an order that will make us her legal parents within 60 days,” says Bappaditya.

Raising children is challenging. So, how does Jeeja propose to cope when routine tasks are a major challenge for her? When her daughter starts walking, she may not be able to pick her up if she falls. It may break her heart when her child is being pushed on the swing at the playground because she won’t be the one pushing her. She misses out on not being able to push Hiya’s pram, but right now, she is happy to just rock her baby’s pram and gaze contentedly into her eyes. And, what she will surely do, is see to it that her daughter grows up to be a strong, independent and caring woman. Just like her.

Jeeja’s responsibilities have increased and not just because of the baby. Her 88-year-old mother has dementia and needs constant supervision and care. Jeeja places a protective hand on her baby and another on her mother, as if to reassure the octogenarian as she had once reassured her daughter many years ago. Jeeja’s values, imbibed from her mother, are the bedrock of her life. She wouldn’t be the fiercely independent working mother and wife that she is today without her mother’s inspiration that disability per se need not be a barrier. Attitude matters. With the right attitude, even the sky is not the limit.
MY BIRTHING STORY

‘I WASN’T WORRIED BECAUSE OF THE HIGH SUCCESS RATE THE HOSPITAL HAD’

It is a myth that a woman who has given birth through a Caesarean section the first time cannot have a natural birth the second time around. Only if there are medical complications, previously confirmed by the obstetrician, is the chance of a normal delivery reduced. If the mother is healthy, and nothing goes wrong during the labour, she can and should have a normal birth. PUJITHA KAMINENI REDDY is one such young mother who had a normal delivery, specifically a water birth, the second time around, despite the fact that her first baby was born via a C-section. MINAL KHONA talks to her and the medical team involved to find out more

PHOTOGRAPHS: ADITI GULATI TALWAR

You wouldn’t guess that Pujitha Kamineni Reddy is a mother of two. Working with GVK Bio in Hyderabad handling business development for their Europe market, she travels every two months, and is an involved mother to her two-year-old son Avyaan and six-month-old daughter Dia. Living with her in-laws, she has a support system in place and her mother also helps out when needed.

However, it is Pujitha’s water birth experience during the birth of her daughter that makes her the subject of this column. She recalls that the first time, too, she wanted a normal birth. “I had been visiting Dr Evita Fernandez here in Hyderabad throughout my pregnancy. I was a fit mum, walking four kilometres and swimming for 40 minutes every day. Towards the end of my pregnancy, I started doing yoga. I was also travelling on work and there were no complications on any front. I started my maternity leave one day before I had my baby. I had gone home to Chennai, where my parents live, for the delivery. I was particular about having a normal birth, but I was 40 weeks into my pregnancy and there were no sign of labour pains. Everyone was panicking but I was adamant about waiting and I forced the doctors to wait. After two days, I was admitted to
Apollo Cradle on the night of October 2, 2015. I was due for an induction the next morning. The doctor came in at midnight and saw the results of the Non-Stress Test (NST) that had been done earlier.” (According to webmd.com, the non-stress test is a simple, non-invasive way of checking on the baby’s health. The test records the baby’s movement, heartbeat, and contractions. It notes changes in heart rhythm when the baby goes from resting to moving, or during contractions if in labour.)

Pujitha says, “She found that the foetal heart rate and movements were slowing down, so an emergency Caesarean section was done. I went in at 12.30, and at 1.15 in the morning I had my baby in my arms. He was presented to me like a gift,” she recalls with a smile. She adds that her mother delivered her and her sister a week after the due date too.

The joy of having a baby overshadowed the fact that Pujitha did not get to deliver him the way nature intended. But she was determined to have a natural birth when it was time for her second child to be born two years and three months later. Again, she was in the care of Dr Evita and her team. Dr P Vinitha was the obstetrician and gynaecologist for Pujitha throughout her pregnancy and Indie Kaur, Director of Midwifery Services, was with Pujitha all the way, boosting her confidence. Dr Vinitha says, “It is quite normal for a person to request a normal delivery, even after they have had a C-section. In fact, we encourage them to do so.”

Pujitha says, “Fernandez Hospital had a new facility for water births and, though mine was going to be a VBAC (Vaginal Birth after a C-section), I wasn’t worried because of the high success rate the hospital had. The doctors and support staff had a lot of patience with me, reassuring me and clarifying all my doubts.”

For this baby, Pujitha only did yoga throughout her pregnancy and candidly admits that she was not particular about her diet. While she still ate healthy, she says, “I ate everything, I didn’t fuss so much about it.” Four months after her son’s birth, she was also back at work, travelling frequently too. With her daughter, she took six months’ maternity leave. Having gone back to work now, she says the guilt pangs have doubled.

Pujitha decided to have a water birth and describes the entire experience. “Indie was fabulous throughout. I used to meet her regularly and she was confident that I could have a successful water birth and be extremely calm during the process. Prior to my delivery, I had attended a session where mothers shared their water birth experiences. I was aware that I was not a prime candidate for it. I had also hired a doula or a birth companion during my pregnancy. A doula is a non-medical person who gives physical, emotional and psychological support before, during and after the pregnancy. She addresses any concerns the mother-to-be might have so you don’t have to go to the doctor every time. Melina was my doula, and Theresa was the professional midwife attending the night of my delivery.”

Dr Evita Fernandez elaborates, “During her second pregnancy, Pujitha had attended sessions on water birth and had qualified as per the check list. The essence was to be her advocate, to listen to what she wanted and provide psychological and emotional motivation. We were a little hesitant but knew that it was not impossible for her to have a VBAC. If the scar doesn’t hold and the stitches from the C-section give way, you have to operate immediately or you could lose the baby. It is imperative to take the baby out before the oxygen runs out. So we had the operation theatre also kept ready on standby. Luckily for her, things went smoothly and she had a water birth like she wanted. For me, the icing on the cake was that she walked to her room with her baby in her arms, a little after she delivered, which is an endorsement of empowerment.”

“Prior to my delivery, I had attended a session where mothers shared their water birth experiences. I was aware that I was not a prime candidate for it. I had also hired a doula or a birth companion during my pregnancy”
Dr Vinitha adds, “Pujitha had been made aware of all the pros and cons and that she would have to come out of the water immediately if something went wrong. We were monitoring the baby’s heartbeat constantly underwater. Though the chances of anything adverse happening were remote, we took all the necessary precautions. While we have had several successful VBAC cases, Pujitha’s water birth VBAC was the first at our hospital.”

Indie, who worked closely with Pujitha throughout her pregnancy, adds, “Women should be made aware that the greatest risk of an adverse outcome occurs in a trial of VBAC resulting in an emergency Caesarean delivery. Women should be informed that planned VBAC is associated with an approximately one in 200 (0.5 per cent) risk of uterine rupture.”

In Pujitha’s case, Indie and her team treated her as someone who could have medical complications, however remote the chances. Indie adds, “We supported her and helped her. Some caveats, like the baby’s heartbeat, were being monitored constantly. There is the fear that the scar from the C-section will come apart so we were prepared. Luckily, she went into spontaneous labour, and our job was believing in her belief that she could do it.”

Dr Vinitha reveals that she was not even present in the room during the delivery. “I was on standby but I was not required inside; that is the beauty of our team work. I was getting regular updates and it was not necessary for me to be present inside the room.”

Pujitha recalls the sequence of events that preceded her baby’s birth. “As we came to the 40th week, there was no sign of labour pain, again. In the 41st week, however, I felt a slight discomfort. This was on January 19 this year. They did a procedure called the stretch and sweep which releases the required hormones to start labour pains. The cervix hadn’t opened at all. On the night of the 19th, I started having back ache and spasms that would come and go. I was only two cms dilated and, when it became four cms, I went into the birthing pool. I didn’t think I could deliver in the water. The team was prepared to pull me out of the water if there was any problem. The candles and the warm water helped me and I was asked to sit in whatever position I was comfortable. I was on my fours, balancing on my wrists and my knees for five hours. It was the only way I felt comfortable. My husband, Shashank, was present throughout. The midwife, Theresa, was also there and Indie too came in a bit later. Everyone around was very calm and patient. The last 30 minutes of my labour, I felt the urge to push, and my daughter was born in the water. I took her out from under me and, a few minutes later, I even walked to my room with her in my arms. I was high on the adrenalin and the entire experience.”

Pujitha regained her normal energy levels, started exercising two months after her baby was born and she has recently gone back to work as well. Her story proves that Mother Nature knows best and, if not medically required, a C-section is best avoided.

Dr Evita Fernandez elaborates, “During her second pregnancy, Pujitha had attended sessions on water birth and had qualified as per the check list. The essence was to be her advocate, to listen to what she wanted and provide psychological and emotional motivation”
WHERE JAMINI ROYS FOUND THEIR FIRST HOME

Treasured and carefully preserved to this day are the Ramayana paintings of JAMINI ROY that are in the collection of the KC Das family in Kolkata. A few decades ago, in the early 1940s, Sarada Charan Das commissioned the then still impoverished painter, Jamini Roy, to do a series of 17 canvases on the Ramayana. NIVEDITA CHOU DHURI visited what is aptly called the Rosogolla Bhavan to not only see the large paintings but also meet Dhiman Das, the grandson of Sarada Charan, to trace the history of the family’s connection with the great Indian painter whose works are now a national treasure.

PHOTOGRAPHS: SATYAKI GHOSH

Sita’s Agnipariksha from the Ramayana series. (Image from Flickr by Hamilton)
Walk into any middle class home of art enthusiasts in Kolkata and chances are you will come across a Jamini Roy print adorning a wall in the living room. Imagine, then, a grand home in north Kolkata whose rooms have 24 canvases created by the giant of modern Indian art on the walls. It is, indeed, a sweet union of confectionery and art at Rosogolla Bhavan.

Rosogolla Bhavan in Bagbazar was once home to Krishna Chandra Das (1869-1934) whose father, Nobin Chandra Das, is said to have invented the rosogolla in 1868. KC Das opened what became the popular eponymous sweet shop in Kolkata’s Chowringhee in 1930. His son, Sarada Charan Das, was a patron of the arts who commissioned Roy in the early 1940s to create a suite of 17 paintings for his home, based on important episodes of the Ramayana.

Roy was born on April 11, 1887, in the village of Beliatore in Bankura district of Bengal Presidency. He belonged to a moderately prosperous family of landowners. Life in rural Bengal and his surroundings greatly influenced him. Besides the local Santahals, the work of the craftsmen in his village such as the potter, carpenter, blacksmith, clay-modeller and patua (an artisan community whose traditional occupation is painting Hindu idols) inspired him.

Roy joined the Government School of Art in Calcutta in 1903 and came across the artist and nephew of Rabindranath Tagore, Abanindranath, and Percy Brown, the then principal of the institution. Impressed by his talent, Brown allowed him to attend any class in the school and exhibit his paintings in the classrooms.

Roy led a fairly unexciting life after leaving art school. He did plate-retouching at a press in Allahabad, made greeting cards, coloured cheap woodcuts and worked in a lithographic press and even as a salesman in a clothes shop.

His career as a painter started with portraiture. His portraits reflected the traditions of Dutch painters Rembrandt van Rijn and Sir Lawrence Alma-Tadema, and American artist John Sargent. Between 1920 and 1930, he made many portraits and landscapes in the style of Cezanne, Van Gogh, Van Dyck, Matisse, El Greco and Modigliani.

Roy soon tired of making portraits. Western techniques of painting as well as Abanindranath’s Bengal School failed to stimulate him. He began to feel that painting in oil was not his métier. The rise of nationalism and the Swadeshi movement in the 1920s also contributed to this change of mind. He decided that the form and colour of his paintings should be completely different from contemporary styles. Roy found the real answer to his inner quest in the folk art of Bengal, in dolls and toys, in scrolls and patas, which illustrate the simplicity of expression and purity of form of Indian art. He returned to the original foundations of his artistic experience – the art of the village craftsmen. Roy worked on Kalighat pat, a Bengal style of art with bold, sweeping brushstrokes.

He sought inspiration in his roots and themes he was familiar with. Apart from mythological scenes from the Ramayana and Krishnaleela, gods and goddesses, the village cultivators, carpenters, blacksmiths, bauls, fakirs, Vaishnava singers, Santhal men and women constituted his main subjects. Animals such as horses, cows, tigers, bulls, cats and elephants find a prominent place in his paintings.

Women formed a central theme in many of his paintings, which depicted their sensitive maternal side. He never portrayed them as shrewd or artful and there was seldom any violence in his art. Like all his humans and animals, they have patalchera chokh (eyes like a halved parval, a pointed gourd) in keeping with the pat style. Roy’s work never reflected the turbulent socio-political realities of the India of his times.

Despite being so gifted, Roy was living in penury in Ananda Chatterjee Lane in north Kolkata when he was contacted by Sarada Charan Das to create a series of paintings. “The Ramayana is the largest single series
collection of Roy. He used vegetable colours and pigments derived from natural elements to narrate his version of the epic, “says Dhiman Das, the grandson of Sarada Charan and executive director of KC Das Pvt Ltd.

Roy, like the patua, prepared his colours from plants using indigenous methods. His palette consisted of seven colours: red obtained from gerimati (local clay), yellow from harital (arsenic trisulphide), black from the soot of a lamp, blue from indigo plant, white from lime and common chalk, vermilion from mercury powder and grey from the alluvial soil of the Ganges. The binding medium was glue from the tamarind seed and Roy’s canvas was homemade cloth and hand-made cardboard.

The first painting in the Ramayana series shows Valmiki embarking on the epic task of writing the Ramayana. The following episodes include Taraka Vadh, Maricha taking on the form of a golden deer, Lakshman guarding Sita and Ravana asking for alms. These are followed by Jatayu’s valiant fight with Ravana, Sita in Ashok Vatika, Bali and Sugriva’s fight, Ravana’s rift with Vibhishana and the latter approaching Rama for help. Indrajit performing yajna, the gandhamardan parvat

Dhiman also shed light on the close ties between Roy and Sarada Charan. Dhiman’s grandmother and Sarada Charan’s wife, Annapurna Devi, often helped the artist and once even referred him to a dentist when he was suffering from a severe toothache.
A designer from Bangladesh and a former model, Bibi Russell is a change-maker on a global scale. She works with artisans from various countries, including her own and neighbouring India, to revive dying crafts and weaves. Her aim is to provide these craftsmen and women with a livelihood that sustains their art and gives them a chance to live with dignity. MINAL KHONA met her in Hyderabad when she was here to launch the state government’s Handloom Day

PHOTOGRAPHS: LAKSHMI PRABHALA
hand-crafted beauty that would have otherwise died a quiet death. It does not matter whether the craft comes from remote Uzbekistan, or faraway Colombia, Bibi personally goes to these people and provides them with training when required or if invited by the governments of these countries. Predominantly, however, she works with weavers and craftspeople in her native country. She says, “I believe they have magical fingers. They create so much beauty with their hands. How can I not empower them and help preserve their art?”

Bibi was born in Chittagong and grew up in Dhaka. Later she went to the London College of Fashion where she graduated as a fashion designer way back in 1975. She had to wear her own creation for the fashion show held as part of her graduation, where she was spotted by a modelling agent. This helped her land plum assignments in the fashion world. Back then, people of colour were not part of the haute couture scene as they are today. Even less so with fashion magazines such as Harper’s Bazaar, Cosmopolitan and Vogue. Yet, Bibi worked with all of them, her face splashed on their fashion pages. She recalls, “Modelling just happened for me. For my graduating show at the London School of Fashion, I was wearing my own creation and I was spotted by an agent. I was asked to model for Harper’s Bazaar. Then other assignments followed and I am really grateful for that part of my life. It made me mature and I got to see the world. I also got immense support from the media.” She modelled until 1994 for the likes of Yves Saint Laurent, Kenzo, Karl Lagerfeld and Giorgio Armani.

After spending two decades in Europe, with regular visits home, Bibi decided to come back for good in 1994. She founded Bibi Productions, a fashion house that works with weavers and craftspeople in Bangladesh. Her aim was to promote the local arts and weaves of her country along with their cultural influences. That was the beginning of an initiative that has only grown since. Bibi has also worked in India and, last year, on the invitation of the West Bengal government, became involved with a project she calls “emotionally difficult yet engaging”. She was invited to work with the inmates of the Liluah Home in Kolkata – a shelter for girls and women rescued from human trafficking. She says, “I had previously worked with women prisoners in different
I make a little money to sustain my venture but more so to empower craftspeople so they can live with dignity. A large part of the money goes back into the business towards research.

If I wanted to make money I could have stayed on in Europe and done so. I came back and have worked with so many countries. Living in Bangladesh, I know about the arts and crafts of remote places like Peru and Uzbekistan and am happy to use them extensively in my creations.

Bibi has also elevated the humble gamcha, a woven piece of fabric worn by most locals in Vietnam, India and Bangladesh, into a fashion accessory. She reinterpreted the traditional gamcha, that is an all-purpose kind of add-on that works as a kerchief, a shawl, and as protection from the sun when needed. She had them made in different colours and styles and even had the Spanish actor Antonio Banderas wear one when she gifted it to him at an event in Spain.

In recognition of her work, Bibi has been honoured with awards and citations from several organisations. She was named UNESCO Special Envoy: Designer for Development in 1999, UNESCO Artist for Peace in 2001 and made a UNAIDS Goodwill Ambassador in 2008. The London Art University bestowed an honorary fellowship on her in 1999. She was also awarded with the Cross of Officer of the Order of Queen Isabella from the Government of Spain in 2010.

While the giants in the assembly line business may have multiple stores all over the world, Bibi is content with what she does. She sees Bibi Productions as more of a social enterprise that will continue changing the lives of artisans even after her. For her, sustainability obviously extends to more than just the clothes she makes. It implies changing lives for the better, permanently. And for more than one generation.
KADAMBINI GANGULY
BREAKING STEREOTYPES
OF HER TIME

At a time when women going to college was unheard of, KADAMBINI GANGULY not only educated herself, but also sailed to England to study medicine so that she could become a doctor. At a time when women didn’t step beyond the confines of family and home, she practised medicine, in fact, until her dying moments.

NIVEDITA CHOUDHURI draws a portrait of not only Kadambini but also of the times in which she lived, when a professor failed her by just one mark to prevent her from getting a medical degree and practising medicine!

ILLUSTRATION: TARA ANAND

In 19th century India, marriage was the first major event in a girl’s life. The other most important event was motherhood. Daughters were hardly welcomed. The birth of a son was of paramount importance to the family and was an occasion to celebrate. A man was the protector, provider, inheritor of property and the only one entitled to perform the ritual offerings to ancestors. In such a social context, a feisty woman shattered all stereotypes about female literacy by qualifying as a doctor. She broke social norms by practising medicine. What is even more inspiring is the fact that she continued to do so until her last breath.

Meet Dr Kadambini Ganguly, one of the first women physicians in India (along with Anandibai Joshi) and the entire British Empire and one of the first women physicians trained in Western medicine in South Asia.

Kadambini was born in 1861 to Brahmo-reformer and school headmaster Braja Kishore Basu in Bhagalpur, Bihar, in erstwhile British India. Braja Kishore was a committed supporter of women’s rights and, in 1863, he set up Bhagalpur Mahila Samiti, one of the earliest organisations for women’s emancipation in the country.

Kadambini would not have realised her goals had it not been for her broad-minded father. He sent his 14-year-old daughter to Calcutta in 1876 to study at the progressive Bangla Mahila Vidyalaya. Established in Calcutta that year by a liberal section of the Brahmo Samaj, it was the successor of the Hindu Mahila Vidyalaya which had been set up three years earlier. At a time when other fathers were getting their young daughters married without any thought for their education, Braja Kishore was supporting his daughter’s academic endeavours by enrolling her in a boarding school.

Kadambini has many firsts to her credit. In 1878, while a student at Bethune School, she became the first woman to pass the University of Calcutta entrance examination. In 1882, Kadambini and Chandramukhi Basu became the first women graduates of the University of Calcutta. The next year was momentous in several ways for Kadambini. She married Brahmo-reformer Dwarakanath Ganguly, a 39-year-old widower with children, who was 20 years older than her. Dwarakanath was also the headmaster of Hindu Mahila Vidyalaya, the precursor of Bangla Mahila Vidyalaya where Kadambini studied. Even as a young man, Dwarakanath was a passionate campaigner for women’s rights. When he was 17 years old, he heard that a young girl had been poisoned by her family for going astray. He was shocked to find out that it was not uncommon for young girls belonging to kulin Brahmin families to die in such a manner. This incident left a lasting impression on his mind and he vowed never to agree to a polygamous marriage, which was prevalent among upper caste men those days.

Thanks to her husband’s unstinting support and encouragement, Kadambini enrolled in Calcutta Medical College. Her bold decision to cross prescribed boundaries...
In 1921, she delivered legendary filmmaker Satyajit Ray, who was the grandson of Bidhumukhi (Dwarakanath’s daughter from his first marriage) and writer Upendrakishore Ray Chowdhury.
Strangely, Dr Chandra offered a scholarship to female medical students in his will, perhaps as an act of atonement for his deeply ingrained bias towards women medical students. Around that time, Queen Victoria, Empress of India, gave Lady Dufferin, the wife of Viceroy Lord Dufferin, the task of improving healthcare for women in India. As a result, the Countess of Dufferin Fund was established in 1885.

At this point, well known social reformer, Florence Nightingale took up Kadambini’s case. In 1888, the founder of modern nursing wrote to an acquaintance: “Do you remember asking me the name of this lady, who is the cousin of two friends of mine, Mr and Mrs Manmohun Ghose, who have successfully resisted infant marriage, etc., of Calcutta? I wrote to them to ask her name, which I now transcribe on the other side. Do you know or could you tell me anything about this lady, Mrs Ganguly, or give me any advice? Mrs Manmohun Ghose… asked me to recommend Mrs Ganguly… to Lady Dufferin for any post about the female wards in Calcutta. Mrs Ganguly is, I believe, a young woman of high caste and cultivation, and it would be a great encouragement to Hindu ladies to embrace medicine if she were appointed.

“The Hindu young lady’s name is Mrs Kadambini Ganguly… This young Hindu lady’s… married! after she had made up her mind to become a doctor! and has had one, if not two children since. But she was only absent 13 days for her lying-in!! and did not miss, I believe, a single lecture!!”

Subsequently, Kadambini was appointed as a doctor in Calcutta’s Lady Dufferin Medical College on a monthly salary of Rs 300. However, she soon realised that she was looked down upon by British women doctors since she did not have an MB degree. So, she decided to go to England and acquire further degrees.

It was not easy for an Indian woman to travel abroad, leaving her children behind. But a determined Kadambini set sail in 1892 and obtained medical qualifications from Edinburgh, Glasgow and Dublin. Iain Milne, Head of Heritage, Royal College of Physicians of Edinburgh, said that an entry in the examination record book even showed where she stayed (18, Chalmers Street, Edinburgh) while sitting for the exam. A medical register dating back to 1894, and a later one, obtained from the Royal College in Edinburgh, bear her name and qualifications.

Once, while attending to a teenage girl during childbirth, she was asked to clean the place. Most people considered women doctors to be no more than dais or untrained midwives.

After returning to Calcutta, Kadambini worked at Lady Dufferin Hospital for a short while before beginning her private practice. She gained fame quickly and treated a diverse range of patients. The Queen Mother of Nepal, one of her patients, showered her with gifts, including a pony which became popular with Kadambini’s children and step-grandchildren. A passionate advocate of women’s right to education, Kadambini’s impassioned speech at the Medical Conference in 1915 about the Calcutta Medical College’s hostility to women students was instrumental in the university authorities amending their policies and making medical education inclusive for both men and women.

In 1921, Kadambini delivered legendary filmmaker Satyajit Ray, who was the grandson of Bidhumukhi (Dwarakanath’s daughter from his first marriage) and writer Upendrakishore Ray Chowdhury.

Kadambini was a lifeline for many women. Few women wanted to be examined by male doctors since it was against prevalent social norms. They would rather embrace (or be left to embrace) death. In such situations, Kadambini was able to save countless lives. As she travelled to see patients in a horse-drawn carriage, she occupied herself with intricate needlework for which she was equally well-known.

Kadambini was multifaceted and had many interests besides medicine. She was one of only six women delegates to the fifth session of the Indian National Congress in 1889. She was president of the Calcutta chapter of the Transvaal Indian Association and raised funds for Gandhiji’s Satyagraha in South Africa in 1907-08. In 1922, a year before she died, she was made member of a committee set up to report on the working conditions of women coal mining labourers in Bihar and Orissa.

Kadambini faced humiliation and contempt on several occasions. Once, while attending to a teenage girl during childbirth, she was asked to clean the place. Most people considered women doctors to be no more than dais or untrained midwives. In 1891, conservative magazine Bangabasi referred to her as a courtesan, an allusion to her unconventional lifestyle as a woman who opted for a life in the public domain. Dwarakanath went to court in Kadambini’s defence. He had a fiery confrontation with Mahesh Chandra Pal, the magazine’s editor. He reportedly made the editor swallow the paper on which the news item was printed! The editor was also slapped with a fine of Rs 100 and six months’ imprisonment.

Kadambini remained an active professional till her last day. In 1923, she breathed her last shortly after reaching home following a visit to a patient’s house. A harbinger of social change, she rose above her circumstances to achieve what very few women could dream of in colonial India.
UNUSUAL INITIATIVES

UNHEARD VOICES, UNTOLD STORIES

We are aware of political histories yet barely know the personal histories that are equally important. This will be set right to an extent with the Citizens’ Archive of India (CAI), founded in 2016 by Rohan Parikh. NANDINI MURALI speaks to MALVIKA BHATIA, the oral historian and archivist who heads the project. She talks about The Generation 1947 Project where people have told her amazing stories of national leaders, life, dress and customs in colonial India.

PHOTOGRAPHS COURTESY: THE CITIZENS’ ARCHIVE OF INDIA

“History is best taught through story-telling. History is made up of stories, stories of everyday people. Eyewitness accounts and personal experiences form an integral part of a nation’s history. It is critical that we preserve these stories for future generations to understand a history that finds no place in our school books,” says Malvika Bhatia, 28, oral historian and archivist who heads the Mumbai-based Citizens’ Archive of India (CAI).

Through her work with CAI, Malvika and her team seek to restore the tradition of oral history to its rightful place as a method of understanding and appreciating history — a history that weaves in diverse perspectives and unheard voices in telling untold stories.

The Citizens’ Archive of India is the second-of-its-kind oral archive project in the sub-continent, inspired by the Citizens’ Archive of Pakistan in Karachi. It was founded in 2016 by Rohan Parikh, Managing Director, Apurva Natvar Parikh (ANP) Group, who has a passion for Indian history and culture. The Citizens’ Archive of India is a CSR (Corporate Social Responsibility) initiative of the ANP Group. Parikh, who is a graduate in Economics from the Wharton School of Business and an MBA from INSEAD, France, says, “CAI is a way to preserve the memory of a generation; I regret losing my grandparents without recording their stories.”

CAI captures the voices, thoughts, memories and perspectives of people with personal knowledge and experiences of past events. In addition to oral narratives, CAI digitally preserves various records such as letters,
newspapers, documents, personal pictures, historical pictures and other memorabilia in its endeavour to reconstruct the past. CAI has a vibrant online presence through a web portal, Facebook and Instagram pages.

One of CAI’s flagship initiatives is The Generation 1947 Project. Narrated from the point of view of some of the country’s oldest citizens — those born before 1947 — the project weaves together photographs, documents, video and audio interviews of people who have memories of that period. However, Malvika is quick to assert that it is not merely Partition stories. People also talk about everyday aspects of colonial India, recollections of national leaders, political milestones, the Independence Movement and, quite often, of a way of life that has “gone with the wind”. For instance, Malvika explains that the sacred and the secular, the sublime and the mundane are all equally valid if it helps one gain a better perspective and insight into the period. For example, dress, food habits, lifestyle — nothing is out of bounds for the archivist.

“History is also about everyday life and how it changed. It could be something as simple as someone recounting how they used shampoo for the first time. Many times, it’s these stories that stand out. They reflect how our society has changed. I love both kinds!” Some of her interviewees have talked about the construction of Marine Drive in Mumbai, another about the Portuguese occupation of Goa. Seventy-six-year-old Arun Bhatia, who lived in Bombay, was seven years old at the time of the Quit India Movement (1942). He even burnt an effigy of Winston Churchill and says most people found it difficult to pronounce ‘Quit’.

When chance and choice converge, even Herculean efforts seem effortless. Malvika grew up in a joint family in Mumbai, where stories were a way of life. She developed a keen interest in family history listening to her grandmother recount stories of her father, of his days as a freedom fighter.

“My grandfather had eight brothers and at one point all their families lived in the house I live in today. So, you can imagine the kind of mad house it was!” Over the years, the family began to disperse. But what united them across oceans and continents was their shared family history. Malvika, who belongs to the Kutchi Bhatia community of Mumbai, was determined to record her family stories for posterity — before they were lost forever. One of her most memorable moments was interviewing her father’s aunt, Madhuri Bhatia, 93, the eldest of the nine daughters-in-law in the family!

“Even as early as 1937 she had sailed around Asia. Her sister maintained a diary of her travels in English. She let us digitise the diary and it sits in our archive today.” The power and intimacy of personal narratives, the authenticity of lived experience is something that Malvika says cannot be glossed over. On the other hand, it can supplement and add a new dimension to the impersonal narratives of history text books.

Not surprisingly, Malvika graduated in History from St. Xavier’s College in Mumbai and did her post-graduation in Heritage Education and Interpretation at Newcastle University, UK. She spent the next several years working in museums and heritage sites across India and also developing audio guides for neighbourhoods and monuments across the globe. Malvika first engaged with an oral history project at The Beamish Museum in County Durham, and later came across more oral histories while working at The British Library.

“Listening to stories of South Asian immigrants to the UK was an eye-opener. Historians abroad have long since realised the immense value of oral history in the form of real-life testimonies in supplementing historical facts,” says Malvika.

When she was back in India, the CAI initiative was a dream waiting to unfold. One of Malvika’s most memorable interviews is with the centenarian Mithoo Coorlawala, who is a treasure trove of memories. The centenarian recalls her time in Hyderabad during the reign of the last Nizam, Osman Ali Khan, who had even signed her husband’s driving licence!

“Engaging with people’s oral histories has increased my bandwidth to accept diversities in perspectives. People have a right to their opinions and these should be valued and respected unconditionally. Life is not black and white, just shades of grey,” says Malvika, who believes that perspectives need to be based on an accurate and informed understanding of history.

Another archival CAI project is ‘Dilli Ki Khirki’, which captures the dying history of Delhi’s Khirki village, near Saket, a neighbourhood in New Delhi. Once a village, it is now subsumed by the Select City Walk Mall that has sprung up on the premises.

For instance, who cannot be moved when you listen to the narrative of a Punjabi family who, during World War II flee Burma on foot, enter India through the northeast, settle in Lahore, only to find themselves uprooted once again just a few years later during the Partition?
“Ekta Chauhan, an independent researcher who has grown up in Khirki, was alarmed at the rapidly vanishing rural sights and sounds that she was so familiar with. She contacted CAI who, in turn, provides archival support in documenting a vanishing way of life,” explains Malvika.

Engaging with oral history is an artistic endeavour for Malvika. The ability to connect with people, excellent listening skills, the knack of asking the right questions and willingness to be open to diverse perspectives are qualities that she values. Malvika has interviewed over 110 people in the last one year. According to her, each interview typically spreads over two to three sessions. Flexibility and a willingness to flow with the interviewee are important.

“It’s like being invited into people’s personal spaces. As I step into their homes, I realise I am entering a sacred space. People are willing to share so much… you can’t rush the process… you need patience, get to know the person, make them comfortable in their own homes, get their consent and listen actively as the story unfolds.”

An oral history interview is a conversation, a dialogue. So, Malvika uses simple questions as ice-breakers and then moves on to those which invite interviewees to explore their memories in depth as she gently encourages them to peel away layers of memories, one at a time. According to Malvika, many interviewees candidly admit that she is the first person to prod them to talk about such memories!

Often, nostalgia can be overwhelming. Especially if interviewees are recalling traumatic events like the Partition that disrupted their lives. They sometimes break down while telling their stories, a process which is cathartic for both the teller and listener. The CAI team conducts the audio and video interviews in various languages such as Hindi, Sindhi, Kutchi, Gujarati and even Tamil. Often, children and even grandchildren volunteer to translate. The team then transcribes, edits, sub-titles in English, if necessary, and uploads the interviews — all within a fortnight.

By weaving together audio and video transcripts of interviews, Malvika hopes to make history more appealing and accessible to people. Individual memories, when placed in a larger historical socio-cultural context, can connect people collectively, bridge barriers and divides. For instance, who cannot be moved when listening to the narrative of a Punjabi family who, during World War II, flee Burma on foot, enter India through the northeast and settle in Lahore only to find themselves uprooted once again just a few years later during the Partition? Or Brigadier Pandurang Mohan Narulkar, who is witness to his best friends and colleagues opting to join the newly formed state of Pakistan in 1947? Or Nand Kishore Nautiyal’s recollection of hearing Jawahar Lal Nehru’s iconic ‘Tryst with destiny’ speech on August 15, 1947, from a tree top outside Parliament House?

It’s this cache of memories — participatory and inclusive — that Malvika would like to be made freely accessible to scholars and students over the Internet.

“My personal goal is that one day, schools and colleges across the world would want to put our catalogue in their libraries and that students will be able to access it. There is a wealth of information out here that is just waiting to be heard.”
This picture shows Doongursee Shamji Joshi, a Karachi-based businessman and philanthropist, and Sir Lancelot Graham, Governor of Sindh, step out of the ‘Butter Room’ (where butter was stored) at the Karachi Panjrapole, a shelter for cows established by Doongursee Shamji Joshi. They walk in step, one donning a hat and the other dressed in the traditional pagdi, both prominent citizens and influential persons.

Pushpa Bhatia, Joshi’s granddaughter, remembers her grandfather as a person who encouraged education and helped open Karachi’s first public safe. She spent the first ten years of her life living in his sprawling Karachi bungalow. She recalls, “I was born in Karachi in modern Pakistan. We had a very aristocratic life. We lived in a nice bungalow with a garden next to our house, and in another plot, vegetables were grown. And, altogether, it was a very, very simple but a very happy life, with none of the hassles of today. I have preserved the postcards and envelopes that were addressed to my father, which states the address as Karachi, India. All that changed after August 15, 1947… We moved to India shortly after Independence. My parents decided to go to Delhi to experience Independence Day. They had friends there. So, on August 15, they were in Delhi. My parents said that there was a lot of joyous celebration, people were out on the road, initially being very happy about the whole thing, until the riots began…”

A ‘RANI’ RECALLS...

“My mother used to work for the Indian Independence League so when Netaji Subhas Chandra Bose started the Indian National League she became a recruiter for them, and immediately sent my sister and me to be trained in the Rani of Jhansi Regiment. We had military training and nurses’ training. We didn’t immediately have uniforms, so for a while we trained in our ordinary clothes.”

Lt Rama Mehta (now Rama Khandwala), a ‘rani’ in the Azad Hind Fauj, watched the Second World War play out in front of her eyes at Maymyo, Burma.
HOW MY HUSBAND GOT HIS DRIVING LICENCE WHEN HE WAS JUST 14 FROM THE NIZAM OF HYDERABAD!

Mithoo Coorlawala (now 100 years old), and her husband, Khushroo Coorlawala, grew up in Hyderabad when it was ruled by the Nizam. Her father-in-law was the Nizam’s doctor and close friend. Mithoo recalls how that friendship led to her husband being given his driver’s licence.

“My husband’s father was a very brilliant doctor, and was the Nizam’s doctor. He had to see the Nizam every morning. The Nizam got very fond of him. They just had a chat, even if he wasn’t sneezing or coughing or anything. He just had to see him.

“One day, he was late, so the Nizam said, ‘Rustom, why are you late?’ So, he said, ‘My driver didn’t come, and my son had to drive me.’ The Nizam said, ‘Your son drove you? How can your son drive you without a licence?’

He said, ‘My son has learned from the driver, and there was no traffic...’

The Nizam said, ‘Send for your son; we’ll have to straighten this out.’

So, poor Khush, sitting in the car — he was about 13 or 14 years old — wondered why these chobdars (attendants) went there and said, ‘Ala Hazrat wants you.’ So, they came, dragging Khush into his presence. The Nizam was there, and then there was the Police Commissioner. The Police Commissioner was a very picturesque man. A large, fat gentleman by the name of Raja Rama Reddy. He had a big, long coat, and a wide white belt, and a turban, and he was standing there.

“The Nizam said, ‘Raja, give him his licence.’ So, he scrawled something, and gave it to him, and Khush got a licence! To drive a car! At that age! But you see, the nice thing about it was that their friends heard about it, and they were very pleased. So, they said, ‘Now that Ala Hazrat has given Rustom’s son a licence, we should also do something.’ So, one of them sent him a pony — yes, a pony — with a syce (groom), and the feed, which were to come to him forever. They were being paid for by that Paigah (nobleman). And not only that, another person sent him a Morris Minor car, with his initials painted on the door. So now, Khush went to school driving a car — the only person driving a car to school.”

CENTENARIAN MITHOO COORLAWALA’S DAYS AT CAMBRIDGE

“During 1938-39, I attended Newnham College at the University of Cambridge. Back then, they didn’t award women degrees. The men’s colleges were so furious when two women’s colleges were established that they even burnt down the gates of our college!

“There was a lot of violence against the opening of a women’s college. And (they said), ‘You can have a college there if you must, but you don’t get degrees.’ You could study, have the same syllabus, sit for the same exams, but when you passed, you didn’t get a convocation. You got your degree by post. It was not a recognised thing. It was more a ‘do it if you must’. That was pretty humiliating,” Mithoo told CAI.

“In 1998, when Cambridge celebrated 50 years of awarding women degrees, my batch and I were invited for a formal convocation ceremony. At the age of 82, 60 years after I studied at Cambridge, I actually attended my convocation ceremony.”

Source: The Citizens’ Archive of India
‘THE LOCAL INDIAN WOMAN NEEDS US MIDWIVES MORE’

INDERJEET KAUR, or Indie as she is called, is a trained nursing and midwifery professional from the UK, currently working with Fernandez Hospital as the Director of Midwifery Services. Her role encompasses training nurses, consulting with mothers-to-be and creating awareness about the important role professional midwives play in the birthing process. The deep-sea diving, horseback riding, saxophone player-in-the-making tells MINAL KHONA why she finds working in India and training midwives so rewarding.

It must take a special kind of motivation for someone who has studied, lived and worked in the UK for over 25 years to move to Hyderabad, India, and work with professionals as well as government hospitals in semi-rural Telangana. Besides the passion, it is the belief in the importance of a professional midwife in supporting a mother-to-be throughout her pregnancy that makes Indie so committed to what she does. And her desire to spread awareness and train nurses to become midwives gains additional relevance when one sees more and more pregnant women wanting natural births.

Indie worked for 27 years in the UK as a midwifery professional where her role was to provide autonomous care for pregnant women and support low-risk mothers with home births (legal in Britain). She was working with The Royal London Hospital and Barts Health NHS, a community hospital in East London. Barts Health is the largest maternity hospital in London with over 15,000 births across three hospitals and two stand-alone birth centres. Indie has experience of autonomous midwifery both in a hospital and community setting.

She practised a collaborative model with obstetric colleagues when caring for women with medical complications. This partnership was crucial, especially for women who chose to birth outside recommended guidelines. “I looked after women who were vulnerable and the hospital in East London sees patients with high levels of deprivation such as HIV, perinatal mental health and domestic abuse. I set up the clinic for women who have been through rape and sexual abuse after identifying the gap in maternity services for survivors. My specific interest was in improving the outcomes for women who had the odds against them.”

Indie’s journey with India began in 2014 when she was invited to speak at the RCOG conference being hosted in India. That is where she met Dr Evita Fernandez who had been trying to popularise the concept of professional midwife-assisted births since 2011. Indie recalls, “I presented two papers on midwifery with a focus on pain relief and mobility during labour. It was well received and I spent ten days training professional midwives here. I realised there was something revolutionary happening in India and I got my team down from the UK.”
Happy to be in India! Indie Kaur
We did a multi-collaborative training session on obstetric emergencies. This was attended by professional midwives, nurses and doctors. From 2014-17, I used to come down during my annual leave and work here for two weeks. Training midwives was the primary goal. Slowly, our training expanded into training the trainer so local nurses could train other nurses in the government hospitals. We did this successfully in a government maternity hospital. It was a new concept for everyone involved and the response was positive.

She then decided to do a longer stint here in Hyderabad and negotiated a sabbatical with Barts Health, her place of work in Britain. She has been here for a year and plans to stay back for another year. “My work here is so rewarding. I trained Theresa T. and she later went to the UK for further training. In November, due to the collaboration between Unicef, Fernandez Hospital and the Government of Telangana, we have trained 30 midwives and will be scaling up to a 100.” She also recently roped in Kate Stringer, a British midwife, and they have conducted workshops.

“We believe I met Evita for a reason and there is no model like the Fernandez Hospital anywhere in the world”

including some on the subject of breech babies. “We want to revive the art of breech presentations instead of the mother opting for a Caesarean.”

As part of the midwifery training, Indie goes to Karimnagar for two to three days every week where she and her team work with the government hospital. “We are known as the pant and suit ladies,” she says with a glint in her eye. She takes her role as a trainer seriously because “these ladies are the first flag bearers for the hospital. The rest of the state is watching us and the scale-up will change things for the better. It is important to lead by example and people need to realise that the role of a midwife is a professional one. They have to establish credibility for this new way of thinking and we ensure they are learning and developing their skills. It is done professionally, where all the midwives are appraised and their increments are based on how they grow and perform.”

The work culture in India is different compared to the West, and Indie seems to have blended in well, as is evident from her easy rapport with Theresa and other colleagues. She finds India interesting. “I believe I am doing more with my life here, giving value and a different perspective to a naturally beautiful process. The local Indian woman needs us professional midwives more. When we go to Karimnagar, the women are so happy when we look after them. A pregnant woman who was HIV positive was so scared when she came to the hospital because she had been beaten...
and abused the first time she had come. She was shocked that the midwives were being kind and compassionate. We have to be sensitive to their needs. The women look at us with such awe, and are so grateful that we are being sensitive and compassionate towards their needs. I can’t get over how they want to touch our feet; even grandmothers when they see their grandchild being born naturally, want to do that, and I find it overwhelming. We are only letting the mother do what nature intended, what her body needs to do."

She is aware of the fact that many of the trainers come from humble backgrounds, are the main breadwinners in their families and some are under pressure to get married. Still, cultural differences and personal anxieties notwithstanding, Indie has an understanding of what an Indian woman goes through which makes her compassionate. The clinical, professional role of a midwife is performed with consummate ease but, underlining it all, is a kind heart which supports the mother-to-be unobtrusively and positively.

Having said that, Indie does miss some aspects of living in the UK. Her two sisters, also nurses, thought she was crazy to take up this challenge. She still has her flat in London but sold her sports car as it was not being used. Even though she may be earning comparatively less, she doesn’t miss the money. What she does miss is “the sea and my independence. I can’t just get into a car and go wherever I want as I haven’t been able to drive here.”

Living in land-locked Hyderabad, she misses the sea. She makes up for it when she goes on holiday though, “I love deep-sea diving and, when I go on holiday, I take in some of it. Recently I was in Portugal and I did a fair bit of swimming and diving there. I have an advance certification in scuba diving and I am okay if I get to dive once a year.” One of her most wonderful diving experiences was in Indonesia where she was surrounded by giant sea turtles when she was underwater; she even has the picture of one blown up as the background of her iPad.

Indie is an outdoors person and loves her exercise. She used to go horse riding in Britain but finds the horses here “rather small. I feel I am bigger than them and I would feel very mean riding one”, she says with a laugh. Though she works six days a week, she makes time to walk for an hour and, on Sundays, practises playing the saxophone. “I like listening to music, classical, pop and others like Brazilian and Cuban music,” she yearns for some authentic Chinese [not the ubiquitous Indian version]; can rustle up a mean fish curry or lobster dish, and enjoys good food and the occasional glass of wine or champagne.

She doesn’t really mind missing out on some of the things she loved doing back home because of the satisfaction she derives from her work. “I believe I met Evita for a reason and there is no model like the Fernandez Hospital anywhere in the world. The work we are doing is challenging but it has far-reaching impact that can bring about a change in the long term, over a vast landscape, as we want to expand this model of training midwives all over India.”

We hope she and her team get the support of all the governments of the states they choose to work in, as a caring professional midwife comforting a financially backward or worried mother-to-be is the need of the hour in a high-pressured increasingly uncaring world.
My journey into professional midwifery found me reading all I could on the subject of woman-centred care, natural birth, the role of midwives, doulas, child-birth educators and lactation counsellors. I read with great interest the profound effect health-care providers have in providing the right environment. I discovered the power of language, words and how the attitude of the caregivers impacts a woman’s birthing experience.

I read, over and over again, that birth memories are long-lasting and imprinted on a woman’s mind forever. I often reflected on this and wondered with how many women, during my early years of practice, I may have used language which left them scarred for life.

When I have been working hard for days, I like to take a solitary walk in the park. The fresh air, the sound of birds, the foliage and the odd peacock strutting around, all help to lift my spirits. My walk lasts around one hour. The much-needed solitude gives me time to think and reflect on issues, and helps me arrive at decisions calmly.

One evening I was deep in thought and looked up to see two ladies smiling at me. One of them stopped and asked my name and, when I told her, she leapt with joy and gave me a hug. I was confused and taken aback. She then told me I had helped birth her first-born, her son, 30 years ago, and now her son had registered his wife for antenatal care at one of our hospital units. She was delighted the young couple had decided to return to the hospital where he was born.

She asked why I was no longer available in the outpatient clinics – a complaint I have been hearing over the past one year. I explained my present role and responsibility, which essentially focuses on promoting natural birth, educating women about their rights and responsibilities, promoting midwifery care for women and running workshops on respectful maternity care.

I told her how strongly I felt about the need for us obstetricians to reflect, to unlearn a lot of what we have been taught and to re-learn the physiology of birth. Only then will we succeed in offering woman-centred care. I also went on

RESPECTFUL MATERNITY CARE IS A MUST!

That women do not easily forget their experiences during childbirth is brought to light when two women who delivered at the Fernandez Hospital actually recalled these, one almost 30 years later. Dr Evita Fernandez, who was the obstetrician in both the cases, reflects on the fact that since they didn’t know any better then, she and her colleagues may have been harsh with the pregnant women, and calls for compassionate and respectful maternity care as the way forward.
to share how much I have learnt through the midwifery programme regarding the importance of a woman’s birthing experience. I wish I had, I confessed, the wisdom I have today. I would have done things differently.

She then became curious and asked what I meant by that statement. I shared with her the lack of respect I had shown to birthing women in my early years of practice, a fact I was unaware of until several years ago when I learnt about respectful maternity care.

She then looked me in the eye and said, “There is something about my birth experience that has bothered me, doc. Would you mind if I ask you a question?”

Alarm bells went off in my head. I wondered what I could have done or said to her 30 years ago that troubled her even today.

This was her story, as she told it to me.

“I was only 19 when my son was born. I was afraid and had no idea of what to expect during labour and birth. You were a doctor and I held you in awe and did not feel comfortable enough to ask. Thirty years ago we women were not given the information, nor did women have access to it as we do today. I was in pain and you entered the delivery room to examine me. You performed an internal (vaginal) examination without asking my permission or explaining anything to me and I felt violated. I was not given the respect I deserved. “ And then she said: “Gosh! I have finally got it off my chest and I feel so much better.”

Her words filled me with guilt and shame. She was indeed correct. As a young obstetrician I had been insensitive, and thought I had the right to assess women in labour without an explanation and without seeking permission.

I thanked her for sharing this experience with me, asked her forgiveness and assured her of the wisdom I had gained and the “changes” that had occurred in both attitude and practice. She was delighted to know that I was committed to promoting respectful maternity care, not merely at an individual level but at an organisational level, dedicated to serving pregnant women and their newborn.

Her story helped reiterate the fact that women remember everything surrounding their birthing experience. She carried this “hurt” for 30 years and, on a chance encounter, felt compelled to share it with me. I know in doing this she felt better and that I had learnt a lesson about respectful care and birthing experiences being long-lasting.

A large group of us decided to enjoy breakfast together in a popular South Indian eating-house. I was in the elevator with a young couple who introduced me to their eight-year-old son. The lady told me I had helped birth her son and she remembered the positive birth experience with much joy and gratitude.

I soon immersed myself in the hot dosa and in the group’s chatter. We had ordered several rounds of coffee and indulged in a variety of breakfast options. When I asked for the bill, I was told by the waiter that it had all been paid for by a couple on the other side of the eatery. I was taken aback and refused to accept their generosity. I was indeed embarrassed. I strode across to thank the young couple and to politely, but firmly, refuse their generous offer.

The young woman then said to me, “Doc, let me explain. When you came across to help me birth my son, eight years ago, you mentioned that you had just sat down to eat a hot dosa but left it when called to the hospital. I remembered that conversation and, when I met you in the elevator, I decided to pick up the tab for your breakfast today. I had enjoyed my birthing experience, doc, and this is a tiny way of saying thank you!”

She remembered the words I had uttered and, eight years later, she reminded me of her experience! I wish to thank all the women who, over the years, have taught me the importance of communication, the vital need to seek permission of the woman before you touch her and to always, always be respectful of her choices.

I call upon my fellow obstetricians to pause and reflect on the changes each one of us may need to make in both our attitude and practice. A woman in labour is most vulnerable and we need to be even more sensitive to her needs. Her birthing experience is a life-changing event. We who are privileged to serve women and help them birth, must treat this responsibility with the sacredness it deserves.

Remember: women’s memories of their childbearing experiences stay with them for a lifetime.
The facility is new.
The belief is 70 years old.

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Birthing, naturally.