



## Center of Excellence in Maternal and Child Health

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by jaimkl

### 2011 PRACTICUM EXPERIENCES

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#### My Journey through India and Bangladesh

On my fifteen hour plane ride to India this summer, I reviewed numerous articles about menstrual regulation, abortion and mid-level health providers in Bangladesh and around the world. Menstrual regulation is legal in Bangladesh and is used to empty the uterus when a woman's menses has been delayed up to 10 weeks. It is done before a pregnancy test or ultrasound has confirmed that the woman is actually pregnant and results in her resuming her menses. In reading all of these articles, I was preparing for a 5-week trip to India and Bangladesh where I would have the opportunity to do my field experience by working with the International Planned Parenthood Federation (IPPF). During my practicum, I was based in India with the South Asia Regional Office of IPPF. I worked with the dedicated abortion team to design clinical guidelines for the management of incomplete abortion and its associated complications.

Once I had gained an understanding of the reproductive health care needs of women in Bangladesh and the availability of services, I was able to construct the clinical guidelines within the context of the resources and policies of Bangladesh. Thus, the practicum enabled me to do policy work, which is an area that I often do not get to spend time on in my daily work in the United States. Once these guidelines were complete, we traveled to Bangladesh to introduce and review the guidelines with key stakeholders in the reproductive health community of Bangladesh. We then held a conference for mid-level providers, which were the women who actually provide reproductive health care services within Bangladesh. From this conference, we were able to provide training about menstrual regulation, updates on contraceptive methods available, and a supportive community for the women to truly be heard.



Tara demonstrating how to perform menstrual regulation with local women

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Bulletin Board displaying  
contraceptive methods available for  
women

This field experience was an incredible opportunity to learn about reproductive health with a hands-on approach in a setting completely different from my work as a Family Planning Fellow in Chicago. In the future, I plan to work with IPPF to continue to address reproductive health needs of women around the world. Seeing this experience through a public health lens has enabled me to gain a greater understanding of the needs and resources that impact communities around the world and the impact that family planning can have on women and their community.

by Tara Kumaraswami, 2<sup>nd</sup> Year MCH-MPH Student, Family Planning Fellow

### The Trials of Public Health Work in a New Cultural Experience

Sarah Kammerer spent the summer interning for a small Indian-run NGO called Ekjut, located in a rural town in the eastern state of Jharkhand. She spent the summer developing an intervention that addresses family planning and contraceptive use within the marginalized tribal communities that Ekjut serves.

Here is a glimpse of one of her journal entries, while in India.

*The most common question I've received since arriving in India is "What's it like?"*

*I'll start with the easy stuff.*

*It's about 2 kilometers from my flat to the office. I'm picked up and dropped off each day by one of my coworkers on their motorcycles. The roads are terrible. Animals are everywhere. No building or store remotely resembles anything from home. Food stands are set up along the road, but no grocery store for a hundred miles. Once you pass through town, you are immediately transported to a scene from the Jungle Book: rice patties, mist covered mountains and elephants.*



Sarah visits with the families and  
children served by Ekjut

*But the people? They are the same. Adults go to work, kids go to school. Women stand outside their houses in the evening and gossip about the latest news in the town. Men tinker on their motorcycles or relax over a beer (the local tribal beer is known as Handia). But instead of women in high heels and shoulder bags, they walk barefoot with large baskets on their heads filled with laundry or food or rocks. Small children entertain themselves with rocks and sticks, not Barbies and Tonka trucks. Girls, in their deep purple and lavender school uniforms and pigtails, ride to school not on big yellow buses, but government provided bicycles.*

*These are the things that are easy to get used to. It's everything else that's hard.*

*The other day as I was riding to work, there was a woman passed out on the side of the road, her sari around her waist, exposing everything for the world to see. I do not know what was wrong, she could have passed out from the heat or perhaps from something else. I asked my friend if we should stop, but he said we needed to keep going, her family would probably be there soon. Nearly a week later, I still think of her, I still cry for her. I wish I could have done something. I can throw out all the excuses in the world: I can't speak Hindi, much less any of the tribal languages in the area, I'm not a doctor, I wasn't about to jump off a moving motorcycle, but none of them make me feel better: a woman was helpless on the side of the road and I didn't stop to help. What happened to her, I will never know, but I do know I will never let it happen again.*

*And it's not just the images, it's the stories too.*

*One woman delivered in the hospital, was released immediately after giving birth, only to hemorrhage as she was practically shoved out the door. She died in front of the hospital.*

*An Ekjut facilitator from a local village shadowed a nurse at the hospital for a week. Understaffed, she was immediately put to work. The nurse told her to rinse off the dirty needles and put them in a box to be "reused when the nurses make their rounds in the villages." Imagine how you would feel if learning that your own friends and family didn't even deserve clean needles.*

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