Report of special lecture on

USING LAYERED ETHNOGRAPHIC METHODS IN CLINICAL SETTINGS: THE PRECARITY OF HEALTH WORKERS IN PRIVATE MATERNAL FACILITIES IN RAJASTHAN"

BY

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The special lecture on **'Using layered ethnographic methods in clinical settings: the precarity of health workers in private maternal facilities in Rajasthan"** was delivered **by Dr. Isabelle Lange,** Medical Anthropologist from London School of Hygiene and Tropical Medicine (LSHTM) U.K. The Lecture was organised by Department of Anthropology, University of Delhi on 15th of November 2018 in the Seminar Hall. The lecture was chaired by Prof. P.C. Joshi.

Dr. Isabelle Lange is a medical anthropologist working with an interdisciplinary field of global health professionals at the London School of Hygiene and Tropical Medicine (LSHTM) in UK. Her research interests fall along two main, sometimes overlapping, lines. First is the anthropology of religious and spiritual belief and understanding identities of faith that influence, in particular, personal senses of meaning, maternal health, hospital environment and identities surrounding health care decision making.

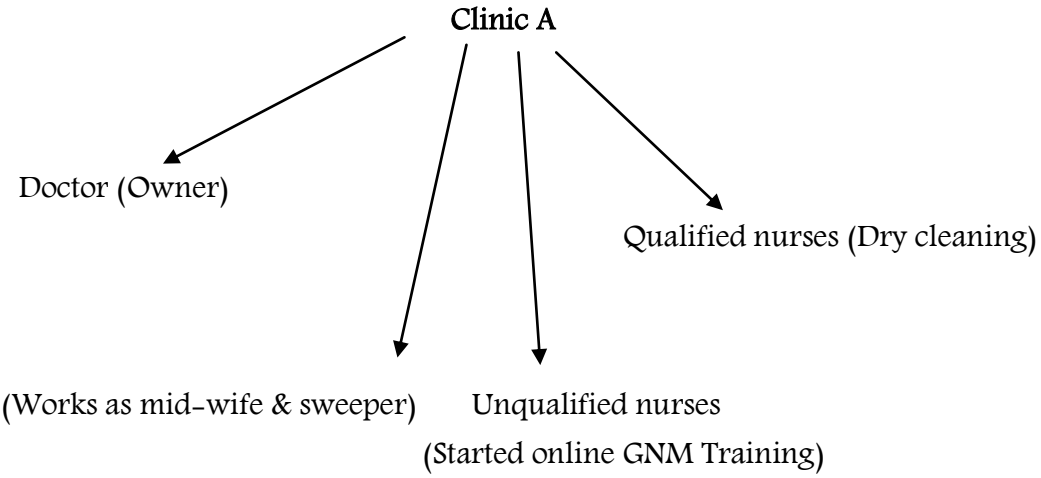
The session was inaugurated by Prof. P.C. Joshi by introducing Dr. Lange to the students describing her research interests, field of work and a brief description of her work in Rajasthan. It was followed by Dr. Lange's lecture on the aforementioned topic. She set forth the lecture by introducing her topic and the area of study. She has worked on health workers in Serohi district of Rajasthan accompanied by co-workers Sunita Bhadauria, Sunita Singh and Loveday Penn-Kekana. She has worked intensely on maternal health in West and East Africa, employing ethnographic methods to investigate: patients' perceptions of quality of care, hospital environments, quality improvement, etc. She started working in India in the year 2015. Her current research concerns private sector maternal care in India and Uganda.

In her work in Rajasthan, she made an effort to understand the nuances of working in a clinical setting focusing mainly on private clinics and non licensed health workers working there to get a clear picture of the setting. She got three social franchises from UP, Rajasthan and Uganda. She had three methodological areas while working in the field, i.e. Practices, alliances & consent and adopted approaches like Participant & Clinical interviews to understand the scenario. She tried to get an idea of the quality of clinical care like legitimacy of clinicists, health workers etc., and problematic situations for eg. Disrespect and abuse in child birth, internalisation of practices especially by women, hygiene, so on and so forth. She was accessing the clinical setting from a social perspective so it was less harmful for them.

In the context of consent, she tried to understand the politics of consent and tried to solve certain questions like 'How informed is informed consent?', 'What to do about unethical practices', 'Is there a special provision to withdraw consent?' 'Do the health workers have any choice when it comes to consent?' etc. The two focal points for the study were two private clinics and they were chosen keeping in mind the kind of people coming for health checkups and the degree of their accessibility with the doctors and health workers.

The study brought the picture of the private clinics to light. The clinics had very poor hygienic conditions and staffs with very less knowledge were hired. In their opinion as the Govt. is less supportive, it becomes difficult for them to afford high licensed workers that lead to hiring of less qualified health workers who are given very less salaries without any incentives from the clinics. That has lead to a terrible socio-economic condition of the health workers. The contracts that are signed by them are seemingly legal and are not accessible.

The health workers hardly could understand the contract before signing. A flow chart was shown by her to get an understanding of what the health workers are made to do in the private clinics. It is shown below:



One significant point that came up was that she could not find any boundary that could separate professional from unprofessional, ethical from unethical, so on and so forth. The owners were asked about the reason of unlicensed workers. They simply answered that for them personality and workability mattered for recruitment and when nurses were asked the same question, they were of opinion that 'Qualification is a pass to make mistakes' which made it very clear that for them qualification didn't matter. There were power struggles too. Furthermore, she prepared a triangulation table and cross checked the statements given by the doctors and health workers about each other's qualification and analysed the data obtained. The results were shocking, most of the doctors and nurses were found with fake degrees. All the names were kept anonymous or were represented by a different name. She also focused on performance of care. There were many such unnecessary medical procedures like C Section, blood tests, long stays and the health workers were mishandled. They were made to do non- clinical chores for owners, long working

hours, no incentives, low salary and lack of employment rights. Some of the striking points were unethical works, expanding unstructured violence, structural vulnerability, and simultaneous illegitimacy.

They spoke to Govt and had a talk about the constraints and tried to bring to light the unethical health care practices in private clinics. The FOGSI denied all the claims, Maternal Health Advisor was of opinion that policies has no private dent and also added that anything enforced has less sustainability.
They are still analysing the scenario and are trying to come up with solutions to solve them as they could get a clear denial from the Govt.

QUESTION-ANSWER SESSION

Q: Did you touch the issue of consent?
A: All of them & yes we did inform the owners. We have given them feedback and they were well aware of the scenario.
Q: Have you taken the patient's perception into consideration?
A: Yes, I had a talk with 5 patients. They were highly disappointed with care and the unhygienic practices.
Q: Licensed and not licensed will not justify the case, we should also take into consideration is the service. What is your opinion on that?
A: Yes, I agree, it is about skill. WHO has been debating about it. Regulation of working standards is also important apart from the regulation of quality of care.
Q: Does unlicensed thing has any caste categorisation?
A: I have not included caste element in this but a study on it might give us a hint of caste element in this particular scenario.

She was of opinion that being an outsider and a foreigner for them gave her advantage and disadvantage too. The disadvantage was that due to language barrier, it became arduous for her to collect data and the advantage was that since she was a foreigner to them, she was always given special attention which helped her in establishing rapport with the people there.

To conclude, the study has given a comprehensible idea of the health care practices in Rajasthan with respect to the health workers. Moreover the interventions to be done are not so much included in the study, besides, the study has provided a layered ethnographic description of the heath care practise with reference to the health workers in Rajasthan. In the words of Lange, 'Paper highlights the tensions between the value placed on profit, care and both patient and staff rights in the health sector, and examines how unlicensed health workers are at once marginalized and at the same time in a position of (re)asserting and re-imagining the standard guidelines surrounding maternal health practices of care seeking.'