



Women in Site Two

Site Two is a vast bamboo city, teeming with life. The main roads are congested with bicycles and water trucks and produce. Most visitors who come to the camp just see the main roads and the official buildings. They talk to the administrators and the coordinators, people fluent in French and English. Journalists come mainly interested in politics. But most of the women don't talk of politics. Their husbands are soldiers fighting in Cambodia and they receive 1,300 baht (barely 46 U.S. dollars) if he is killed. They don't talk politics. Sadly, most visitors do not hear their story. Today I want to tell you the story of the women, especially the women I meet through my work as a midwife in the obstetrics ward.

Most of the women of Site Two are very poor. They live in difficult circumstances with little emotional support. They obtain the necessities of life from the United Nations Border Relief Operation -- water, rice, tinned fish, and wood -- but even their rations are uncertain from one week to the next.

Our ward is a bamboo structure with an earthen floor. Whether the

child is delivered at home or in the hospital, a fire is lit under the bed of the newborn and the mother. Traditionally, it is considered very important to keep them hot. Families are often in the hospital with the mother.

Most of the patients who come to the OB ward are from the poorer families. If they had the money, they would prefer to deliver their babies at home. In their homes, it is the custom to give some presents to the midwife, not only to thank her but also to prevent bad luck in the future. Most families like to give bananas, chicken, rice, candles, incense and rice wine.

As a midwife, I supervised the OB ward, and along with the other midwives, I have tried to assist in all ways possible the women who are our patients.

In the ward, I noticed that many of the mothers of low birth weight babies were poorer; these mothers usually have only two old sarongs, and no clothes for their babies. The fires they lit under their beds were wood, not charcoal which is expensive to buy. Their families did not bring them extra meat or fruit after delivery; instead, they shared the hospital food given to the mother.

I talk a lot with women. I see that they are really powerless against abuse or injustice. They often say that Site Two has no laws. I have seen how much the women want someone to be interested in them and their families, to listen to what they have to say. I

know that it is possible to help by getting to know them and listening to their problems. They have so many problems in their lives but they have no control over this in Site Two.

I was encouraged to think about answers to these problems by Mary Dunbar, the Irish midwife who worked with me and trained me. Mary also encouraged me to share our traditional beliefs with her, to make a place for them in our hospital procedures.

The first helpful change we made was to begin to use written and spoken Khmer. Previously, all the work had to be done in English: ward rounds, reports, statistics and patient cards. But because only 25 per cent of the midwives could understand English, they had to rely on English-speaking Khmer staff and lacked confidence in their own abilities. Since we switched to Khmer in 1989, we have been able to confidently assume complete responsibility for the ward, and we have been able to make the OB ward fit the particular needs and traditions of Khmer women.

Many women dislike the hospital. They are uncomfortable, for example, when the midwives lift their sarongs during delivery. At home, the traditional midwives deliver the baby while still keeping the women covered with the sarong. And some customs are hard to practice in the hospital. Many families call the Kru Khmer (traditional midwife) to their house if they think a delivery may be difficult. He walks around the mother's bed, saying prayers and chewing betel nut. Some families put a thorn branch under the bed to prevent the evil spirits from coming. To help the baby have clear skin, most families put salt on the placenta and bury it in a place where many people walk.

If the hospital respects and understands these traditional beliefs, the time of delivery can be much less anxious for the mother. Some mothers who choose to give birth in the hospital, for example, believe that the injections keep the evil spirits away! To make them feel better, they may be injected with sterile water.

A midwife often sees the real problems of the women

Mothers in Site Two have many social problems. After all the years of war, there are more women than men, and men often take second or third wives. I have seen many men who have taken a new wife before their child is one year old or even when their wife is pregnant.

The poorer women may try to make money in the market by making small rice cakes to sell, or they may go outside the camp to gather fire wood for sale. I have seen these mothers often tired and angry with their children. In the evenings, these families go to sleep very early, not only to save kerosene, but because there is nothing to do. Social occasions are non-existent, even for the Khmer New Year or the festival that remembers ancestors. The poor must stay at home; they have no money to buy special clothes or food to offer to the monks.

Most of the husbands are soldiers, and they are among the poorest in the camp. They often have more problems because of this. Often a husband fighting inside Cambodia is not able to come home to be with his wife during delivery. Some of the mothers have relatives who could help them, but a large percentage are alone. While they are in the hospital, they worry about who will take care of the house. Usually the other children must come to stay in the hospital and share the mother's food.

Some of the soldiers have problems when they come back from Cambodia. Because of the stress they have

suffered, they may drink a lot or gamble. Many of them go to the taxi girls (prostitutes), despite the great danger of sexually transmitted diseases (STDs).

Taxi girls in Site Two are mostly women with very little education. Some of them became taxi girls because they were raped during the dangerous journey to the border. Some were raped as young girls by the second or third husband of their mother. Sometimes the reason is poverty. Sometimes they were abandoned by a husband who took a second or third wife.

We began to take a special interest in the taxi girls after we noticed that in the OB ward and the rest of the hospital, there was an increasing number of patients with STDs. When we tried to trace contacts for treatment, many patients admitted they had been to the taxi girls. We decided to make a special effort to reach them and offer confidential help and treatment.

We started by being introduced by one of the women to some of her friends who were involved in the same business. When we visited their place of work, they all seemed eager to talk and also to listen to what we had to say. We used simple pictures to show the

cause of STDs and their effects and treatment. We discussed prevention and offered a supply of condoms plus regular medical check-ups at our outpatient department. It is difficult to persuade taxi girls to keep attending check-ups. They have lost their self-esteem and place little value on the health of their own bodies.

The obstetric ward also has become a center or place of refuge for women with marital or family problems. We accept women who have been beaten by their husbands, women who have been raped or are suspected of being raped and women who have other problems in the community.

We can work for vulnerable groups of Khmer women because the Khmer midwives understand their lives. We help with family planning, we help with family problems. We are interested in the whole lives of our patients.

Thank you for listening to our story, and I hope you will visit us one day in Site Two or in Cambodia.

Excerpted from a talk delivered by Chan Theory, a resident of Site Two in the Thai-Cambodia border, at the Never Ending Journey Conference.

