

The Life and Death of One Child: Rakku's Story

The Chain of Causes

The account below is drawn from *Rakku's Story*, a book by Sheila Zurbrigg based on a true incident that took place in a village in India.¹ (We have condensed and somewhat modified the original version.) The story vividly illustrates how a child's death—in this case from diarrhea—is the final outcome of a long chain of interrelated causes. Links in the chain included severe diarrhea and dehydration; extreme malnutrition; crowded, unsanitary living conditions; and lack of clean water. These, in turn, had many underlying causes. Rakku's story points to some of the many links in the causal chain.

RAKKU'S STORY

Rakku had wanted to only breastfeed her baby. This had long been the tradition of women in her village. However, in order for her family to survive, Rakku had to work in the land owner's fields from dawn to dusk. With the long hours of separation from her baby, she had little choice but to give her baby other foods. Soon she no longer could produce much breast milk.

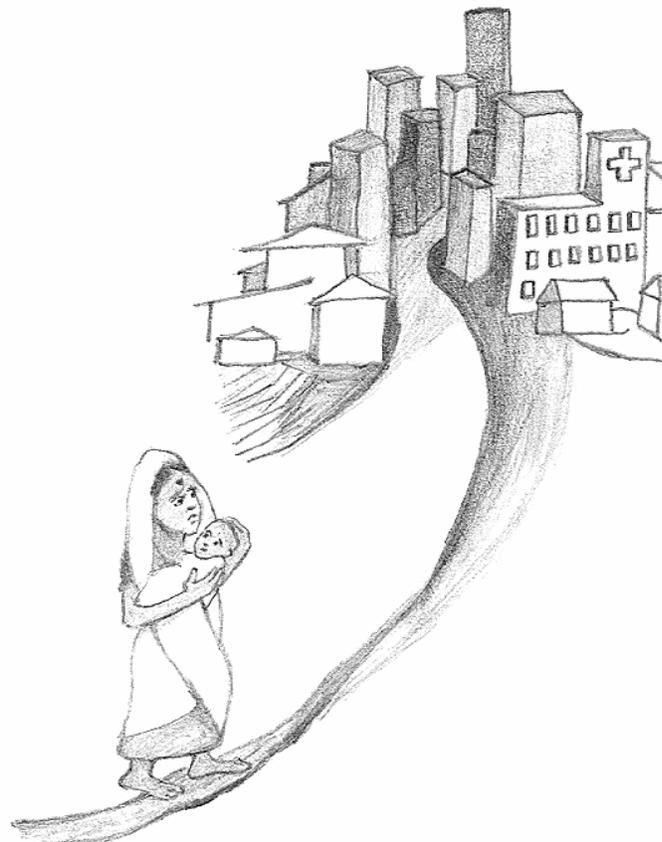
As both a landless peasant and a woman, Rakku was doubly disadvantaged. For long hours of exhausting work, she was paid too little to adequately feed her family. Since the age of seven, her older son, Kannan, had been helping make ends meet by taking the cattle of several landowning families out to graze in the scrub.

While she was working in the distant fields, Rakku left her baby in their wattle hut in the care of her five-year-old daughter, Ponnu. Each morning before dawn, Rakku would haul water from the distant water hole. She would pound a few handfuls of *ragi* (millet) and cook it into a gruel for the family to eat. Although there was often not enough *ragi* to fill all their stomachs, Rakku would always leave a little on the plate, instructing Ponnu to feed it to the baby while her mother was at work in the distant fields.

Even with the older children also working, the family's earnings could scarcely buy enough food. The baby, like the rest of the family, often went hungry. Worsening malnutrition and repeated bouts of diarrhea soon became a vicious cycle. Sometimes Rakku took the sick baby to a traditional healer, who gave him rice water and herbal teas.

The baby would usually get better for a few days, but soon Rakku's baby became thinner and thinner. One day he developed such severe diarrhea that did not get much better even when Rakku gave him the traditional remedies of rice water and herbal tea. His "runny stomach" continued for several days, until the baby was as limp and shriveled as a rice paddy in a drought.

In desperation, Rakku decided to take her baby to the hospital in the city. This was a hard decision, as Rakku had to miss a day's work and a day's pay. At best, this meant a day without food, for the family had no reserves. At worst, Rakku might lose her job—the consequences of which she was afraid to think about. She knew that a wiser mother would let her sick baby die to preserve the rest of the family. But Rakku's love for her baby was too strong.



Rakku sold a bronze pot she had inherited from her mother—the last of her remaining possessions of any value—to pay for bus fare and medicine, and took her baby to the city hospital. She had to pay a bribe to the guard to let her in the hospital gate. After hours of waiting in long lines, at last her baby was seen. By then the baby was on the verge of death.

The doctor scolded Rakku for waiting so long, and for not taking better care of her baby. He referred her to a nurse, who carefully explained to her the importance of breast-feeding and something the nurse called “hygiene.” Above all, the nurse emphasized, her baby needed more and better food. Rakku listened in silence.

Meanwhile, the doctor put a needle into a vein in the baby’s ankle and connected it by a thin tube to a bottle of glucose water. By evening the baby’s shrunken body filled out a bit, and he seemed more alert. The diarrhea had stopped, and the late night nurse removed the needle from the baby’s leg.

The next morning a doctor gave Rakku a prescription for medicines to buy in the pharmacy and sent them home. On the way home the baby’s diarrhea began again.

Arriving back home, Rakku had neither food, nor money, nor anything left to sell. Her baby died a short time later.

One characteristic portrayed in the story as told by Sheila Zurbrigg, but lost in our short summary, is Rakku’s deep love for her baby: the enormous courage of her struggle to save his life, and her clear perception of her baby’s basic needs. What also comes across strongly is Rakku’s powerlessness to do anything about the inescapable underlying causes of her baby’s death.

What Caused the Baby’s Death?

If someone were to ask *What caused Rakku’s baby’s death?*, what answer or answers might be given? The



death certificate—had there been one—would probably have listed “gastroenteritis” (diarrhea), or possibly “dehydration” (water loss). But, clearly, diarrhea and dehydration—and even “severe malnutrition”—were only the final links in a long chain of causes: physical, biological, cultural, economic, and political.

Most doctors, like the doctor in Rakku’s story, would probably define the baby’s life-endangering problem primarily as a medical one, and fail to fully take into account the crucial underlying social and economic factors. This narrow viewpoint made the doctor’s medical intervention in some ways counterproductive—even deadly. As we could see, the expenses Rakku incurred to obtain this medical intervention worsened her economic plight, aggravated her baby’s already weakened state, and became one more link in the chain of causes contributing to her baby’s death.

Similarly, the nurse in the story at once recognized that poor nutrition contributed to the baby’s illness. But instead of exploring the situational causes and helping Rakku find ways to address them, she put the blame on Rakku. The nurse’s health messages—aimed at solving a problem defined as behavioral and educational—were more humiliating than helpful. They did little either to empower Rakku or to avert her baby’s death.

As *Rakku’s Story* documents, it is essential that those of us concerned with the health needs of Third World children take a fresh look at the causes of high child mortality and morbidity—death and sickness rates—within the context of poverty and underdevelopment. As Carl Taylor (a pioneer of primary health care) and William Greenough point out, “Few health problems are influenced as much by multi-causality as the diarrheal diseases.”² Typically, a child who is healthy and well-nourished recovers quickly from a bout of diarrhea; the illness is messy and unpleasant, but not life-threatening. In communities where children’s health is already compromised by malnutrition, poor sanitation, and repeated infection, diarrheal diseases become a major killer.

In this book, we will discuss in detail a whole network of factors that contribute to the unacceptably high death rates of children, focusing particularly on childhood death from diarrhea. The list of causes ranges all the way from specific disease agents (bacteria, viruses, parasites) in the individual child, to environmental conditions in the home and community (such as lack of sufficient food, clean water, and toilets), to social and political factors at the local, national, and global levels.

In trying to explain the poor state of health of the world’s children, different observers tend to focus on different causes. Which causes capture our attention, and which we tend to overlook, depends to a large extent on our own social background and world view. *And yet, the way we define the causes of human ills often determines the solutions we seek.*