

The goal of Woman to Woman is to provide women with jobs who are seeking financial freedom and to benefit maternal and infant health in Kerala, India. The project collaborates in partnership with a local agency in Kerala to distribute baby boxes within the community. The mission of the initiative is two fold: it addresses the gender inequality and economic dependence in Kerala, and addresses lack of resources to achieve maternal and infant health. We presented the initiative at the Clinton Global Initiative University (CGIU) in October of 2017 in Boston, MA. Once returning from Boston, we received funding from Nazareth College to assist in our project. In December 2017, we traveled to India and used Beebe's Rapid Assessment to gain more information on the locals views of the proposed topic and developed methods for sustainability of the initiative. While in India a partnership with Kottapuram Integrated Development Society (KIDS) was established and Woman to Woman is continuing to grow.

Introduction

Baby boxes were first created in Finland in 1938, when the infant mortality rate was 65 deaths per 1,000 live births. Originally, the boxes were given to low-income families, but the country began distributing the boxes to all citizens in 1949 (The History of the Finnish Baby Box). Finland now has one of the lowest infant mortality rates; 1.9 infant deaths per 1,000 births as of 2016 (Mortality rate, Infant). Finland continues to distribute 40,000 baby boxes a year that include a total of 50 items such as: bedding, clothing, warm outerwear, socks, diapers, a thermometer, family planning items, books, and toys (The History of the Finnish Baby Box).

The society of India reinforces gender bias in varying degrees, which inhibits women from receiving an education, accessing health care, and having autonomy (Kohli, 2017). India ranks 142nd out of 144 nations in the world categorized as gender critical in terms of health and survival of women compared to men (Results and Analysis).

Procedure

Woman to Woman's target populations are woman in need of gaining financial independence, expecting mothers, and newborns. After completing an extensive literature review we found that women in Kerala are equally present in the community and have high literacy rates. However, there is significant gender economic inequality (Kabeer, 1999). While in India, we used Beebe's Rapid Assessment Process to determine the views of the proposed topic and to determine a strategy to make it sustainable (Beebe, 2005). We partnered with KIDS; an organization dedicated to providing opportunities to disadvantaged sections of the community. This partnership will provide woman with intellectual disabilities the opportunity to create the baby boxes out of Screw Pine and Water Hyacinth; a very prevalent resource in Kerala, India.

Estimation of Cost

Our prototype will start out as the woven box and a mattress. Based on similar products that KIDS already produces, the price is 560 rupees to create a woven box, which is about \$8.61 US dollars. Factoring in the extra cost for the mattress, we are estimating the total cost of the baby box to be equivalent to \$10-15 US dollars per box.







Woman to Woman

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Abstract



Beebe, J. (2005). Rapid Assessment Process. Encyclopedia of Social Measurement, 285-291. doi:10.1016/b0-12-369398-5/00562-4 Healthline. (2017). What's a Baby Box? Retrieved April 05, 2018, from https://www.healthline.com/health/parenting/what-is-a-baby-box#1 Kabeer, N. (1999). Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment. *Development and Change,30*(3), 435-464. doi:10.1111/1467-7660.00125

Kohli, S. (2017). Gender Inequality in India. International Journal of Humanities & Social Science Studies (IJHSSS), 3(4), 178-185. Mortality rate, infant (per 1,000 live births). (n.d.). Retrieved from

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Results and analysis. (n.d.). Retrieved from http://reports.weforum.org/global-gender-gap-report-2016/results-and-analysis/ The History of the Finnish Baby Box. (n.d.). Retrieved from http://barakatbundle.org/2016/11/the-history-of-the-finnish-baby-box/



Results

- By interviewing individuals in the community, we were able to gain more information about typical practices to tailor the baby box to the needs of the population.
- The observations we made in Kerala followed the literature review in that the woman tend to be educated and involved in the community.
- We also found that Sudden Infant Death Syndrome, (SIDs), a syndrome that is the cause of many infant deaths in the US, is not prevalent in Kerala.
- We found that it is culture for the parents to sleep with their baby in their bed, rather than using something such as a crib for sleeping.
 - Dr. Mary Joseph, of Rajagiri College in Kerela, says that parents consider sleeping with their babies an important part of their culture.

Discussion

By partnering with KIDS we are expanding our target population to woman with intellectual disabilities, while still focusing on woman seeking financial freedom, expectant mothers, and newborns. We also determined that the focus of the baby boxes should be on providing mothers with a safe place for their baby to sleep. Although the boxes may no longer be used for night time sleeping like we originally planned, it will give the infant a safe place to be while the mothers are mobile or attending to other responsibilities. After establishing a baseline of creating the woven boxes and mattress', we plan on providing more resources in the boxes to help the family care for the infant.

What's Next to Come

We were asked by Rochester Regional Health to share our initiative in front of their board. Within the next 6 months to a year we will be returning to India to pilot our prototype using the funding we were awarded from Nazareth College. We will also be returning to CGIU in October of 2018 to further our project development and continue to network.