

## Marefat's Story

've always enjoyed newborn babies. I love the smell of them, their soft skin, and the sound of their tiny cry. I don't even mind feeding schedules and mounds of baby laundry. I guess you could say it's in my blood. Over the past thirty-five years my parents have fostered 129 infants and toddlers in their home, and before moving overseas, my husband and I carried on the tradition by caring for a few little ones ourselves. So when my friend who is a mid-wife at the international hospital in our city told me about the tiny infant, it was an easy decision for me.

The first time I saw little Marefat, I gasped. I had never seen such a tiny child and I was almost afraid to touch her. Her legs and arms were sticks that appeared too long for her body. Her ribs protruded and her eyes

looked too big for her head. There were wires connected to her chest and hands and feet, and a feeding tube in her nose.

Marefat was the thirteenth child of her mother and father. The first one lived until three years old and then died from a burn accident. All the other children died in pregnancy or delivery. When Marefat's mother was pregnant with her, as with her other pregnancies, she developed preeclampsia, a condition that hinders the growth of the developing foetus and endangers the mother's life as well. When Marefat was born it was discovered that she had an RH negative blood type, another life threatening condition which, in the West, is easily remedied with a blood transfusion. Both of these problems probably caused the deaths of the eleven other siblings. But Marefat's >

Karen, a Partner in Central Asia tells the story of one small child's journey through life.

and the mother is too ill to care for the baby anyway.

We want to keep her at

the hospital for a month

or two until she weighs

two kilos. Would you like

to come to the hospital to

spend some time caring

for her each day?"

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mum was in the hospital and near death herself at just the time when two doctors from the international hospital were visiting her village. A stroke caused by her condition had paralyzed her and she could not walk, talk, or even eat on her own. The doctors were deeply concerned for both mother and baby and arranged for them to be transported to our city. Although they thought it was likely the baby could not survive at that stage of development, they knew they had to deliver the baby to save the mother's life. But the baby was a fighter and God had a better plan.

CURE International establishes and operates teaching hospitals in the developing world for the medical and spiritual healing of disabled children and their families. Marefat's

mum delivered her at the CURE Hospital in our city and stayed ten days longer to recuperate. By the time Marefat's father decided it was necessary for him to return to his village to plant his fields, her mother had regained the use of her legs, but was still very ill and

could not take care of her own needs, let alone the baby's, so she also returned home to recuperate while the baby remained in the hospital.

Studies have proven that if a baby's physical needs are met but she is never held, or touched, or lovingly spoken to, she can actually die. So ten days after her birth I found myself in the neo-natal intensive

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care unit (NICU) of the hospital caring for the tiniest baby ever to be born at CURE. Every morning I visited her and spent an hour and a half stroking Marefat's head, massaging her hands and arms, feeding and bathing her, singing to her, and praying for her and her family. I saw her

first smile and watched the weak grip of her fingers grow stronger every day. I rejoiced with her every time the nurses told me she gained a few more grams, and watched her ribs slowly disappear behind the baby fat now growing on her body.

One day, a month after I began visiting Marefat, the NICU nurses told me they thought she would





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Marefat meets her father for the first time

progress more quickly if she were cared for in someone's home. She was completely healthy by this time, and just needed to grow a little bigger. By that evening I had made a little bed for Marefat on a living room chair and once again I began the routine of waking every three hours round the clock to care for a very special little child.

Three weeks later, Marefat's father returned to our city to be reunited with his now almost "plump" five pound baby girl. The reunion was sweet, and one couldn't have found a happier or prouder father. A resident doctor

accompanied Marefat and her daddy to their home and later reported that Marefat's mother was overwhelmed with joy and emotion. He said the entire village was touched by the care of the foreigners for this family.

The mother and infant mortality rate in this south central Asian country is second only to that of the country of Liberia. Marefat's family lives in a remote village where the mother and infant mortality rate is higher than has ever been recorded anywhere in the world. Tradition, superstition, and lack of education in basic health care result in the deaths of thousands

> of women and children in that province each year. One of the most common causes death is caused by girls marrying and having children at such a young age that their own bodies are not yet fully developed and ready to bear a child. In delivery

the baby becomes 'stuck' in the birth canal, and because there is no proper medical care nearby, mother and baby both die.

Marefat's story is a wonderful tale of miracles and divine intervention. The kind of story we all cherish, and one we expect to finish with the fairytale ending, 'and they all lived happily ever after'. But three weeks after writing Marefat's story I was heartbroken to learn that she has died of diarrhoea and dehydration. My spirit groaned within me as I grieved for her, but my grief seemed like nothing as I remembered her dear parents and the agony they must be experiencing with the pain of losing all 13 of their children. Sometimes, intermingled with my feelings of pity and compassion for them, I feel a confused sense of anger: "how can anyone be so stupid as to let a baby die of diarrhoea"! I repent and cry out to God in desperation for these precious, needy people. "How can so few of us make a difference in a country whose basic needs are immeasurable? What difference can my presence be among 28 and a half million people, some of whom hang their women upside down by their feet, or bounce them in the air on a sheet during delivery, or tie off the baby's umbilical cord using thread made of cow dung, causing tetanus! I feel so small and overwhelmed."

And then a still, small Voice gently reminds me that He is the God who fed thousands with the five loaves and two fish of an obedient child. He is the God of hope. He is the hope of the nations.

Since writing this article, Karen has completed a course on teaching women about basic health and hygiene care during pregnancy and delivery and caring for newborn babies. She has found a placement in a community development organisation in her country and will soon be able to go into communities and villages around the capital city to teach women how to care for very young children.

Please pray for her as she begins this exciting venture.