A_School_Health_Programme

(for DSS School children, Bangalore)

A suggested process for evolving a relevant scheme

A. Some basic concepts

- a. We are aiming towards building up an increased ability of the children to be and remain healthy within the context of their socio-economic and cultural environment.
- b. Health is not just the absence of sickness, but the realization of the full potential of the child which has physical, mental (psychological and intellectural), social and spiritual aspects.
- c. This process has very little to do with doctors, drugs and dispensaries who play their part when health breaks down.
- d. This process has a lot to do with educational programmes for health in which the life workers, teachers and children will play a major part.
- e. Outside resources should be drawn up to provide information and skills for this process, which are internalised by a group within the institution so the process becomes a part of the institution.

B. Components of the programme

(These are a few suggestions. Others can and should be added on as the programme evolves).

- 1. The school environment provision of basic facilities like safe drinking water; clean, simple and usable latrines (low cost technologies exist); basic cleanliness of premises; a balance between nature (greenery) and concrete structures.
- 2. The teachers a commitment to prepare children for living not only for subjects or exams (atleast a small core group)
 - a. They must have a basic understanding of
 - -- health and healthy living;
 - common minor illnesses of children;
 - -- normal mental, physical and psychological, and social development and problems associated with it.
 - b. They must have skills in identifying problems related to the above.
 - c. They must be able to manage simple problems either on their own or refer it to the necessary agency.

3. Children

Children to be animated in groups by teachers to discuss/ understand health issues using methodlogy given in

- a. Child to Child programme (TALC)
- b. Helping Health Workers Learn (David Werner)
- using their own health problems and those of younger children in the family as starting point for discussion/ activity
- here to it should be initiated in small groups of interested children eg., scouts/guides or as part of science education
- group activities like nutrition garden, market surveys,
 visits to institutions, discussions with guest resource
 people etc.

4. Medical support

- a. Regular screening programmes to identify early disease/disability/problem through
 - i. regular medical check up;
 - ii. specialist camps: eye, Tb, ENT, Dental, Skin & Leprosy etc.
- b. Regular immunizations: DT/TT/TABC etc.
- c. Follow up of illnesses/problems detected by the above method (through doctor in dispensary or referral to other hospitals and specialised agencies).

5. Health Education

Regular large group or class room level sessions of health education on relevant themes identified by above activities can be introduced into school curriculum.

These could be film shows, exhibitions, talks and demonstrations by trained personnel from other agencies.

6. Counselling services

For psychological and social problems involving children and their parents.

C. Resources

 Dept. of Health Education/ School Health Directorate of Health Services AR Circle, Bangalore

for-1.1 health education posterns,
pamphlets and films;
1.2 cumulative health records;
1.3 vaccines

.....3

- 2. Dept of Community Medicine Bangalore Medical College Bangalore .
- 3. Dept of Community Medicine St John's Medical Coilege Bangalore Tel: 565435 Ext.230
- 4. Prof SV Rama Rao
 'Prayaga', 72/4 5th Main
 Raghavendra Colony Chamarajpet, Bangalore 18 Tel: 606757
- 5. Child Guidance Centre Dept of Child Psychology NIMHANS

also

Dept of Community Psychiatry NIMHAS

- : Dr C Shivaram (Professor) They have a child health education team.
- : Sri Subramania Shetty (Health Education Officer) Sri RM Christopher (Medico Social Worker)

(advantage: they are Kannada and Tamil speaking)

: Ex-Professor of St John's. Would be good resource for planning and training teachers.

- 1 Dr Shyam Sunder They have a Unit based in Malleswaram General Hospital
- 6. For diagnostic camps (specialist)
 - 6.1 Eye problems
- : Minto Mobile Unit

6.2 Dental

: Bangalore Dental College : Dr Salahuddin Head: Dental Surgery St John's Medical College

6.3 ENT

- 1 Dr Chandrashekar St Martha's Hospital Institute of Speech & Hearing
- 6.4 Skin/leprosy
- : Sumanahally Leprosy Centre Dr Sr Joanna They have an office at:
 Old St Mary's Seminary Building
 99 Residency Road Bangalore 560025
- 7. Referral : For follow up of children needing hospital services -- St Martha's Hospital or St Philomena's Hospital etc.
- D. Some steps in the process
 - i. Identifying core group and their orientation
 - ii. core group to contact resources and establish rapport/liaison
 - iii. orientation and training of treachers

 - iv. preliminary assessment of problems by teachers
 v. first medical check up and starting cumulative record for all children

Ongoing/continous programmes

- i. Routine check ups and specialist camps
 ii. teachers discussions (guest lecture programmes)
 iii. health education programme films, demonstration etc.
 iv. group activity with children

E. Some reading

4

- i. Where There is No Doctor
 ii. Helping Health Workers Learn
- iii. Health Textbook CBSE
 iv. Child to Child Newsletters

e.

THE SCHOOL AS A FOCUS OF HEALTH ACTIVITY

for and by children

PREAMBLE :

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- 1. Health is not just the absence of sickness but the realisation of the full potential of an individual. This potential has physical, mental (Psychological and intellectual) Social and spiritual aspects.
- 2. This process has very little to do with Doctors, Dispensaries, Drugs who play their part when health breaks down.
- 3. This process has a lot to do with educational programmes for health in which formal and informal teachers of the society have an important role to play.
- 4. If this is true then can schools become a new focus of health activity and awareness building?
- 5. In their preparation of children in the art and science of living and for work in society, Can schools become centres which aim to build up an increased ability among children to be and remain healthy within the context of their socio-economic and cultural environment?
- 6. Can this involvement move towards a more relevant awareness building programme rather than the severely clinical approach that has characterised School Health Programmes in the past with their medical check ups and their specialist camps?
- 7. Can the new focus of involvement centre on the school child, the teachers and the parents of the children rather than the professional medical team and the range of specialists?
- 8. Can this focus centre not only on the health of the school child by his own efforts but also on the potential of the child to be an agent of health in his family and the community especially of his younger siblings?
- 9. Can this new direction of activity be focussed on the demystification of medical care aimed at increasing ability of the child. The teachers and the child's parents to identify, manage their basic health problems and be more responsible for their own health?

10. Can this new direction be a movement from:

Curative to preventive / promotive

Specialist to generalist

Dependence to autonomy

Mystification to greater understanding

Individual to community

Right to responsibility

DR.RAVINARAYAN
Community Health Cell
Koramangala
Bangalore

REPORT OF THE TWO DAY WORKSHOP ON STREET CHILDREN

: 6th and 7th July 1993 Dates

Venue : Community Health Cell, 367. Srinivasa Nilaya I Main, Jakkasandra, I Block,

Koramangala, Bangalore 560 034.

Subjects dealt

with

Psychosocial and health problems : Communication technics and approach

methodology

: Dr. Shekar Sheshadri (NIMHANS). Resource persons

Child Psychiatrist.

Dr. Shirdi Prasad Tekur,

Coordinator.

Community Health Cell.

Mrs. Indira Swaminathan (Educational

Psychologist).

Organisations

presents

1.REDS (Rappickers Education & Development Society).

2. Bosco Yuvadaya.

3.MAYA. (Movement for Alternative and

Youth Awareness).

4. Montford Sisters (Asha Deep) Street

Children Programme. 5.Carmalite Sisters.

No. of participants : 16 (list enclosed with addresses).

Mr. Chander, CHC team member welcomed the participants and the resource persons to the workshop. The introductory session was started with an affirmation game. Each participant should add an adjective to his or her name while introducing oneself. (example active Anthony). The next person should repeat the names with the adjective of as many people who have already finished introducing themselves. This is what all about the affirmation game. This helps in recollecting the names of the other participants as well as gives a positive image to oneself.

The first session of the workshop was handled by Dr.Shekar on psycho-social problems and the factors that influence during the developmental period of a kid from birth to the stage where a child actually becomes homeless or street child. The social role models in the families, social pathology of the families, social environment and the role of media were some of the factor discussed that influence during the developmental period of a Anxiety, weeping and sadness were some of the internal behavioural pattern that leads to aggression was described as an example of the psycho-social condition of these children.

Approach in handling these children and methods of studying the case history of these children were some more of the areas discussed. Giving an unconditional positive regard to the children was discussed as an approach and problem focused or narrative with minimal questions as a method of inquiry was suggested.

Dr.Shirdi Prasad Tekur had a discussion on health problems and its causes during the afternoon session. Discussion on prevention of some of the health problems caused by poor personal hygiene and poor nutrition created an awareness in educating the children. Diarrhoea, scabies, intestinal worms, tuberculosis, leprosy, STD and cuts and wounds are some of the health problems which were dealt in specific.

The second day's programme focused on communication techniques and approach methodology by Mrs. Indira Swaminathan. She emphasised the need to move away from the usual predominance given to dialogue and conversation as a means of communication to one where there is more emphasis on rhythmic conversation, songs, dance and games were some of the communication methods applied and tested. Puppetry was introduced as a means of understanding, different role models in the community and to give them skills in the use of puppets.

The participants were asked to observe the application of communication techniques and approach methodology with the street children at REDS programme by Mrs. Indira Swaminathan during the afternoon session. There was a discussion about the practical session in order to identify the advantages of non-conventional methods in effective interaction with the children.

The following are some of the advantages identified by the participants on the non-conventional methods.

- Learning non-conventional method eliminates the shy feeling with the facilitator.
- 2. It attracts the children very easily.
- 3. It helps team building in no time.

The following are some of the expectations by the participants to be met through the further follow up programmes. Communication skills, hygiene, introducing child-to-child programme, managing conflict, psycho-social problems, teaching methodology and importance of skill training.

The participants were asked to answer few questions before the workshop and the answers are as follows.

- a) Regarding the definition of the children/people with whom they are working with.
 - 1. Street Children
 - 2. Unauthorised slum dwellers
 - 3. Asteriks
 - 4. Unshaped Diamonds
 - 5. Thrown out of the society
 - 6. Ragpickers
 - 7. Unloved or uncared street children
- b) Regarding the reasons that force a child to become homeless.
 - 1. No family love
 - 2. Irresponsible parents
 - 3. More than one parent
 - 4. Death of parents
 - 5. Alcoholic parents
 - 6. Quarrelsome family atmosphere
 - 7. Forced to go to school
 - 8. Want of freedom what the child wants to do
 - 9. Unnecessary harassment
- c) Regarding the methods which were already adopted by the organisations in handling the street children.
 - 1. Counselling
 - 2. Psychotherapy
 - 3. Physical fitness training
 - 4. Providing shelter
 - 5. Fellowship gathering
 - 6. Saving scheme
 - 7. Education
 - 8. Medical aid, and
 - 9. Skill training.

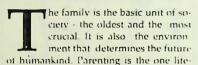
The workshop concluded with the participants' feedback and further action to be taken regarding the follow up programmes.

The Crucial First Years

Children and Families

The CHC Team

Every moment in a child's life needs constant attention and special care, more importantly during the initial years. Through each phase the child responds in a variety of ways, both positive and negative. This article takes us through the first years.



time profession, where no training or qualification are required. Parents are left to learn and operate by trial and error. The child is the desired outcome, focus and means of sustenance of the family unit.

Twilight

As the child emerges from the womb, it has already been influenced not only genetically, but also by the positive and negative conditions affecting the mother during pregnancy. These may be physical, mental, social, psychological, or spiritual. The child thus goes through certain experiences and acquires certain knowledge while still in the womb, as illustrated by Abhimanyu's early pareness of war tactics in the Mahabharata.

Dawn

The initial hours after birth are devoted to survival in a new environment. The baby has to learn to breathe, to suckle/feed, communicate its needs and emotions and take in various cues trom the changed environment, attempting to understand them. The first link, which began in the womb, is with the mother—"maternal bonding" is encouraged immediately after birth. The father joins in the celebration; the paternal bond is now increasingly being recognised. The other members of the family contribute too.

As the child deals with the reality of life around, it is obvious that the first environment is the family. Relationships with human beings that constitute this family forms the basis of their experiences. This remains true throughout life, as the child grows and enlarges its experiential base into society.

The child shows the man as the morning shows the day - Elizabeth B Hurlock

What does the child grow into? Does nature (genetics) or nurture (environment) determine his or her future? The debate has been



long-standing and acrimonious. As the child grows, it begins to make its own personal choices - this is a third course of action which can affirm or negate the above two in many areas of life. The responsibility of the family is thus expanded beyond nature/nurture, and extends to providing means for making these crucial personal choices.

Are families able to fulfil these responsibilities? Are they even aware of them? How does the family milieu operate with the child? And, how does the child manipulate these? These are all critical questions we are still discovering answers to.

and hope to learn and utilise positively.

Needs

Children have certain basic needs which help in their growth and development, and enable them to achieve their full potential as human beings. Psychologists have long stressed the importance of early childhood experiences in later life. The consequences are not only psychological or emotional; they are known to cause physical disease too - many chronic ailments have their roots here.

Play

Six-year-old Sushmitha wants a joint family and another sibling to play with! The lone child of working parents, she seeks parental roles from her grand-parents, uncles and aunts whom she enjoys as companions during holidays. Children have their demands too, perfect parents being one of them. If their parents don't match up they look for substitutes among immediate relatives. Do families provide these alternatives?

More importantly, the child wants to play - all children learn while they play. The importance of play in their learning process is often overlooked in parent anxiety, making children begin school and "training" very early. When the emphasis is on training for competition, and learning is lop-sided where is the time for maturing in their development in this world? Asking for a sibling is one way of communicating the need for more play. If schools do not allow enough play, should not homes and families make up?

Getting across

Communication is an essential medium in all relationships, it is also the basis of learning and experience in childhood. The child learns as well as communicates better through body language, and is not as comfortable with verbal messages. Often parents and adults send out conflicting body signals while communicat-

ing verbally with children. They need to realise that time and space as well as the quality of communication helps to form a nurturing family. As one child complained, "Why do my parents put me to sleep when I am awake and wake me up when I'm asleep?" Kiran fails to understand why he has to brush his teeth before bed, while his play-mates don't do so.

Socialisation

As Vinay learnt his "Hello's" and "Bye's" it thrilled the parents no end to see their child able to communicate beyond the smile and recognition. For Vinay this had become an established set of reflexes, sensing and responding to the negative and positive emotions in the parents as they extended verbal friendliness. Vinay had already learnt how to wear the social mask for life!

Varun likes to play with other children in the neighbourhood, but is yet to learn to join in their game of roadside cricket. His parents do not help, in fact, they admonish him if he gets beyond the gate. What does he do when there are no children his age, around to play with? Trips to the park or shopping mall are not his ideas of fun.

Socialisation skills are learnt mainly through experience and guided interaction. Parents usually impart these skills through "control" and authority. norms and rules of society are usually learnt unconsciously by observation and the codes of conduct absorbed thus are those followed by members of the immediate family. When a child questions these, often they don't take kindly to it. Anjana wants to know why she has to get home by sundown. The answer of ghosts and childlifters only frightens her, it doesn't explain the need for the family to be together as a whole before dinner. Culture and tradition set the limits of social activity, and only when the child is free to explore these boundaries and question them, does it really understand their need. A family needs to provide for these. As it has been put succinctly, some families nurture - others are prisons.

Love

The child communicates its need for love in many ways and what it often gets is conditional love - if you do this, you get a hug, you are a good boy if you eat your breakfast ... etc. Unconditional love is the basis of all positive nurture. It is proclaimed as the highest truth in spirituality. It is not the exhortation of religions only, but the experience of people like Mahatma

Gandhi and Mother Teresa as well. Can parents who have never experienced this truth, take pains to evolve themselves for the sake of their children?

Siddharth feels hurt when his parents complain to friends and elders about his behaviour. Do they not undermine his self-esteem in doing this? Who can we blame when he rebels to cover a developing inferiority complex? Children develop better on their strengths, which need to be nurtured. Their weaknesses need more love and concern to be overcome - not criticism.

Training

For the fulfilment of their needs children often face competition, and even find coconspirators from among their siblings. Sindhu looks after her vounger brother with great affection - not so, when she is asked to do it. This is an expression of her independent decision-making capacity, which she also uses as a pre-condition, to be allowed the freedom, to dress the way she likes. She has already learnt to manipulate her parents' "conditional" attitudes. How do we nurture her love and concern, while helping her make her own decisions? A tall order indeed - vet, not so difficult if time and patience are used to explain to the child in a language it understands. The language a child understands? Days of corporal punishment it is hoped, are gone; let us hasten it with more love and understanding.

The child learns as well as communicates better through body language, and is not as comfortable with verbal messages.

Emotions

Emotions come from the heart, not from the thinking brain. They need a friendly, secure and flexible environment to mature into positivity. In the family, this environment of affection and acceptance is possible.

The infant cries out not only for a feed or to ask for a wet nappy to be removed, but also to express its need to be handled, especially when wide awake and tuned in to the surroundings. Isn't the busy mother



happy to leave the quiet child on its own? Does the father carry the child only when it cries? The child then learns to cry every time it needs company - it is going to be more frequent too.

The child takes the mother, father and immediate family "for granted". It expects emotional support for positive action, as well as to get over negative ones. Since emotions are based on relationships, quate communication should be ensured to rule out problems at this stage. Anthony's stutter is traced back to some early childhood relationships. He cannot communicate easily whenever emotional or when he is under stress, and this often leads to misunderstandings and unsatisfactory relationships.

Edward de Bono points to emotions as the basis of all decisions. Do we allow our children to make decisions - small or big-on unstable emotions? Do parents spend enough time and energy understanding this aspect of their own (and their children's) lives? A standard response is ignoring unpleasant emotions, and this leads to complicating matters later, but that's what we all do!

Morals, ethics and a principled approach are "taught" - they are rarely understood by the teachers, or the children. Bemoaning the decline of human values is the result.

Values

The provision of the physical needs of life - food, shelter and clothing, along with education at a "good" school have been the goals of most parents for children. The extreme stands taken by schools/educators in methods of "training" children is evidence enough of their inadequacies. The family and parents are called to take on more responsibility and nurture "values" needed by the child. Children need to be given opportunities that spur their creativity, initiative and decision making capacities, all which are essential in the process of attaining maturity. For this to happen, parents/parental figures must be good role models. Sushruth likes to watch TV just like his siblings and other members of the family. The parents are concerned about the effect this will have on his development. Happily, the uncle's reading habit s to influence Sushruth more. He not gets story-books from the library, but also gets his questions answered about the why's and what for's! Should this situation be accidental, or can it be nurtured?

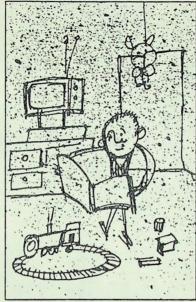
Gender roles

Anupama likes to play with dolls, while Anoop prefers cars and games. Children may have their own inclinations, but cul-



ture, tradition and society tend to impose stereotype roles. A girl is expected to be more interested in routine chores around the house, while the boy is actively discouraged from involvement. A boy is facilitated in learning about the world outside while the girl is "protected" from these influences, to the extent of active discouragement to even small initiatives from her. The boy makes decisions - the girl follows instructions. The list is endless and it is a daily experience in all homes.

Some parents aggressively negate many of these in bringing-up their children. What choice does the child have anyway? Is the child helped to make choices? What is lost in the bargain, is the attitude to work. The dignity of labour is not understood and the gender role becomes the focus.



The child gets mixed-up with its own urges, social demands, family concepts and the need to relate to others. Is it any wonder that adolescence, the age of rebellion, is utilised to sort many of these issues. The advisors are the peer-group who are equally ignorant!

Stress

A common experience in any pediatrician's clinic is the revisiting of illnesses of the parents and grand-parents in children. "Is it hereditary?" they ask. Yes, but in a different way. It is not in the genes. Very

Unconditional love is the basis of all positive nurture.

few genetic diseases really bother most children. It is the "hereditary" attitudes, fears, complexes and other such negative influences transmitted from parents to children by their behaviour that affects them more. Naveen gets "chest-pain" before exams and Meghana has migraine and low backaches whenever she is unable to get what she wants - and, they are not yet five!

The stress of modern life is creating its own patterns of disease, and we are passing them on to our children. It is not that all this is "in-the-mind" - the victims suffer more than what they would if they really had the disease! We add to this the burden of instability and insecurity.

Faith

At birth, the child does not have a concept of self. The mother, family members, animals, trees and even inanimate objects are seen as part of itself. This is a high level of transcendence indeed - something mystics and spiritual aspirants thirst for in their quest. This is accompanied by a high level of "faith" in the world. The child enjoys life and has faith in everything around it - a true recognition of the concept of God.

In the name of religion and spirituality, the grill of rites and rituals further confuse the child. Even prayer is reduced to a charade of petitioning God - the parental understanding of religion or spirituality.

Is it any wonder that these distortions express themselves as fundamentalism? How unfortunate that children are the victims of the collective indiscretions of humankind?

Kahlil Gibran has encapsulated all these in "The Prophet", as follows:

Your children are not your children, They are the sons and daughters of l

They are the sons and daughters of life's longing for itself.

They come through you but not from you, And though they are with you yet they belong not to you.

You may give them your love but not your thoughts,

For they have their own thoughts.

You may house their bodies but not their souls,

For their souls dwell in the house of tomorrow,

Which you cannot visit, not even in your dreams.

You may strive to be like them, but seek not to make them like you,

For life goes not backward nor tarries with yesterday

You are the bows from which your children as living arrows are sent forth.

For even as he loves the arrow that flies, so he loves also the bow that is stable.

The Community Health Cell (CHC) functions as a technical resource group promoting and facilitating the participatory dimensions in communication, health and development.

DSS SCHOOL HEALTH PROGRAMME

FAMILY PLANNING/WELFARE

Introduction:

Different parents have different reasons for wanting to limit the size of their family. XSome young parents may decide to dely having any children until they have worked and saved enough so that they can afford to care for them well. Some parents may decide that a small number of children is enough, and they never want more. Others may want to space their children several years apart, so that both the children and their mother will be healthier.

FAMILY PLANNING IS HAVING THE NUMBER OF
CHILDREN YOU WANT, WHEN YOU WANT THEM.
-Where there is no doctor-david
Werner

What is Family Planning? What is the use of family planning to us, to our society and to our nation? What are the effects of uncontrolled population growth? Let us know about these.

Aim:

- 1. Explaining family planning.
- 2. Emphasizing the advantages of Family Planning.
- 3. Explaining the ill effects of population explosion.
- The advantages or positive effects of family planning to our society.

Lesson:

We have learnt how diseases are caused and how they can be treated. Similarly we have many problems in our daily life and in the society too. How do we prevent these problems? Let us try and find out answers through family planning.

Before we know what family planning is all about, let us listen to an incident.

Mr.'X' is 60 years old. When w he was 20 years old he came to Bangalore. There were few important places. There were lots of houses and few people then. When he went to buy ration, he

would spend only a few minutes to buy ration. After another 15 years, whenever he went to shop he had to spend half a day at the shop. Now even if one stands for half a day one doesn't get ration. If one gets rice, there wouldn't be enough sugar, and if sugar is available, wheat is doubtful.

Let us find out why these things happen.

- 1. Why didn't he get the ration?
- 2. How was Bangalore when he came 40 years back?
- 3. Did he then get what he wanted?
- 4. How long has he to stand now in the Queue now?
- 5. Does he get what he wants now?

The main reason is an increase in the population. Before this rise in population there were many trees and empty grounds. Today, when you see Bangalore station how is it?

Ans- As the birth rate has increased, wer are facing many problems. For instance, it hwas possible to get sufficient, safe drinking water then, which is not so easy now. How much water was let out by corporation then? There is a shortage of water today mainly because of a rise in population, If the population increases at the same rate, it could lead to disastrous consequences.

How do we remove this problem? What is our role in it?

For example, I will narrate another episode. A family earns

Rs.35 per day as daily wages. With that he gives Rs.25 to his

wife after keeping aside his personal expenses. As years pass

by, they get four children. The daily wages remain more or less

the same. The prices of commodities have increased. The

amount of Rs.35 is not enough for six people. What can they do

in such a situation?

The family should have planned better. People tend to think that by having more children one can earn more. This is actually a misconception. The reality is.... Can a family afford feeding, clothing and educating all six children? No. The after-effects could be-

- Due to lack of nutrition, children might suffer from diseases.
- 2) Mental development might get retarded.
- 3) Some children are sent to work. It is believed that with more children, there would be more hands to earn.

That is why, one needs to think of responsibilites, i.e., physical, social, educational and economical before extending the family. When we spread this kind of message to people all over, we are carving a good future for the country. Because of this we will not hopefully face serious problems in the future. Thus we have to emphasize on family planning and create a better world for our children.

"Family Planning refers to practices that help individuals or couples to attain certain objectives:

- a) to avoid unwanted births,
- b) to bring about wanted births,
- c) to regulate the intervals between pregnancies,
- d) to control the time at which births ovvur in relation to the aces of the parent; and
- e) to determine the number of children in the family."
 -Textbook of Preventive and Social
 Medicine- Park and Park.

There are many methods of family planning. Some of which are-

- 1. COPPER T- Copper T is inserted through the vagina into the uterus. It prevents the fertilised ovum from being implanted in the uterine cavity. Because the device is in the shape of the English alphabet 'T', it is called 'Copper T'.
- 2. MALA-D- Mala-D or Mala-N are taken by women after marriage to postpone or avoid pregnancy. It is also useful in main-
- taining a gap between the first and the nxt pregnancy. Sice the ovum is not produced, due to harmonal changes, it is not possible for the woman to get pregnant.

From the fifth day of the menstrual cycle, take one white tablet everyday for 28 consequent days. Then consume black tablets for the rest of the days.

NIRODH—
This is a method used by men to control pregnancy. It is like a rubber ballon. Nirodh creates a physical barrker which prevents the semen from entering the female genital tract. Hence this also prevents sexually transmitted diseases.

After the couple have had two children, the man can go in for vasectomy, and the woman for tubectomy. They are minor surgical procedures which does not were cause any harmful effects or changes in the body. This is a permanent method.

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DSS SCHOOL HEALTH PROGRAMME

MENARCHE (MENSTRUATION)

Foreword: Explaining menstruation with the help of illustrations.

Material needed: Chart

Objective: 1) Explaining menstruation

- 2) What to do-during menstruation
- 3) Removing misconceptions about menstrual discharge (not bad blood)
- Relationship between menstrual cycle and pregnancy.

Lesson: Menarche onset. This is explained in many terms.

The general term is discharge of blood from the vagina. We tend to keep such girls out of pooja room, kitchen making them untouchables. With this we tend to suffer and make others also suffer. This is nature. We should not get depressed, we should not hate the process. There is no need to feel obnoxious about it. Let us understood it further.

Chart 1- In this figure females undergo a physical change during one stage-adolescence. (This is common in males and females). Onset of menarche means the girl has reached adulthood like flowering. She is ready to bear a child.

Chart 2- Let us understand attaining adulthood. Here kis a female. Let us see the parts in the body. From the upper meatus urine flows out. From the second one blood-menstrual discharge flows out. This we call as the mouth of uterus. The third opening is for excreta disposal.

Chart 3- Let us examine the uterus. The two limbs are fallopian tubes. At the sides are ovaries. The eggs germinate here. From here the egg comes out once in a month.

<u>Chart 4-</u> There is an ovum(egg) in the ovary. From this bag an egg comes out. If this unites with the male sperm then she conceives. The foetus will grow in the uterus. If the sperm doesn't fertilise the ovum it is expelled. She menstruates again.

Chart 5- Only when a female has sexual contact with a male, fertilisation occurs. Otherwise it cannot happen. A girl menstruates once in 28 days(variable). That means after the first 10 days before the next eight days egg comes out of the ovary. If a female has sexual contact with a male in these eight days then the conceives. If not after 10 days she menstruates. That shows she has not become pregnant. We call this as 'Menstrual cycle'.

Chart 6- Let us see the male reproductive organs. They do not have three orifice. They have one for urination and one to expel fecal matter. Male sperm has a head and a tail. The sperm goes through the organ. When a male unktesswith a female sperm comes in contact with the egg. Then pregnancy results. Important points to be stressed-

The discharge lasts for 3-5 days. This happens once in a month. It is important to use clean cloth. We tend to think-"Why should we use good clean cloth for this?" If we don't we might get many diseases. It is essential to wash them with soap to and dry it in the sunlight.

Some might get stomach pain during the periods. This is not dangerous. It is usual. One should consume warm drinks and soak feet in warm water. The pain will get relieved to some extent. When someone menstruates, we should not make them untouchables. One should take bath and observe strict personal hygiene.

When a girl matures, she is not a burden. With the right care and affection she will grow into a complete woman without many problems.

If a woman doesnot get pregnant the fault needn't be hers. It could be the fault in the husband too.

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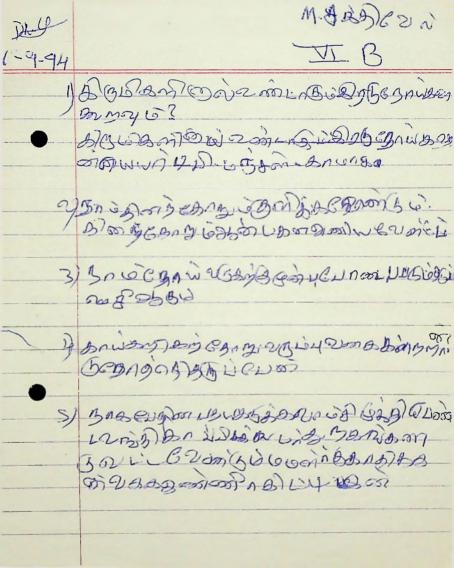
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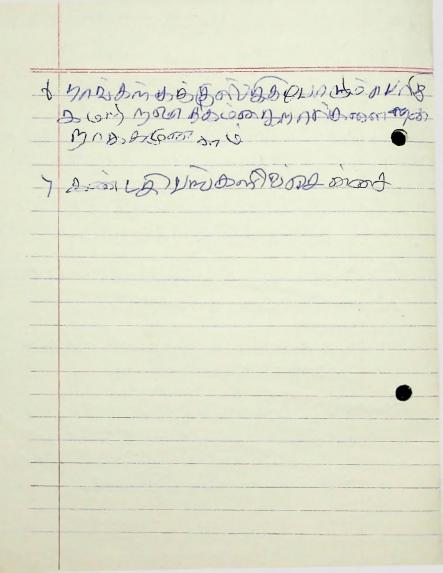
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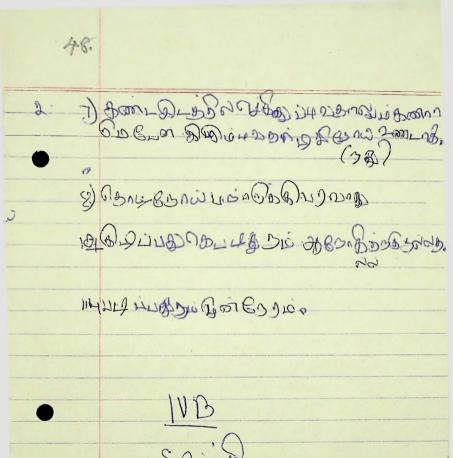
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February 1st to 28th 1995.

Feb1 - Referred books for ORBIT training.
- Translation of Levels of Prevention' poster by STC.
- Translation of some technical # teems.

Februarion.

Februarion & Evaluation.

Feb. 3 - Explained RKNI about my notes (ORBIT).

- Took her augustibilities

- Helped RKN in choosing books, casettes (audio and video).

- Discussion with Dr. CMF (weith JVJ) about the Careers in Hearth articles.

- Fixed up appointment with Dr. A. K. Roy for the same afternoon.

- Fixed up appointment with EMAI and INSA for the next day.

- Submitted RKN's caticle on CHILD-70-CHILD

programme

- Etarted the article on Hospital Administration.

Feb 7 - Visited CMAI to get information on Nuesing Education (weith IVI)

- Visited INSA to get information on Nuesing Education (with IVI).

- Visited BI publications and collected the Catalogue of theix secent publications.

Febl - Completed report on Health lave Administration

- Net Sr. Fatima (St John's College of Nursing)

for information of Nursing.

- In the evening net Mr. Karkini for information
on PHARMACY.

- Completed the acticle on Nursing.

- JCN helped in entering all the reports into
the computer. Feb 9

- Started article on Pharmay.
- TVJ collected information on Psychiatric Social Work from NIMHANS.
- Referred to a few books on Pharmacy in the library.

FOD 10- Finished article on Phaemacy.

- Handed over completed reports on to Dr. CMF.

Feb13r- Unsuccessful attempt to meet Dr. Sninivasam
Murthy (NIMHANS) for information in Psychiatry
- Library Computerisation.
- Prepared agenda for staff meeting.

Feb 14 - Met Dr. RSM. & Collected information on Psychialing
- Started article on Psychiatry.

- Returned books to Sr. Fatima (St. John's).

- Unsuccessful attempt in getting dist of Phaemacy
lolleges from Kripanidhii College.

Feb 15 - Booked Completed articles on Phaemay and
Psychiatry (with TVT).

- Branned the library for books addresses of NGO's
working in Baroda (Gryrad) for a visitor. Hr.

- Shotaj. - Unsvecessful attempt at Keipanidhi Collège once again. - Stanned the library for Dr. T. N's negnest - "Role of General Practitioners in India." Feb. 16-Staff meeting.

-Read articles sent by Dr. RN - NGO's in India
- Spent time at the library. Fab 17 - Stay Transpersation Workshop.

- Stay Welfare Fund meeting.

- Report on Stay Transpersation Workshops. feb 20- Planned Johnat with JVJ for the CHC internal evaluation. - Planned with Dr. SPT and JVJ Jor a follow-up of the STW on Role Analysis Technique. - Typed job responsibilities of all Exic members. 20 Wrote report of past STWs.

Feb 21st & 22 id - Leave. Feb 23 - Re-wrote report of past STW. - Follow-up - Books on Pranic Healing - Scanned etre library for books on Coping with Disasters (for Dr. CMF) - Re-scanned the dibrouy for Dr. T. N's request Role of GPs in India! CJVJ & ARS helped) - Acquired books on Disability for the Conference at Madaypalle (for CMF) - 20 in number. feb25. Visitor from HISEROR-meeting, alrangements
- Made arrangements for Dr. Nina's movement
in the city. - Attended the CHForum meet on Rational Drug at Ashieurand. programmes attended by different members.

- Paper - cutting - Discussion on Stress and Mental Health' - talk at Ashiewad for Sum Dwellers Gr. Marina's program -Pulled out material for Dr. S. P. T - Talk at Montford Collège on Old Age Problems (Second Career

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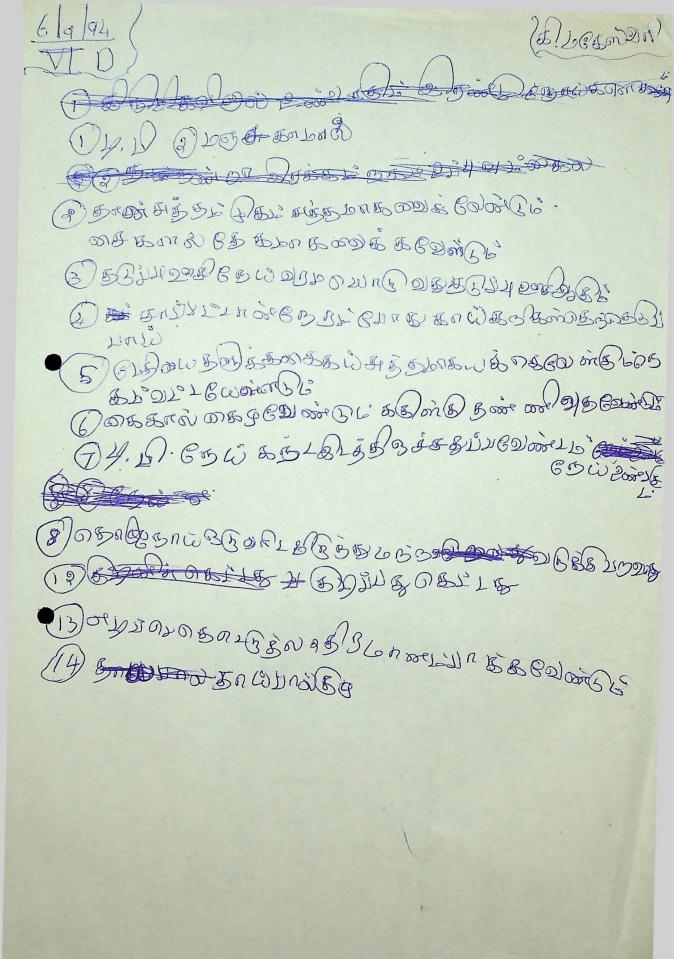
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Ang '94 - "Swiede Proneness among the people of kerala"

CHC EVENTS FROM APRIL TO

SEPTEMBER

1. TO CREATE AWARENESS

4-4-94 ._ S.Te to J.P. Nagan Shum health programme.

20. 4:94 - SPT and VB to Ananthor Astram, Hoscir, to discuss che's inputs to their A health pregrammes / training of health

2.5. 1994 - SJC to J. P. Nogas Slum s-Community
9.5. 94 organisation programme / review of
16.5.94 organisation planning of 1994 programmes.

23.5.94

30 . 5 . 94

6th, 13th, - SIC to J.P. Nagas slums - Louns for school admissions / adult collection/ 20 th & 27th 27. — 6-194 helping in regestring womens welfere Association.

- Sie and As to J. P. Nagar Shims with 6-7-194 Dr. Paresh Kumar.

SPI and AS attended Esperamto Class. 11.7-94_

SPI, AS & C.T to manush - Chitamani 2-8-194-

SpT to Jaguar - Action- Aid Konorodaka 11-8-94-

13-8-94 Project.

15 8 94 - CJ-to Manush- Chintameni to peredi jule

29-8-94 - SPT adolse ssed BT3& KSRTC Staff on Health and Trouffic Safety on behalf of Police Training School 9-4-94- TN presented on overview of CHAI study findings and participalted in the meetings.

16-4-94-8PT to Chintamani, Manush project-

16-4-94 - RN and TN - di seussion with Dr. Nani Kullioth, Head of CHD, CHAI, regarding Community health issues, role of hospitals, etc.

5-5-94- SPT Was a resource person at 30th
Job training Course for CDPDS/ACDPOS
of ICDS Schome of Kerala and Tamilhordu
organised by National Institute of
Public Cooperation and Child development.
He spoke on other lammen Childhood
Ailments- use of first and kit.

7-5-94 TXI spoke on "Involvement of femilies in building community at performent of family Welfere and Fertility study & 8t-John's Medical College Bonglore.

13. 5-94 - 3PT to RORES - Svinivasapura and 14-5-94

16.5.94-3pt gave lecture on Disorter Management to Government Medical officers of South India, doing their distance learning management course of NIH Fir organized by Rempegowela Institute of Medical Science, Banglore,

17-5-94- SPT was a resource person and took or Sersion on Networking', at Project Formiclation Workshop- USAID Project, organissed by Department of Community Health, 81. John's Medical College, Benglore. 25-5-94- NB and SPT to Jyenseidham, to get 27-5-94 feedbeck from their sevial comps. E 6.6.94 - SPT to Momush Project at Chintomani 8-6, 24-850 and CJ extended a programme for Street children educators / Field audist on Communication skill at Ashirward. This programme vous organiscol by CHE. 11. 6.94 SpT and Sic attended Health commenicallion programme est Ashirward facilitated by Dr. Vina and organised by Otte. 17-6.94 3PT to Jagadus to interact with Action Aid Kensneitorka Projects growssoot level workers on "Management of Common Ailments at Village level? 26.6.94 SPT and SIC with 8x. Marsina of Good 28.6.94 Shepherd convent to Mann, Kaidur District regarding Tuberalosi's Control Pregramme with Tomodaya! 3p7 wers a resource person out INSA-1-7-94 Fordia 15 Community health and development He took a session on Alternative Treatments!

38.7.94 SprbAs to RORES - Spérievarapersa \$ 99.7.94

21-8-94 CREAT-Consumer forum meet on Radional use of drugs - SPT on a resource person, SPT OCJ authended.

23-8-94 SpT conducted the sessions on abbrowne 25.8.94 health cover for the group of health supervisors emol coordinators from the revial Nero's organised by 81. Johns Medical college, Benglore.

4- 9-94 3pi spoke on Altoratives in Health Court to Navaders shamown associates out Indian Institute of World Culture.

14-4-94-Ds. herry pais Visited Ette omel discussed with SPT community health issues onel CHC's imputs to MANUSH RORES and other projects.

At- H-94 RV and TN med Mr. heary krause of
Misereur de finalize/discuss their
Sechsbatical project and also plans for
other initiatives like the Misereor
Consultancy in Aschon, in August, 1994
and CBR WORKShop in November at
Arogyn Varam.

9.5-94 RN/TN hord discussions with fr. John Nathamattom of CHAI on the consolidation Project, MEMISA review and CHAI Project follow-up-

9.5.94 RATN had discussions with Fr. Stem
Lowrdsonny of Triber Research & Training
Centre, chariboner, Bichar about the
SoltAR initiative and the peoples
movement at Netroghat.

27.5.94 RAI had discussions with Ms. Janocki Rav on a plan and framework for the Health Hermon Power Training chapter of the Starte of Karnovtaka's Health Report

6. DEVELOP DOCUMENTATION /LIBRARY

9. 4-94- CHC'S aboumentation unit produced and circulated or bibliography on resource moderials on AIDS

- Newslotter.

- 8-4-'94 SJ, XA, NO, CJ were involved in AID3 Policy Meeting' organised by catholic Hospital Association of India Secunderated, at Ashirolved, Bernglose.
- 19. 4. 94 3PT attended (communication strategy for promoting Hershal Medicine, organised by FRIHT-Bonglose, at NIAS
- 30.4.94 3PT and CJ attended Community Health Forum meeting out Ashirvard, on exhan health.
- 14 5 94 350 attended Servitization of community level workers meeting organised by 31 John's
 - 10.5.94 817 attended 818fers Doctors meeting out in aria Phavem, Benighte, organised by Catholic Hospital Association of Irelia, Secunderabael.
 - 14.5.94 85c aftended Sensifigation of Community
 level norskers meeting organised by 8t. John's
 Medical college
 - 27. 5.94 SPT attendeel Family hife Education's meeting organised by 88. Marsina of Croed Shephard Convent, out Ashirvoid.
 - 28.5.94 NB, SiJC, NANIR, co and HRIV attended

 community Health Forum meeting at

 Ashirvard. The theme of the meeting was

 "Health of the Blowley". Again outbend

 12-6-94.

- 12-6-94 3pt attended a meeting on Holistic Medicine on inter-religious horsmory movement at Ashirward.
- 18-6-94- 35c cutterdeel Ams network meeting organised by JN8A-Inchia.
 - 9-7-94-3 PT attended conflict Resolution Meeting out Thaili, organised by Navadhersohanown.
 - 16-7-94-RKAI & SPT attendeel brownstorm servion

 of "formilies" organised by Madlyam

 communications Benglove.
 - 20-7-94 As attended 'commemication' meeting,
 organised by REDS facilitated by
 Dr. Uma.
 - 15-8-94 CJ to Momush-Chintamani to participate in their street-play programme.
 - 17-9-94 As attended the AIDS Network meeting, organised by TTK, out Benglore.

74.94-RNI \$TNI had oliscussions with Ms. Monique Lagro of Memison, Netherslands, regarding a review of Memison's oupproach to selection and support to health projects.

18:4.94-Dr. Mayer Thomas of Action Aid visited cute and cliscussed the CBR workshop in Aragejavaram, in October-November, 1994, with Dr. CMF, Dr. VB 9PT & RN.

- Mis. Chamala of Penukorda visited ette and discussed community health worker training , womens issues with TN.
- omel clisenssed their slum health programmes with spr.

25.4.94 1 NB one 8PT outlended DAF-K-meeting 30.4.94 J at Sem House, Bernglosse. 2.5.94, 19.5.94, 22-5.1984.

3. 5. 94- Drs. Uma & Bricharon Visited cote and discussed training methodology / training through communication etc with cute teams.

9.5.94 Ms. phomalakehmi from Hosur Visited Cote and discussed atte activities and community health issues, training of grass soot health workers, etc., with 8197.

18.5.94- Mr. Samuel Kvilpillai of Anantha Astrama, Hosur, visited ette omel discussed community health issues / che's input into their magrammes ete., with 8PT.

26.5.94 Dr. Veela Zachariah visiteel cote and

etc., with WB and SPT.

22.6.94 - Mr. Abdul Chafour of Myrada, Hosur, visited CHC ornel discussed community Health issues with 8PT, VB and 850.

29.6.94-Ds. T.N. Manjunoth of verker - B.R. Hills visited exe and discussed alternative medicine issues and other matters with SPT.

11.7.94 - 3pT, NG, SJ, RM participated in CED's
to
14.7.94 Dem-7 meeting in Benglose.

22.7-94 - 3pp to Secundenabael - to attend the to combined meeting of the Editorial Boards and Advisory committees of Health Aetion and Cartalyst.

4. 8. 94 - NB, RKN omel AS to Deena Seva Songha regarding their evaluation.

17.8.94. AS AS\$ - 17.8.94.

7. 9. 94 - Dr. Cropal Dabade, Dr. Arun Kodenkay,

br. Prakash Raw visited atte do clisuss

DAF-K moutlers with atte team.

25.9.94 SPT to Mongelore regarding INSA-India's Evaluation.

277.94. 8PT to All India Rachio.

7-4-94- Mr. Joseph from DEEDS-Borngline visited cite amel disensed CHC's inputs to their health programmes, with &SC.

16-6-94 - Mr. P.S. Reelely Visited CHC and met SPT

regarding their training programme.

15-7-94- Ms. Mark Craig and M3. Dawn Hole from Edinburgh University visited CHE. SPT and VB gave orientation to them regarding community health & development, CHC's activities, etc., CHE Organi sed their 15 days elective programme in India.

19-7-94- A group of visitors from France Visited CHC SPT, TAI, and VB gove creentation to them about CHCIS Work, involvement, community healthan

1-8-94 CMF, SPT, NB-Orcentation to Mr. Marsk Crewy
and Ms. Down Hole.

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- 4. சிரம்பட்டின் கேரம் மேரது உங்கள் சென் இரண்டு குட்டுக்கள் உள்ளது. செர்ரில் தீலோம் பாணியுளி ஆஸ்லியிம் மற்குளை நில் கோய்களிகள் கோறு மகுப்பு உணக்கள் உள்ளது எனது நி வதர்ப்தைடும்பாம்.
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 - 13 எப்போது 83 மூறை மூட் இணம் முறோர் என்று தூதிறோம்.
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 - 15. இது கொடுக்கியட்டுள்ள இறன்டு சிலுனக்கு மில் எனத் த 20இம் ப வதர் திதுகம்பாய் ? 1. படிப்பை தொடருத்ல (2) திதுமனாம். காதர்கே)
 - 16 வெளி படித்தித்தை பற்றி உண்ணுடைய அண்ணம் என்னரி
 - 17 விழும்கு சான்டுல் சான்ன இதை கேட்டும்குத இற்கும்கு வதத்தை தேறு.
 - 18 எத்தைல் பத்தை தோய்க்கிகளும், இறைக்கும் மும் அடுவத்தியத்திற்கே.
 - 19 தல் பால் குழுற்றைக்கு முக்கியமா) குடிற்றைக்கு தாய் பால் மட்டுப் டூபாதுமா) உறவிக்க அம்
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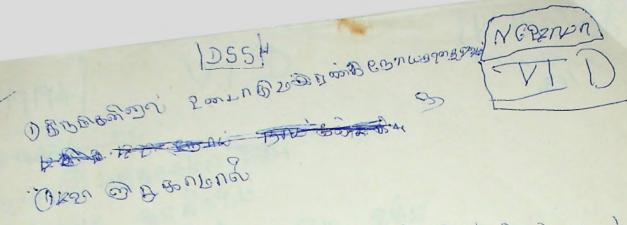
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ப் தாட்பட்டின் கேரம் கபாது நடிகள் கால்க அகள். கொக, பகுவு உளக்கள் டன் ஒடுகோம்

5, மேதினை நடுக்க நடுக்கள் வெட்ட அம் கை கால்களை களுவவும் 6, கழியாறுக்களம் எக்கள் களுவிலுக்கும் கழிப்புகையைக்காள் கிறை

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7, 4161. 6516 வட்டு உண்டாதிறது. , நாம் காண்டது டத்தில் எத்தை துப்பு உற்றும் மாற்றுளும் இடும்பு அத ஆம் டி. டி. 8516 உண்டாதிறது.

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क्षाक्ष करेंची 6-9-94 poles of some of some comments of the sound 2 ड्लं इंडिंड में केरी र का हिंदी र की लिंका है पि की र हिया कि है कर विकार है के का अप क का अप क है आ करें tono Brow Sipponds काक्षीक क्षात्र गत 3 BB 14 Par & C. Esnis RES QUERES Dinorno BUNL Wis 2006 BODY 2018 4, कार्यक्रि हाल हिमाया प्रक्रिया ग्रायक्ष्य र जाला हा 5 Mis one sound win Ber Car C roso sour Li Li Guel यह की जर्भ किल्लाका का रूप है है ये रे Blandeni of many the of the party of the par

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सामाक्क करांकी

) கிரிகிகளிலை உண்டாகிம் 14. மி 2, மக்க மணை

- த் தாற் அழ்த்றைய அறித்த தோற்றிற் மாற் முகற்கும் வை தாற் தவை
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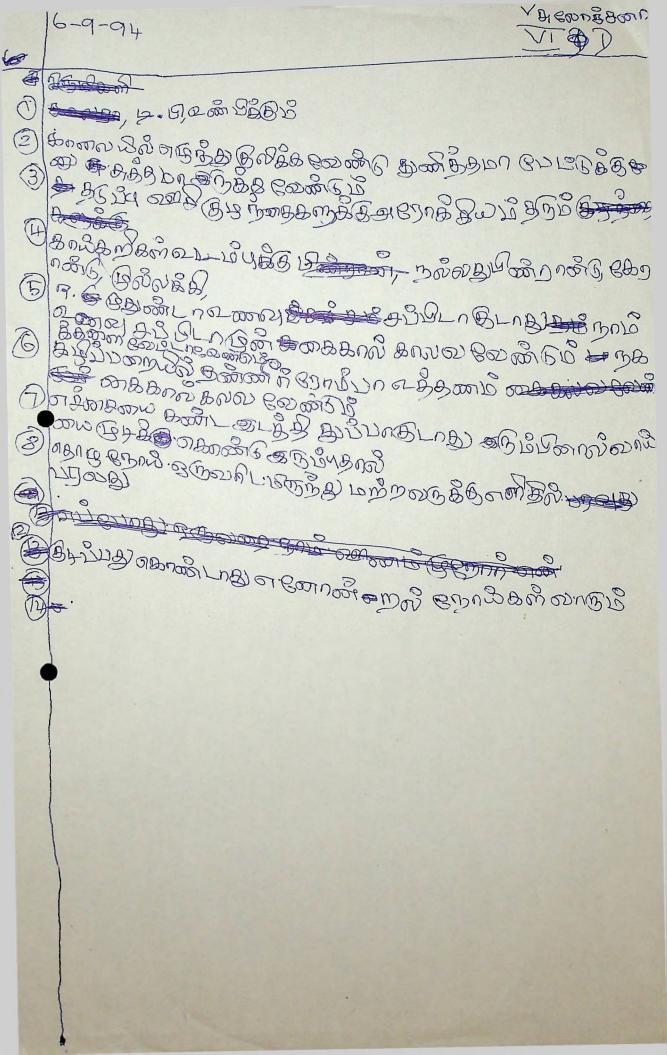
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S. S. nonel 1) BOB/BAGON & OTLABLO CEAN 4 IT EEUN DIUDEN GRUNTI GRUNTEN BURNER COUNTRY RESENON REGINE LA CONLAGIO BIORD 2 LOSSE BENDED SHED AND ILLED BLOBE 2 LOVE BUSCIOS LONG COLS LO Englar 2001 to the England Designation of 2000 of Alba rough early of the Dailloon Roy & Book & Back of Dailloon Roy BE DIN GUAD DES DION DIBBORDEA GOVERNEZO OBSUR BUS BULL MORPE & TELL MONTH BUNG BUR ON STEEL OF THE BOTTON OF THE BURGET OF THE BOTTON OF THE T) En le sigli di Bigli Bromps QLES NO TEONS ON SILL Bayer of the service of 152 on the service o हिन्देश के हिन्देश के हिन्देश के अवस्था के स्थान के स्थान के सिन्देश में के स्थान के सिन्देश के से से से से से BUT LEN BE SENDE BECOUNTER OF USU SOL DEDATO DES GURBBAR QUINT. किल्नास्किष्टि हम्मा प्रतिक्रिया किल्या मिल्ला प्रतिक्रिया प्रतिन Brion D& Black Jon regions 28 1-4 N AMILLE 21 50 BABBO 11 4 B B182 MG

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- (2) शकं सहिन्द्र केलं के जांत्रिक मुक्ति प्रिके किले
- 3. डितां क निकंत सम्मिति विकार की निक तिन्द्रित हैं।
- சி. டேர் திலை இடுக்கு குடியும் இத்திக்கு திரை செர் ட வென்டும்
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Lephony

T. B. (2)

Diarrhola

farly Marriage

Child Labore

AIDS.

Menarche

Family Ptg | Welfare

Alcoholism

Nutrition

Family planning/welfare

Introduction: what is family planning? what is the use of family planning to us, our Society and nation? what are the effects of uncontrolled population growth. Let in know about these.

- 1. Explaining panuly planning.
 - Strenging the win of F.P
 - 3. Explaining the ill exects of population explosion.
 - 4. The printine eyest of family planning to the society.
- lesser we have learnt how discorses are convoed? How they can be treated. on the same way we , on sowity faces many problems. How to prevent them? let in try and jind out answers through family planning. Bejore we know what F-p in,

let us la histori to an incident.

Now Mr'x' vir agod 60 years.

Dhen he was 20 years Le came to B'Lore. There were few impostant places tots of honse were there only for people were there, when he went to bing sations he could buy and go back in a for minutes. After another 15 years when ever he went to shop he had to Spend half a day at the Strop. Now even if one Stands for half a day one don't get sation. of you get sie you now get Syan. of you get Sigan there wont be wheat. you want get the things you want. • things happen. 1. Why didn't he get the ration? 2. How was Bangalore when he came 3. Did he get what he wanted? 4. Now How long he has to St and now? 5. Did he now get what he wonted? The main season in population. The increase in population in the

many vacant houser bot of plants and brees. How does bongalise look now?

And brees. How does bongalise look now?

And Broth rate is increasing two many problems (we are javing) we would get Safe water than Now we don't get water. Because people were len their was anough water. Breamse people are more three innot enough water of the population increases like this the Situation might get over works. People mystake of due to lack of Sage water.

How to servore this postlem? What is our role in it?

A family cam &s 35 per day on daily wages. In that he gives 25th to his wife after his expenses. After home years they got 4 Unildren. The daily wages romain more it in the Same. The position of commodition winesse. Same amount wouldn't be cough for 6 people. What wouldn't be

He should have planned beltin people (4) lind to thrink that by harry more. children me can earn more. This is a wrong conception. Reality is - can a poran agod feeding them, clothing them & educating them? will they Morrell? No? The rights are

Due to love of mitrition children might suppropriate Distran.

(2) Mintal divelopment might get rebanded. Unildren one fant to work. It Henry Ponents lend to have more children to have note coming hands.

That is why, one should not cose it lemits. Whenset spread this kind of message to people all once, me are caeving a good feiture for the country. Because of this we will not be hopefully Jace serious aproblems in the fecture. Thus we have to emphasize on family planning and create a good future for our children.

Family Planning means having a difference between two children. There are many means to maintain the difference. before the second child is born. They are

Copper T -

Copper - T is inserted through the vagina into the uletur. The possession the Every stree It prevents me fertilised over from being implanted in the elevine cavity. Because the device is in the shape of & English alphabet T, it is called Copper - T.

Mala-D-

Mala-D & Mala-N one laten by women after of maleriage to postpone their pregnancy It also used to soon useful in maintaining a gap of 3-475 between the first pregnancy & the next However there could be some site-effects harmonal disturbance in the initial slages there could also be curedion of the since mensional cycle that the ovum is not produced it is not possible for the woman get pregnant.

From the fifthe day of of the menstrual cycle, take & white stablets for 28 days and then black tablets, once every day.

Nirodh - This is a method used by men to control pregnancy and live children, the After the couple have had live children, the man can go in for vaseclomy, and the woman for tubectomy. They are simple minor sungical procedures which however closs not cause any changes in the body.

Activities de Being doing 17-01-1995 1) Meetings : Internal / External Staff meeting, Quality Circle M., Staff transformation, Pool meetings, Executive Committee meeting, AGBM, Prospective Research activities, Research / Evaluation / Reports.

(3) Heting Report - DSS / VHAK / Articles to Magazine. News letter field visit seport / T.B Training Programmes/Res Igstisadhan, Brinivasepersa; Chinternani; St. John's, AIPSID, Crbit, Parivar Seva Samsta 4) Visciting Versioers Organisation Seminous / Symposium.

Documentation: Stock Varification, pool meetings, Accession numbers, se-arranging report boxes, correspondence, buying books, screening of Journals, computerisation, Newspaper clippings, benching books, sereening posters 6 Exhibition Public Awarences Compaign Banglore Children Hospital, Comsumex 95 Canalysing about the exhibition- Follow-up) exhibition.

Josephone ealls, making tea, typing Computer work), Photocopying, filing, making tist of address, post, bomb, booking ticket of principles work.

8 Visetors

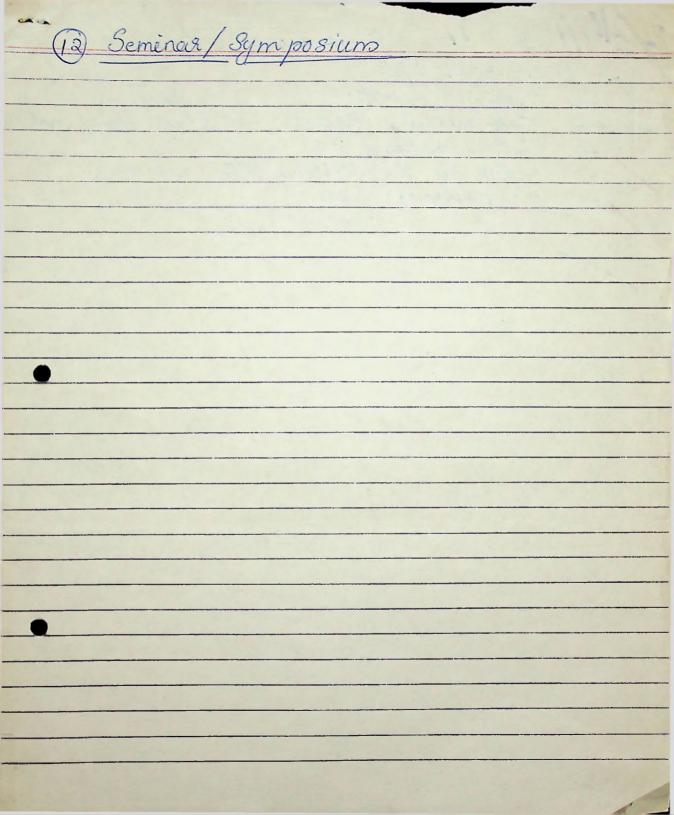
Introducing, meeting their needs, xerox for them, Net coork other organisations, teaching, training, writing exticle for them, writing about the viscit, request

6 Other Activities

Screen printing, cyclostyling, preparing CHE events list, consulting with doctors, responding to health emergeneiss (plague), attending—(workshop, training programs, meetings)
Preparing manuals

@ Alterna Rural Frain Urban 8hm work

Petty Cash, Donations, Salary, P.F. loan bedget, funds from training programs, forceign funds



11 Evaluation Study > CHC Events hists Training Reports. Staff meeting Reports. 2 Visctors Record Reports on the visiting other agencies. Correspondence file

Logeral Frame work Assumptions Aspects Summorsy of the Aspects meens of Indicatorss Vorrefecousion Demend for combit health of Heston Nore requist por Request corresponding Goal: hith progress, + idean touton in lettes commity Health - BETTERS, Bil + Consumer - People are working for terrosse: Create award. 6 Visitors Book News letter more mormation about tornly Hitt wess. Di logue + 3 steprieus - People coi II cope the 2) To evalve Educational. I racy papagrams/ hour linge totall's learne cuito train o fraguit input in albest prograsp 8troutegies ding the from Byrand Research starts oranted 3 To corder take represent program usi Research Strakes. une the roh findings research conducted - People will make tetuil expenditue on book (A) Develop documentation stagety for lithoung material, Resource fele, mornation decimenty and hiterarry - Share will be a - Part aperted in - Requesting letters, (Dialogue with Minutes of the meeting charge in a Lith policy hells planny Planners of planing. Cutput Change Litely to be Interviews, + corespondence People mitaking - Initahanel Comby Rest Letter, Telephone Change in he methods lay Comply Hilt Propost. of progen Implementator. Bobrespondance file - l'eople are requesting - Demonalfor for tigh programs - Records + carels information trelevent Visitors book; I People are wrong by in the library literature, med books Whomy + documendation gentre" Roh farely will fuple are arriving Research Research activities de souther easived out repeared be med, projects.

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& VACCINATION

Introduction

This lesson is to fine out with people referse to receive their children as to why vocaination is essential through or puppet show.

Vaccines, White Blood Cells and Disease Producing Cresms

In this lesson we will study what are the diseases which can be prevented by preventive Immunization. We will also learn about germs that produce disease. We will illustrate this lesson with some pictures. We will give you on exercise cohere you coill be asked to bring a list of vaccines that prevent disease as home cook.

Objectives Dist of cliseases which can be presented

by injections.

@ To give the injections to prevent certain diseases. Merterials Keeguired

1 Crood pictures of children with cliseouse

O exitten quidelines for the beaches hours

(3) Posters, about diphtheria & tetenus,

Lesson

Injections which are given into the skin: for preventing tuber culosis, Bees vacuine is given into the skin i.e. intra dormally

· Teach How T.B. Spreads - Describe the Symptoms of T.B. Such as cough, and loss of eveight - Tripple Vaccine This vaccine prevents 3 diseases. It hasts be given at the followoong ages To when the child is 1/2 178 old. (2) in a n 21/2 months orlal. " 3/2 " A In this way 3 di Let us now see which one these three diseases. O Diphthere'a: in this diseence a membraneous & dissue grows on the throat and makes scallowing food and breathing difficult. It is difficult to prevent death when disease occurs. (2) Whooping Cough: Look at this picture of this child. The child is lost lot of weight because the Severe Cough with repeated Swallow food; during repeated act of Caughing produces vomething of the food. This disease also difficult to eure and many Children die very fast. (3) Tetenus: hook at this preture of the chile! whoe's musiles are very stiff. It is

difficult to open the mouth. The body is slift and benef and archeel like bow.

In a village there was a nice & healty child for the pasents, they didnot take any preventive immunization. One day quict sculdenly the child had convertisions, not knowing the cause the powents took the child to a magicion inspire of that repeated convulsions occurred. The child coers taken to hospitals the doctor asked dis you not have any immunization, they said no. The child has now got teterus, there is no treatment now for it. It should be you had given tripple vaccin and you could have prevented the disease. Since you are the know doctors now if there are any children in your neighbourhood instruct their mothers to see immunize the child.

In the body there are white blood cells, their Cells com be seen only inder the micko- Scope. Germs com invoice the human body that is why how we get certain diseases. The femetion of white blood cells is to fight and clinainate there in vacling germs. In this class we will discus more about the function of where blood calls, Valeines, and how they fight against germs.

Requisements

O Film on immunization

@ TIMIPS Slides

3 Movie Projector

4) Fish-tomk

(4) Income there is no electricity you can use puppets.

Metho do logy

The main method is to involve the participants in discussion; asking questions and getting omswers

examples are

Teaches: what are the functions of the eye?

Strelents: Helps to see things & read book

Teacher: what is the use of the ear?

8 fudents: it helps to listen and anderstomes what others serys. Teaches: what do they do? Students: writing, eaching and walking and

Will multiply and this multiplication produces the disease.

Now (Showing the picture) what do you see in this picture? You notice that the white blood cells are swallowing up the germs and eating them up. The teacher asks, what well you do to see that the germs which enters in you body stoes not produce the disease?

Answer without fail I will later em injection of the valeines which helps the prevention

of the disease. I will also take such of those medicines which help to leitens the effects of the germs. These preventive

medicines com be taken orally as well as by injection. In this way when the disease merentry substances enters the body, the white blood cells get will use these substances to help it to kill the germs. When disease persons pass stoods they also pass out these germs. These infectees stoods are likely to contaminate the leas of people. It is also possible fly flies to sit of the stoods and then fly from there are dontaminate the food or milk that the child is likely to take take. In this way also spread of the disease occurs.

the disease preventing capacity of the mother improves. And this preventive guality is passed on during the regrowth of the child in the mother.

Weaning Food

Introduction

Mother's milk is likely to be sufficient for the baby's needs up to the eage of five morths.

After that other foods have to be added. In this lesson we will give deterils of what foods have to be ordered and when.

objectives To give details of what foods High Needeel

1 Posters Pictures

@ A healthy child

(6) Unhealthy Che'ld

@ Various kinch of foods.

Con Cerebre Tin.

(e) M Household Measures.

Br farex.

G1 Hoslicks bostle...

Lesson: pictures of the Look at these ditol (show chait)

healthy + Unhealthy child, what are Com you describe the differences between these los pictures. what is the reason for This for imhealthy looking child, heters analyse look at the reasons.

Story: This child's norme in mon Mani The mother hers given adequate come to

Mani. Eventhough the mother seons tobe giving coure this chi Morni looks unhealthy. Though hen 1/4 years old, he is not able to walk. Man's mother seys, She doe I cannot emcles stand why he is so weak, evel though I give boins whatever he asked. The far A girl called Kala, for strelent of 11 suddenly come and was shocke asked why this child looking weak, what you give him to eat, She asked? mami's mothers amounted that The gives milk bought from the shop along with some bread and sweats & toffee 5 Itis Kala seid this is not appropriate food for the growth of the child. Specific questions about when the child termed over or when it sat doe were able to sit without support will help in knowing whether the child is growing normally. If the child has been doing there at there times At shows it has been growing normally. up to this ege Cs months I - But from the 6 month onwords byrowth will be retained of contess other foods other than milk one added to the child'sthat diet. For example, the child can be given: rage kanjee plantons, greens, eggs, idly, masked gram with sugar. Mother said she didnotysive there foods an she felt that the child well not be able to digest these foods. Show was then It was that explained that del lhere foods in small quembity com be given and in course of Ime

the child will be able to eat more grantises and digest them. Manis mother was encouraged to give some of there food: worried again it was explained that these food should be given in small grantities to begin with, then the mother I have already brought the mills from the shop. Kala their explained that the milk from the shop most will be mostly water that milk is will not be nutritions enough. Then the mother said the are adding two in addition adviced that with one limples of milk two spoons of pourte powder, two spoons and Sugar, one spoon of cooking oil com be mixed and this well be sood for the Child. There is no need to weste money on Farea, Cerelac, etc. and such other foods. We can also make flour out of all the Celeals like rice, rage, wheat and there can be aried as part of the diet. Ernjoh It is good to emphasse that the feeds must be given in small quantities at a time and at frequent intervals of two hours.

Jordroduction By percodically weighing the child cut regular intervals we can dignose lektain ilmesses early which helps In giving early treatment.

objectives for the Lesson

1) Assessing whether growth is matching with the age in months.

2 70 diagnose clicky deficiency and provide advice on corrective measures. with specific dietry advice.

(3) To help in early diagnosis & treatement.

Maderials + Aids Reequired

1 Flannel graph

@ charts, pictures of healthy + Unhealthy baby

Method of Presentation

Show the picture book look at this child?

The child is 80 weak that it is to recognize that it has got some disease. You see the this picture Canother picture). The child has been told to come regularly for weighing. But the child has lost lot of weight and there fore the mother little fuightened to bring it for getting weighed. The rurse suspected that the child has developed tubes culosis. This dignosis might have been suspected easier if weights were taleen very regularly.

The marise showed the graph of the Child's weight of streadily growing up devicing the previous months. But now there is so sudden drop is the weight the mother also said that she storied to give the child more food,

inspire of that the weight was not increasing rather; it was goe still going doesn further. I This is the first suspecion that the child may have litterculosis and this fest can be confirmed titer other lests like X-rays. Therefore it is to be noted that luberculosis can be suspected just from the observation of steadily loosing weight inspire of good feeding. This proofs that the activity of regular weighing help in to aliagnose disease easily.

D. S.S. School Health Programme

NUTRITION

Introduction

our everyday food should centain all nutrients. Our everyday meal not just for hunger sectisfection but also togain the untrients necessary for the growth of our boely. In this way we can prevent diseases that are consed due to malnut in tion.

Objectives

To of celucate the necessity for Carbo-hydrates, proteins, minerals, vitamins, fats. to be included in our daily food?

(2) To know that low cost food items com also provide the necessary nutrients

(3) To prevent diseases that are caused due to malnutision by knowing the be industadij the good fies of good food.

Reequirements

- @ Healty baley's chart
- @ Malnutrition child "
- 3 Hard working and Normal working postons people schoul.

Let ers look at the schart - (showing hard working man). Look at the other chart Shoeving a lady bending and cooking

Among these two charts we can see that the locky is working hard what closs she eat everyday? She takes only sice and propossingly and she gives her children the same. The man who is not doing much physical work eats more than the lady who is doing hard work.

In a place called Romnogar there lived Velamma fond her husband. IMunigen and their Child Mirringan. Schools have closed for holderys and he is planning to go to his uneless place a enjoying his holidays He enquired about his unele and wood told that he was very Weak and cannot nock. Murugan was also to be that he was taking tonics and vilamin tablets which costed Rs. 43. Later Murugans and offered him sice + porridge and some pickle. Marugan has asked whether they are taking the same food everyday. He adviced his aunt to take nutritions food like cereals, puber, green leafy regetables, eggs etc which does not cost much. which is better them taking tonics: If we include all there item, in our everyday meal, we will be able to prevent the diseases due to malnutrision. His aunty was very glad and premised to take his advice.

Note to the Stretent.

Like Maring on 1904 com also
fell your relatives to include take nuclaisions food

het is see how to prepare food without loosing its nutritions value. Morny people donat understand the money they spend for por food like soggi, egg etc.

Objectives

This lesson let us see you will understand

how to cook regetables, cereals, pulses et without

loosing it value

Objectives 1 How to increase hutritive value of food.

(Keeguirements @ Projector, and Screen and Slides.

Note to the Teachers

1) To be explicituded chearly using slide Projector

D Invite participation from children.

(3) The three stories have to be told with some in-terval in between.

Lesson

We saw in the last lesson cohy nutrities food is impostant for our food health. In this lesson let en see how to prepare need réboen food.

There was a lady called kupparmon who have a child celled kupper, Studying

in the 4th Stel. it is mother took him to the doctor for a general check-up. The doctor told kuppamma their nothing wrong earth him, but he has to be given good nutricitions food. Kuppamma steated giving food 3 times a day, Evenafter this kuppandid not get improve. She look him to the doctor agam, the doctor said that their is not renough if he is given food 3 limes a day but he should be given nutricitions food (be charted) - (Show the slide I. There is a plate that of food and a bottle of oil -> Kuppamma gove food added two leaspoons of oil ord gove food to kuppu.

This is to show that children given mothers wilk are generally much more healthy and have do times chances of oxemerining orlive dring clidhood their those who do not have enough mother's milk. But many mothers feel that if they breast feed their children, they will loose their form and beauty. And therefore they prefer to use the tinned milk powder for mothing milk and feeding the children. Now we will Show you the pictures how mothers milk 18 best for the child:

We will also tell you the harmful effects of feeding the reconstituted milk

brough feeding bottles.

Objectives

D'Enumeraite the benefits of mothers milk

@ To emphasise that the breast feeding reduces the chomees of getting diarhoear and other

Instructions to the Teacher

@ whey you show a picture (flash cards) encourage the mother i.e the learner to descrete, what is there in the picture.

You (feacher) should not try to describe me picture yourselves.

De See that more ham one person is encourque to feelk, ask questions and describe the

pictures. Try to give some home works also.

Lesson Sponafter
when the child is born mothers are anxions to give milk. Usual pattern is to give mother's melle or cow's melk However mother's milk is considered the best.

what are the Advantages of Mother's Milk

@ hook at this first picture. This shows mother's meth and cow is meth in two different templers. They look alike and clean but the cow as you know walking around in much and lying down in disty places and grazing in all kinds of places and it is likely to be contaminated with unclean mud and other dirty materials. Sometime and the Cow and it's breast is not washed proposty, Thex 3 dirt can be mixed with the milk who melking the cow : But the dirt is not obvious and not easily visible. In contrast mothers milk is likely to be much cleanes because the mother is usually both one clear

(2) It is easily and quickly available. (3) It is cheap

@ Appropriate nutrients is found in mother milk in correct proposions In contrast the nutrains on cow's melk, though present are not in the right proposion needled for the growing human Child.

3 Mother's melle contains substanctes which converthe corparity to prevent illnesses in the growing child.

naother's milk should be given to the

growing child as long as it is outsilable, prepally till the age of one years. therever when the child is Six months old we must begin to give other foods in addition to mother's milk. I mean mother earnot produce milk, before can produce constitution against mother cannot produce milk, before on produce constitution diarrhear is getting bottle, but chances of getting diarrhear is getting high, but it is advisable to give by clave (a small grown) therefore it is advisable to fee a by any clave (Short-hardle spoon). Since you know the end venlages of mothers milk it owill be appropriate for you to spread he messages to like mothers, who are feeding babies.

In some instences where mothers is milk is feel, the children may not pass medion for even up to two days, in some other instances some children may have 8-to motions a day, in either events both instances there is no need to every. Unal current children who donot pours motion for one or two day is to give castoroil.

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Isn't a't a custom to give castoroil.

Is one of the effects of white feeding Castoril it might go though the weined pipe and product preduct preduct preduct preduct preduct preduct preduct preduct beauty that is dangerous to the life of the baby.

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27/9/14 PROBLEMS IN THE PRESENT HEALTH CARE SYSTEM. * western system of medicine - more prominence.

i introgenesis, professionalisation, certralisation, mystification, specialisations, * Soldier Committee - bougloot doctors! : community postidoation. * Looks' at beatment of illnesses you se, but doesnot lake isto factor the Cassociated Coural - effect relation ship between various socio-economic factors like poverly relating to illetracy, the caste, class system, land holdings etc. Gross maldistribution of all resources and pouvers. Fundamental courses of vill health que ignored. Social injustice. Street Children & Rag Pickers, Problems and idreas of Interventions i) Medical. 2) Psychological / Psychiatric.
3) Social / Damilial. 4) Legal 1) Medical -> medical problems - skin diseases, respiratou plons eté, nutrition.

-> access to medical care - drugs, personnel.

-> Deug abuse / addiction.

2) Pay 1+c > adjustment coping mechanisms / adjit.

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பர்காம் உற்கேப்படுத்தும் உறை கேறல் கானகள் நாக்கே ஏர்த் தோய் உர்வமல் மாதுக்கை மூபதாகு நாம் கரம் காப் திக்க் தேப்படுத்தும்

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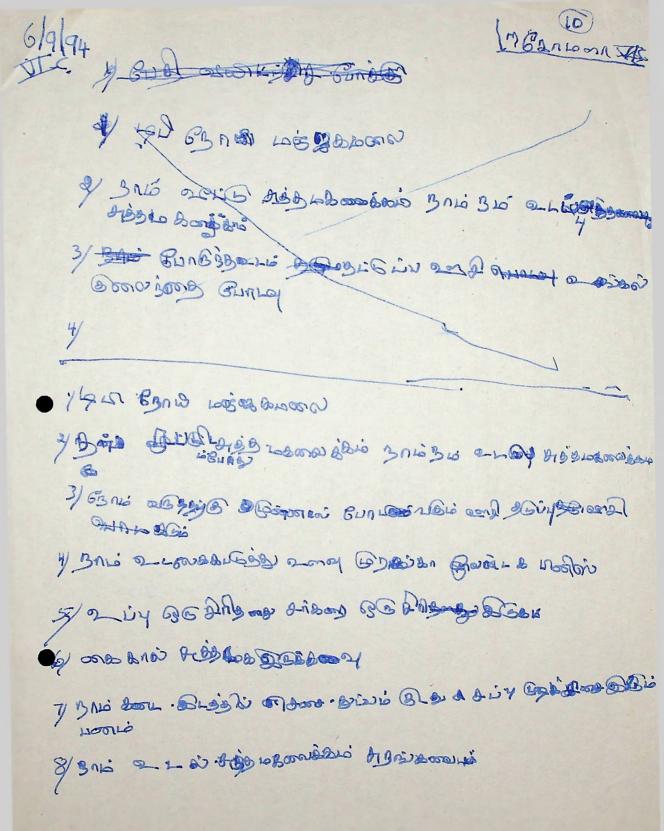
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Objectives.

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இடிந்தையுன் பயர் மணி. அறுதுடைய அட்டுள் நண்றாக கிறுவிர்த்த் தொண்டுமார். இருந்தாமும் பார்த்திய (மணிபரிதோய்க அடுக்குரன். இவருக்க உயது 1/4 கேகியும் குடக்கவேர். கிறுக்கவர இவாரு. அடுமாவுக்கு அரம்ப கூறனை. கூயன் சுன் திப்பு அடுக்கிறு வன்ற வதுரிய உரன்னை. இவன் கேட்கிறுகை என்னாம் ച്ചുന്നുള്ള മുത്തിരുന്നും भागा कार्य कार्य कार्य कार्य गाया कार्य BITOLINIA DESECTION CONSSOR STORES BONTI STORING CONSSORED ഉത്ത இடி வக்குத . +1 படிக்கும் இன்கு காணர் மணியைப் பார்த்த भाटिन ज्ञां क्रिएए क्रिकां कामानकां ? नाळांळा जिकारिकां में में में के कार वाळां म (किट्रिक मिल्ला अम्म मिला कार्या किलाटा प्राण प्राण किले () मार्ग , றுராட்டி, கிட்டாய் சில் வாம் டிருவதிரை திசாண்ணார்கள். கலாஅம்வ இடிக்கைக்கி இ சு ஆடு உண்ணு இல்லை. இடிக்கை சின்ன சியல் Triorto Ostives Consider Contra Consider The Longing of Bigg Usas (8) Ding confia obusion of otolovario oranial Deromonant > अनुकातक в जामणं क्रिकां अकेंद्र म्मणं पान्क्रिके Compy क्रा का का का कि एक Consorter, other confin 2000 por Lorie, Ugio, Bont, Great. Scory, एकिएन एक्षेत्र सांक्ष्म्यामात्र्यो अभाषाक्ष्म हिन्द्राक्ष्माका विकास HUGGA FOR BENDER DEMONTE OBATOR STON COETTES ठिकंपमार्ग महामिक्त आर्थकार (Question Cost's Costario)

Bording anomy Donath of Ung original of the 2 motario ிகாகுக்க கூழ்டின் அடுக்கார இப்ப இகாகங்க அரை ஆ கொள்வவும் அம்மா கிக்கையார் விக்காகுக்க கணைவர். அதனால் இப்படி Uashiu6334 2000 वाकाय क्रिकार तिमार्कित टिकार्कित विमार्कित केराहिएगई भागका उपरात लिलेल . प्राप्त हताया तथाय किर्याय अथपाय अथपाय एक्डिएं र क्लाका की म्वारं एकिएमाल किंडिएं हिएम की का मिडिएं मांता एक् अयम जानिक , माम एक यामा मामा मिलिक हिल्ता . भेषु ज्ञानु ह मैक्नी कर्या में मका क्रिका क्रिका करात्तु, अक्रिका अमार्थ सम् हे किल क्राय. युक्त Licontai Unay (कर्न 2 कां पुरुष्टे (करा) , अका 2 कां पुरुष्टे कि ति का कात कि कि Boi ova, अने कुटको Boto Esponal Adantoon: एत्र मुनं करें। जिस्तीकार्ति அடுள் போன்வுறு றின்ற உராவிக் அதி கிகுறும் இரு அன்றும் இல்லை Unov क्षाकां, अम्मूलि केतास जाकायामाव्य ठीकाय ? अकाम की कीक्षिणाळांम Q प्रम माया ही प्रवर्गात का हुम्यामित (व्यामाप हुन् मायाम कार्य का कार्य का कार्य का कार्य का कार्य का कार्य का Derig Dougos Enide, Me whoward & 816 & Famos இதாருக்க வேண்டும். உயிறு திறியதாக இடுப்பதால் அடிக்கு இதாகிக்க Commigge .

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Introduction:

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