



*Report of the field
placement during the
Community Health
Internship*

March - September
2004

Prepared by:
Dr. Sandhya Y. A.
Community Health Internee

Community Health Cell,
Bangalore

PERSONAL REFLECTIONS AND REPORT

- Dr. Sandhya Y. A.

Contents

1) INTRODUCTION	2
2) ABOUT THE ORGANISATION	2
3) ABOUT THE TRIBAL INHABITANTS	3
4) THE PROJECT UNDERTAKEN	3
5) REFLECTIONS	4
6) EXPERIENCE IN VIVEKA TRIBAL CENTRE FOR LEARNING (VTCL)	4
7) “LEARNING FROM ONE ANOTHER”- DENTAL CAMP EXPERIENCE	4
8) “HADI” VISITS	5
9) MY REFLECTION ON THE LIFE OF TRIBALS	6
10) ABOUT THE TEAM	7
11) COMMUNITY DEVELOPMENT PROGRAMME MEETING ATTENDED	7
12) WHAT I LEARNT?	8

ANNEXURES

1) FEEDBACK AT THE END OF PHASE – I OF TRAINING	9
a) SUGGESTIONS FOR FUTURE PLANNING	
b) SUGGESTIONS FOR TOPICS (FINAL 3 WEEK PHASE)	
2) REPORT OF GROUP LEARNING SESSION (March 29 th – April 4 th 2004)	11

PERSONAL REFLECTIONS AND REPORT
ON MY INTERACTIONS WITH TRIBAL COMMUNITY IN SARGUR, H.D.KOTE TALUK
THROUGH THE SWAMI VIVEKANANDA YOUTH MOVEMENT, SARGUR

INTRODUCTION

In the beginning of my internship in CHC, Bangalore, my aims and goals were not quite clear. I was a bit more confused as to why I was here in CHC doing community health rather than being in the clinic, though my priority was to understand the community as a whole and the importance of health in it.

During the first phase, my confusion was more when I started learning about an entirely different concept of health which unfortunately even today is not included in our academic studies, but the field visits during my 1st phase made me understand the community, but through different peoples / organizations point of view. This strengthened in me the desire to look at the community from my point of view, to understand them and learn more about them. So this was how I went to Swami Vivekananda Youth Movement, Sargur, as a part of my field placement for four months during this internship.

ABOUT THE ORGANISATION

SWAMI VIVEKANANDA YOUTH MOVEMENT (SVYM), a voluntary organization, was born in 1984 when a group of medical students at Mysore medical college, became increasingly aware that the career in medicine they dreamed of pursuing was very different from the practice of medicine around them, and especially in the scenario of the lives of Tribals such as the Jenukurubas, Kadukurubas, Soligas, Paniyas, Yeravas, in the remote forests, when their habitats was submerged under the waters of Kabini reservoirs. In the unfamiliar, unhappy environment, they were not only illiterate, and underdevelopment threatened their very survival.

- The young doctors started by supplying physician's samples to the poor patient's and then moved to running rural weekly clinics.
- In 1987 destiny brought the doctors, to H.D.Kote one the most backward taluks (of Mysore district) in Karnataka, which was the home for the displaced Tribals.

- Initially a primary health clinic was set up at **Brahmagiri** which during the course of time SVYM began by setting up a small **10 bedded hospital at Kenchanahali** followed by a multispeciality hospital in Sargur which is a 60 bedded hospital known as the **Vivekananda Memorial Hospital**, which includes ophthalmology, general surgery, dentistry, ayurveda, orthopaedics etc.

Mobile health units are also provided by the hospital to reach the unreached.

- The educational activity carried out by the organisation is through the **VIVEKANANDA TRIBAL CENTRE of LEARNING(VTCL)**, a semi resident school at Hosahalli which provides education for over 400 tribal children.
- As a part of **community development programmes** their aim of creating self-sufficiency through pooled resources, networking, and education are being developed, refined and promoted.

ABOUT THE TRIBAL INHABITANTS

The organization focuses its attention mainly on the tribal adivasi people who can further be divided into 4 main groups, which are as follows:

- Kadukurubas
- Bettakurubas
- Soligas
- Jenukurubas

The Kadukurubas are the wood gatherers and Jenukurubas are the honey gatherers. The majority of the populations belong to the Jenukurubas. A group of tribal people living together in small groups is known as a 'Hadi'.

THE PROJECT UNDERTAKEN

As I am linked with the medical field, I worked with the team in the health department. As I was interested to study the oral hygiene status of the people in SVYM especially among the Tribals so I undertook a project to study the oral hygiene status among the Tribals and non - tribals.

During the first month of my stay, the target to be studied for the project was 300 subjects who were randomly selected and interviewed about their oral hygiene practices and habits which included betel nut chewing with or without tobacco, smoking, alcohol, and the times, means, method, and the number of times of brushing. I used standard indices to study the oral hygiene status, which were the OHIS Index by Greene and Vermillion, DMFT index by Klean, Palmer and Knutson.

REFLECTIONS

At the end of my 4 months I managed to undertake a study of about 400 people and learnt that their habits of chewing betel nut leaves with tobacco exists in a wide range both among the tribals and the non tribals, the percentage being more among the Tribals. One interesting factor learnt was that caries (tooth decay) was a factor not present among the Tribals for which I think may be their food habits of using more of tubers and leafy vegetables, and more or less even the betel leaves chewing contributed to it. But in the due course of time I believe that oral hygiene is not an important factor to all of the Tribals. This I thought may be due to ignorance or the lack of awareness of importance of oral hygiene. This I support because on my educating some of the subjects who were used for the study they responded well. Though all could not be followed up some of them did turn up and share their change of habits.

EXPERIENCE IN VIVEKA TRIBAL CENTRE FOR LEARNING (VTCL)

During my stay, I also had an opportunity to visit the tribal residential school and imparted my knowledge about the importance of oral hygiene practice with the children of the high school. Around 100 students attended the class on oral hygiene. This was an enriching experience because apart from the sharing of dental health knowledge, they also shared their culture with me. They sang a tribal song, which was very nice, and it really was a nice feeling to be a part of such a rich culture. I did teach them a patriotic song too as it was on the eve of our Independence Day celebration.

“LEARNING FROM ONE ANOTHER”- DENTAL CAMP EXPERIENCE

Along with the project work I had an opportunity to work for a dental camp, which was arranged in the month of June along with a team of dental students and dentists from Singapore. They were representatives from Singapore International Foundation, Singapore. We had a wide range of people here during these camps as we also had internees from Farooquia Dental College, Mysore, and social work (MSW) students from Bangalore University as volunteers. I took the role of a

coordinator for this camp. It was a wonderful learning experience to coordinate a huge team of 50 members wherein I learnt a lot about my administration and management skills, how to work in a better way when you are under peer pressure, and how good communication helps to get along well during these few days to make things happen.

It was also quite inspiring to know how collectively the team from Singapore worked. Their level of dedication and commitment to work was tremendous. And their willingness to adapt to our culture and food in a very short period of time was also inspiring. I also appreciated the feedback sessions held by the Singaporeans, everyday after the camp. Now I learnt that after our 1st half day sessions may be it could have helped me better if I could have arranged such feed back sessions among the other dentists from Mysore and the MSW students, as I did face a small hindrance in my work to work as a team with some of them during the camp. But the inspiration derived from the team made me adapt to the situation very soon. The support, which was tremendous from all of them as a team, may be the reason for the success of the whole programme where in around 1400 patients could avail free dental treatment and around 4000 school children got dental education. I also learnt that organizing any camps without prior preparation, would surely lead to a difficult situation and also the sensitivity that we need to handle the public during such camps.

“HADI” VISITS

I also used to go on the mobile clinics for a few days and visited the tribal leaders on the head's. This was mainly to learn their way of life and to do a part of my project work as well.

Apart from my routine clinical timings of being in the hospital on Tuesdays and Fridays I used to visit the Kenchenahalli hospital (the primary care hospital of SVYM) on Wednesdays as the tribal patients visits there were high. I got an opportunity to learn about their oral hygiene practices. I was also a part of the health check up camps held in the two hadi's and shared with them the importance of oral hygiene.

“**Vidyavahini**” a mobile education unit for the tribal children was being visited by me where around 50 children were being checked and oral hygiene education was imparted to them.

MY REFLECTION ON THE LIFE OF TRIBALS

During all these interactions with the tribals I felt that their way of life, the way they accept situations in life is quite marvelous. The simple way of life either in dress code or in food impressed me a lot. Where we being provided with everything in life we still grumble for a lot of things and the tribals with nothing as such when we see from our point of view still live happily this I must say is a very big lesson of life for me. Though I know it surely would take some time for me to change but I believe I've changed a bit at least now the way I look at life and the positive side of it. The rich culture of the tribals was indeed inspiring and an eye opener for me. The way they preserve their culture was also very good learning experience.

The negative thing about these tribal communities was their refusal to accept the better things in life and their lack of giving importance to some aspects of life especially health. For example ***there was an incident wherein a pregnant women in a particular hadi had just delivered a baby about 20 minutes before our arrival. It was just a coincidence that a doctor and myself happened to be there. She was not willing for us to examine her as her placenta was not completely removed out of her body. On our pleading requests also she didn't yield and we just had to wait and watch until the whole thing came out by itself.*** This was a bit disturbing for me because after 20 years of SVYM intervention also the people don't understand the importance of a healthy life. Oral hygiene was very much neglected. I think this kind of situation tends to make us feel more demotivated or dejected to work for a better cause. The tribals they were also very hard and blunt about certain beliefs. For instance on every mobile visit we went we used to find some emergency conditions. However the patients were just not willing to go to a specialist center for check ups. They also usually refused to take the proper full course of antibiotics, thus leading to infection or resistance to the drugs. All these were instances where sometimes I used to feel that they just can't be changed come what may. I did also notice such frustrations among some of the field workers. Now I have come to an understanding that everybody needs time to change or adapt to situations.

I believe that we need to learn a lot from the tribal community especially the harmony they have, their very concept of making and recognizing each and every person in their community to be their own. But some customs such as having multiple partners, with no definition of family is quite disturbing. But I believe that it will also change in due course of time. The most disadvantageous situation that I have seen among the tribal populations was their addiction to alcohol, smoking and above all the use of betel nut leaves along with tobacco. But as I worked among both the tribal and non-tribal population I

noticed that the non-tribal population were willing to change these habits after educating them, but the tribal population were adamant about not changing their habits. The reason for this is still not quite understood by me.

During all these involvements also had an opportunity to train the paramedical staff and the health workers about the importance of oral health and how they could try to understand the problems concerning oral hygiene in order to help people they are working with to maintain good oral hygiene

ABOUT THE TEAM

About the team I worked with, it was a great learning process for me to know and understand so many people around me. To be a part of their joys and sorrows was really an enriching experience. The unity and harmony among the field workers especially was good. The transparency was more among the field workers level, rather than among the top-level workers. Though problems and difficulties were being shared with everyone in the movement during each monthly meeting, I strongly felt that the feeling of working together for a common goal without hierarchy was missing. But I felt during the course of time that it was bit more difficult than I thought to achieve it. But I strongly believe that things can change if we try a bit more towards filling that lacunae. However the love, concern, caring and support of each team member was overwhelming.

COMMUNITY DEVELOPMENT PROGRAMME MEETING ATTENDED

I also had an opportunity to attend a meeting of the tribal youth of Jaganakote hadi. This meeting was to understand the importance of being together and working together to build up a good community. The youth here were representatives of their hadi's and their average age was around 14 to 40 years. It was quite inspiring to know the way they shared their feelings especially about the issue of conversion of tribals to Christianity in some hadis. The tribals were very frustrated about this, and they were demanding from Dr.Seetharam, Head of ROHINI, who was invited to give a guest lecture, that they have to decide on whether such people should be sent away from the hadis, because if they stand on the ground we worship our God, it will be a curse on the whole hadi. But I thought Dr.Seetharam handled this situation very nicely. He said that religion does not matter they do not harm the development of the community. Once such harm is done then we need to think of other ways or strategies to handle them. He also asked them to understand why such things are happening in their community.

This was one of the most inspiring incidents, I felt because the openness of the tribal head to understand and reflect was really encouraging.

WHAT I LEARNT?

During these 6 months of my internship in CHC, it was a good learning process. When I first came to CHC, my only aim was to make the people around me know the importance of 32 teeth and the effect of good oral hygiene on health of an individual; and I always visualized that at the end all those people in the community who thought and challenged that 32 teeth were not important, would realize their importance. But as a contradiction I would surely say that more than for the people, it was I who learnt a lot. It was like these 6 months was like a period of tranquility for me, wherein I learnt what I am, and learnt to reflect and understand the world around me. All these things, which I experienced, were not at all ever thought even in my wildest of dreams. This was especially about the tribals, because I always used to believe that tribals existed only in Africa but the very fact that they are my neighbours was not known to me. Thus during this learning process about myself I learnt that I can improve my leadership skills and my way of communication, It was quite a happy situation to be a part of the joys and sorrows of people.

This experience has allowed me to grow individually as a person especially in matters of thinking creatively, positive thinking, the art of listening, reflecting, teamwork, to be a good team member etc.

Now, since I know about a wider aspect of the world I live in, it just motivates me to continue learning more about life by being more with the people, and working with them to build up a better community.

The dilemma of course is my family. I think though they support me are a bit insecure thinking about my security in life. But I strongly think that this will also change in due course of time, and I would never afford to miss an opportunity to work with a community for its development along with handling the continuing dilemmas with sensitivity.

Now, I think that wherever I will be or whatever I do in future would be on the grounds of what I learnt during this six months of what I would term as a “golden period” of my life in CHC, and build upon it to be a good community health worker and above all a good human being.

FEEDBACK AT THE END OF PHASE – I OF TRAINING

At the end of the phase, I training of the community health fellowship scheme; I have unlearnt many of my concepts about medicine, in particular regarding dentistry and learnt about the overall concept of “Health” and its importance in the capacity building of a community. The various sessions, the readings, presentations, field visits, discussions, etc. has taught the deeper understanding of different communities, the networking of different organizations, etc.

The sessions on community health and its dynamics gave me a new insight about the linkages between health and community development. The importance of shifting one’s thinking from an individual to the community is now known to me, and my role as a health worker in a community is defined.

The sessions on health situation in India, global health and the importance of the socio-epidemiologic analysis taught me the present health situation in our country and the need for data collection when working in a particular community. Also the sessions on health policy of our country in particular our state and the functioning of the primary health care in India was enriching.

In our guest lectures, we were exposed to different people with very different approaches towards the community they were working with.

The session on understanding nutrition and ways of attaining good health with very simple food, by Ms. Padmasini Asuri was good. I learnt easy ways of preparing good nutritious food.

- The low cost effective communication session by Mr. Krishna was indeed very interesting and I learnt some ways of easy communication with people.
- The session on joyful learning experiences, conducted by Dr. Uma taught me very new way of handling difficulties in communicating with people, by playing games and being able to send our message across to people.
- Also our interaction with the government people in the health centres helped us to learn how they function.
- The sessions with Dr. Mohan Isaac on Mental health, Dr. Devadasan on the ACCORD story, Sr. Aquinas on CHRP, Hannur, Dr. Sunil Kaul on ANT, etc. helped us to learn more about the different aspects of health in its own ways.
- Our different field visits have been very enriching and useful learning lesson in different ways. Our interactions with people of different communities and people from different organizations helped us to understand the various cultures and unity among the communities. We were able to recognize the strengths and weakness of the organizations. In our visit to the Tibetan camps, we learnt about their approach to medicine and treatment. We have also learnt how the organization there functions and how they do community development in their own way.

By being a part of meetings in self-help groups in Sudamanagar, and in the curtain raiser campaign for World No Tobacco Day, and in the people’s health day celebration we were exposed to many different situations and learnt many new things during the course of time.

The Reading presentations were very useful.

SUGGESTIONS FOR FUTURE PLANNING:

- As I have observed, a little insight needs to be given before hand on the project which we will be going to visit, so that we may foster a deeper understanding of the work done by the organization when we go for field work.
- I feel that an hour or two should be dedicated for discussions on various topics everyday. It would be useful especially in the afternoon sessions after lunch.
- Due to packed schedule everyday and weekends also, very little time was available to read - be some space should be provided for reading.
- I feel that reading assignments must be given twice a week so that many issues can be discussed. And also document the reading assignments must also be documented, so that it can be used as reference later on.

SUGGESTIONS FOR TOPICS TO BE COVERED IN THE FINAL 3 WEEK PHASE

- Panchayat raj in India
- Health/healing – traditional / alternative systems
- On various common diseases like malaria, etc.
- On different topics like rational and irrational use of drugs.
- Role of health workers in disaster management.

REPORT OF GROUP LEARNING SESSION (March 29th – April 4th 2004)

We the fellows had attended different sessions on different aspects like :-

- Recap of week 2 by our fellow team member Ms. Shalini, which was followed by group discussion.
- 'Joyful learning – different ways of communication' by Dr. Uma.
- Visit to Sudhamanagar, Airport Road, Bangalore – to attend Community Meetings and to participate in the decision making about certain issues.
- We attended the meeting on World No Tobacco day: to understand the networking among the different NGOs. The venue was NIMHAN's de-addiction centre.
- Visit to the government health centre, Koramangala and dialogue with the government health team
- Field visit to Swami Vivekananda Youth Movement, Sargur, H.D.Kote to learn about the health of the Adivasis.

Sessions taken included –

- About Primary Health Care in India and various National Health Programmes by Dr. Thelma Narayan
- Talk about Community Health Approach to tackle alcohol to tackle alcohol problem by Mr. Rajendran.
- About community development and panchayati raj in India by Dr. Paresh Kumar and Mr .Chander.
- We had reading assignment presentations on the Anubhav series book which was selected by all of us and the topic included:-

SEARCH – Society for Education, Action and Research in Community Health.

ACCORD- Action for Community Organization and Rehabilitation and Development.

LBP – Lok Biradri Prakalpa

CLWs – Comprehensive, Labour Welfare Scheme by Shalini

Shalini, Sandhya, Amen and Ameer respectively.

During the last week, we learnt:-

- How to make health and its concept very interesting to the common people by different ways of communicatons like playing games as colour combination games, painting game, chain game, etc., which was shared to us by Dr. Uma in joyful learning.

- The most interesting and existing game was the pulley game – where we all enjoyed playing and learnt the most simplest form of giving your message of health across to the people.
 - We also learnt how to use our creativity to communicate with the people.
- We also learnt, about how the concept of Primary Health Care evolved in India, like many committees were formed and reports were given and many concepts were recommended and only some were accepted even long before our independence. Some of the committees and their recommendations are as follows: -
1. Bangalore committee (1944) focused on mainly: -
 - Environmental health
 - Public health engineering
 - Health finance
 2. Mudaliar Committee (1961)
 - Health Insurance and cooperatives
 - Administrators reformation
 - School health bureau
 - Family planning, etc.
 3. Chadde Committee (1963)
 - Malaria
 4. Mukherji Committee (1965)
 5. Junglewala Committee (1967)
 - Block health education
 6. Kartalsingh committee (1972)
 - Multipurpose workers and supervisors (both male and female)
 - Referral system
 7. Srivastava Report (1975)
 - Community Health Worker – One for 1000 population
 - Medical college linkage with health services

We also learnt the work which should be done in Primary Health Care like: Water Sanitation , Maternal and Child Care, Prevention of diseases, Immunization, emergency care, promotion of mental health and health education mainly food and nutrition.

- We learnt the positive and negative aspects of different national programmes held in India on TB, Malaria, AIDS etc.
- Mr. Rajendran shares with us regarding the community approach towards tackling the alcohol problem in a community through various ways such as counseling a alcohol addicts and also by forming youth groups, the women groups, etc and conducting lifeskill education for children.

- We also attended the womens' meeting in Sudamanagar colony and learnt.
 1. How CHC was co-coordinating with different NGOs. Also in Navajeevana we learnt how the women of the self-help group were participating in the community development programme.
 2. The meeting was scheduled to take place that day but the meeting was postponed to other day (April 6th) to discuss about the drainage problem in Sudamanagar.
 3. On Panchayat raj and community development in India we didn't have an elaborate discussion, so it was very minimal understanding. We would like to have more information about it to understand it better.
 4. One our visit to the population in Koramangala, we learnt how the health center functioned and also learnt, about the various programmes they undertake like
 - Antenatal care
 - Immunization programmes
 - TB
 - AIDS
 - Family Planning etc

On 2.4.04, Friday, we went to Sarguru to visit SVYM, H.D. Kote to know about the health of the Adivasis. In those 2 days we visited the projects which the SVYM have undertaken. All the tribal people are given free education, free supply of drugs, etc., apart from the registration fee of Rs. 5 for their treatment in the hospital. We had a brief orientation in which videos were shown which explained the works about the adivasis health care. On Friday, we visited the Viveka Training Learning Centre, Hosahalli, which is the school for the tribal people. We learnt their informal way of educating the tribal children in their own way, like open class for 1 –6th standard children; how the text books are revised and reformed to make it very interesting to the children and; how the teachers were trained there for 2 years, to be patient to the children. We all appreciated their extensive approach towards modern education such as use of computers, sophisticated labs, library, etc. When we interacted with the children, we learnt a lot about their behaviour and culture, that though they are of different tribal groups such as the Jenukurubas, Kadukurubas, Soligas, etc they all lived together in good harmony.

We also learnt about how agriculture was given importance in their curriculum. Kitchen, gardening was taught to the children, and this was utilized in their kitchen. The entire vegetables were sold and that money was collected by the student's association which was headed by one of the student. This money was used if any child wanted to replace the books in the school which were lost.

ABOUT HEALTH

There are two hospitals with a mobile clinic. The main hospital is the Viveka Memorial Hospital in Saragur and is a 40 bedded hospital which is also equipped with specialties in medicine like orthopedic, Dermatology, Gynaecology, Dentistry etc. Here the tribal people get subsidized health care.

Also there is a hospital in Kenchanahalli, which is 10-bedded hospital. Both Ayurvedic and Allopathic treatment are provided here. The choice of treatment was purely based on the tribals' selection.

The mobile clinic goes to all the hadi (the tribal settlements) every day except on Friday and Sunday. We went in the mobile clinic on our 2nd day ie on Saturday. The visit of mobile clinics was strategised into zones in the 52 hadies, which was covered by the people of Swami Vivekananda Youth Movement. This mobile clinic provides treatment to the sick in the hadies and gives drugs at Rs. 2/-. We met many people and learnt about their economic and social, cultural background.

We learnt about how the tribal people follow the social custom of marriage, their food habits, family structure, earning livelihood, their way of life, especially belief in God, festivals etc.
