

Community Health Learning Programme 2009



Source: Community Health Cell

A Report on the Community Health Learning Experience

Shivakumar N.

Community Health Learning Programme

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REPORT

Shivakumar N.
Intern, Community Health Cell

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My Journey in the Community Health Learning Programme

I am a social work graduate from Kuvempu University with medical and psychiatric social work as my specialization. I came to know about Community Health Learning Programme from my professor, Dr. Chanveer Matapathi, and Mr. Karibasappa. When I heard about this programme and read the brochure, I thought that this programme will be a good space for me to develop myself in the mental health field. During my post graduation I was thinking about how to know about mental health in a deeper and a wider sense.

When I got news of my selection I was very happy that CHC gave an opportunity to explore community health through CHLP as full time intern.

During the orientation period and the remaining eight months my mentor Mr. E. Premdas along with Dr. R. Sukanya, Dr. Ravi Narayan, Dr. Rakhhal Gaitonde guided me to explore community mental health. During the learning programme I shared my journey of experiences with my fellow travelers -Julie, Shelley, Tejaswini, Tanuja, Jaya, Snehalatha, Bhavya, Malavika and Deeksha. I witnessed some of the difficult experiences of my friends in CHLP. They helped me to overcome by confusions and we shared our joys and sorrows. I will always remember the wonderful experiences which we shared together.

I observed that the CHC staff, without any hierarchy, served according to the intern's need. I am thankful for all CHC staff who helped me a lot. I feel that they are very friendly and made me feel comfortable during my course of CHLP.

I would like to thank Dr. Ravi Narayan, Mr. E. Premdas, Dr. Sukanya and Dr. Rakhhal Gaitonde for consolidating the plans for the learning programme as per the interns' need.

I would like to thank all who encouraged and guided me during the time of field placement in different places. I got best knowledge and experience with these eminent persons - Mr. Naidu, Dr. Sapna and Mr. Guru from Basic Needs India; Dr. Sudir and Dr. Seetharam (Swami Vivekananda Youth Movement, Sargur); Dr. Ajay (Punyakoti Foundation) and Dr. Bhagylakshmi (Saki Trust, Hospet).

In the CHLP programme I came to know the concept of health and mental health. My knowledge is improved in the mental health field. I observed the difficulties and opportunities of mental health work. The knowledge and experience I got in the orientation period, at SVYM, Basic Needs India and in Hospet will help me to work in this field. This is good development for me and also for my career.

My Learning Objectives

1. Understanding Mental Health
 - To review the situation of mental health in India
 - To understand the programs and policies in India regarding mental health
 - To know how public health system is addressing the mental health issues
2. Understanding community mental health
 - To understand community mental health under class, caste, gender issues
 - To look at the impact of social system and social practices, cultural tradition in relating to mental health
 - To understand different approaches in community mental health
3. Developing skills to work on community mental health.
 - To assess (map) mental health in different section in the community
 - First Aid treatment
 - To organize community
 - Counseling

Few Reflections That Helped Me Think in the Process of Learning

- **Orientation:** In the orientation I came to know about each other and also about SOCHARA and CHC. Discussion on Health issues made me understand that health could be a gateway for us to look at different issues of society like political, cultural and legal issues. The new issues that enhanced my knowledge and perspectives were social determinants of health, history of health, the alternative paradigm in community health, skills and values needed for community health, health care and public health system in India, people's health movement, globalization, health policies and programmes and community health approaches in public health. The field visit to the Raichur was a good experience to understand the situation of health and about marginalized community of Dalits. Through the group lab I came to know about myself and also about other interns.
- **Swami Vivekananda Youth Movement (S.V.Y.M):** My visit to S.V.Y.M, community based Hospital which is situated in Sargur near to Mysore, a twenty five year old organization, helped me understand the situation of tribals and the approaches to community health. Twenty five years ago, the doctors from Mysore Medical College, started the community health work in the tribal community in H.D Kote taluk, and now it is a well known secondary level health care hospital. Located near National Reserved Forest – Bandipur, near Sargur, it is home to four types of tribal people – viz. Jenu Kuruba, Kadu Kuruba, Yerava and Soliga. I had never visited a tribal community before even during my post graduation study, but CHLP gave me such opportunity to meet the tribal people. When I met tribal people in the H.D Kote taluk they really did not interact with me. I started thinking as to why they are reacting like this. I realized with after my discussion with field worker that the tribal community is totally different from other communities. It is difficult to deal with them on any matter from our perspective on matters of health or economics.
- **Basic Needs India:** I visited the Basic Needs India Office in Bangalore. It is one of the organizations in India which is working on mental health. Basic Needs is working as a facilitator for community and as a link between Government and community. Through this organization I met another two organization – Association of People with Disability (APD) and Association for Promoting Social Action (APSA) and these organizations are working on people with mental illness. BNI is working in several districts with other organization on community mental health. In the BNI I came to know about the community mental health and the responsibility of social worker in the mental health field. This was a new learning in the fellowship which provided space to know mental health activities of BNI. This was totally new for me compared to my post graduation where I had to study people as cases and records.

- **Sakhi Trust And Punyakoti Foundation (Hospet):** Visit to Saki Trust and Punyakoti Foundation in Hospet was my first ever visit to Bellary district (Karnataka). It has beautiful mountains with Tungabhadra river flowing. This place has thousands of years of history of Vijayanagara dynasty. However, what surprised me was that the mining that is going on with huge turnovers, is benefiting only a few in the society and a large number people are suffering from different types of problems due to mining. Sakhi is working with girls and women from disadvantaged communities who are also forced to work in areas of mining in this Hyderabad Karnataka region and they are also concentrating on health. Hospet visit was an eye opener for me because when I saw the surrounding places of Hospet like Torangal, Sandur, Kampli, Koppal, they were completely affected by mining and iron-ore industries. People are getting daily wages work but their health condition is getting affected from mining and iron ore plants. Many families lend their land to mining owners; these families are suffering from social and economic problems here, children adults too are facing several problems.
- **Project Work in Hospet:** The project work on understanding mental health problems of households in slum community was titled "Prevalence of Psychiatric Morbidity in urban slum of Hospet". This was a very good experience for me. I used the questionnaire to get response which is based on common Psychological questions to assess the mental disorder.
- **"Daughter of Fire, IPHU, SIMA conference":**
 - **Daughter of Fire:** 'Daughter of Fire' is the conference which exposed the real situation of the women in the Indian society. In this conference several case studies and testimonies were presented which exposed the real status of the women in the Indian society.
 - **IPHU:** The IPHU – International Peoples Health University - organized a course on Health and Equity: First time I attended the IPHU. Delegates from different parts of world participated in this meeting and shared their experience. We also discussed about how we have to work with government and international organization – U.N, WHO. I realized that the health situation is different in different countries but the reason for these situations more or less is similar in all countries. I realised that we have to work together for health.
 - **SIMA:** I attended the SIMA national conference on medical anthropology in Hampi University delegates (research scholars) from different states participated in this conference. They shared their experiences about illness and the social relations of sickness, popular health culture and domestic health care practices, the social relations of therapy management and the political economy of health care provision, the political ecology of infectious and vector borne diseases, chronic disease and states of malnutrition and violence. It was another occasion for me understand the linkages of health to various important facts and also how the academic world looks at health.

Various milestones in my learning journey

Orientation

During orientation we came to know about each other relating to work experience and areas of study. The discussions and learnings were totally new for me.

Dr. Rakhil explained the concept of health and community health through different case studies and examples about patients. It was very useful for me to understand the concept of Health.

Mr. Ameer Khan explained about health rights and the barriers to accessing health facilities. The discussion on case studies was very useful because I came to know about the complexity of health, the multi-dimensional aspect of health and human rights. The case studies and real stories were really heart touching. It is the tragedy of the human world especially in the developing nation for those not getting health benefits.

We discussed about SEPC – Social Structure

Economic Structure

Cultural Structure

Political Structure

Normally in the society SEPC will influence every individual life. The SEPC analysis is important because in the society, who are stronger economically, politically and socially make the dominating group or individuals who will dominate on other people and the suppressed or downtrodden people suffer socially, politically, culturally and economically. The people who have money or power get all opportunities and facilities but the poor or who do not have money and power will suffer in different ways. This situation is highly relevant in our society. I came to know about the power structures that exist in the society.

Dr. Ravi Narayan discussed about the common values which every individual believes in. It is important to know ourselves. The 'Johari window' is one of the methods to know the hidden negative expression in an individual. It is important to know because in daily life we deal with anger, hatred, love, respect, corruption, etc. If we want to make a change whether in an individual or in a community, it is necessary to start with oneself. We discussed about 'Rights'. Presently in our society we have adopted teaching method which is not activity based learning. This method is very less in practice. Education has become commercialized., Education is the right of an individual, but nowadays if an individual wants quality education he would have to spend lot of money. There are no proper solution and prevention measures for this problem. Similarly in the health sector we need a paradigm shift – from biomedical model to socio-community model.

We discussed about community work. We need economic power, skills, ideas and human resource, to work in the community. The community work needs various values and skills which will build good rapport and lead to a successful work in the community. We watched the documentary film on a group of doctors who decided to serve in one of the interior places in Chattisgarh and also on doctor and activist named Dr. Binayak Sen who was arrested and kept in the jail, because according to the government he was supporting the Naxal people when in reality he was not. Here we understood how power structures work and the difficulties that we can face doing community work.

We discussed about the historical overview of the health care system. For good health, good resources and a good system which provides good service is important. Because of the industrial revolution the number of sick persons was growing. To improve the production, industrialists started clinics and hospitals. Later they pressurized government to take initiative in the healthcare. The concepts of Primary healthcare, specialized health care and Health insurance

and the discussion on vertical and comprehensive programme made me realize that comprehensive approach to health is good for people but it is difficult to handle for the Government.

We discussed about Class, Caste, Gender and how it influences the individual and group and how people and communities become marginalized at multiple levels. We discussed about structure of public health system and how public health system functions and its approach. From PHC to district level hospital, if doctors are not working properly and if the required number of specialists are not there then the poor people suffer. At the policy level all is well but in reality at the grass root level it is not so. These discussions were very helpful for me. I came to know about the various departments in health and their collaboration other departments like Women and Child Welfare Department, Revenue Department, Department of Science and Technology etc. I came to know that health is state responsibility and in a public health emergency both – state and central are responsible.

We discussed about primary health care. We saw a slide show on Rakku's story which is a story of struggle to get access to the benefits of healthcare which government is providing and how there is huge corruption to get these facilities. In some places critical or emergency health services are not available. It is difficult for the people to handle as, they have to travel long distance. I came to know about GOBI which means, Growth Monitoring, Oral Rehydration Solution, Breast Feeding and Immunization.

We discussed about the declaration of 'Health For All' by 2000. The Alma Ata Declaration about Health and various committees in India which talk about health (e.g. 1946 – Bhore Committee, 1948 declaration) speak of health as 'well-being'. The pathetic spending on healthcare in India surprised me. While WHO has promoted generic drugs which are about 250 - 300 (Generic Drug) which are also cheaper but are not available to people. India has 80,000 types of branded drugs which are available in the market. This made me realize how much the health care has become profit oriented business and has lost its humanitarian value. Government is implementing several programmes by collecting tax or by the public money, but it is not implementing it at the grass root level, because the private health sector is becoming strong in the society.

We visited Pothnalvillage in Raichur District, Karnataka. In this field visit we met two organizations, namely Jagrutha Mahila Sangatan (JMS) and Roovary. Jagrutha Mahila Sangatan comprises of rural community people working on health rights and self employment. The self help group (SHG) of JMS runs a herbal medicine unit and provide medicine for several kinds of diseases. In this village the marginalized people's life is very challenging because of caste hierarchy. Persons of higher caste have power and suppress the marginalized community. When we visited Pothnal, the SC/ST communities were boycotted by the village. They were not given any work to earn their daily wage and if somebody supported the SC/ST community a fine of 500 rupees was to be paid. We saw the real situation of the community.

Roovary works in Raichur among the marginalized community on malnutrition, health monitoring and sanitation. Another organization called the Navajeevana Mahila Okkuta works on housing, children's welfare, child marriage, labour welfare, NREGA, woman welfare and the devadasi system. This organization took initiative for the people and their development.

We discussed about NRHM. It is the result of the struggle of people or movement from several years. In the NRHM the AYUSH department is introduced and the ASHA's are working as bridging agent between people and hospital (Health care system), this is new change in the health system.

Dr. Shirdi Prasad discussed with us about conflict and individual. He said that individuals should discuss about their confusion and conflict with others. Individuals have to think and search the reason for conflict. The positive guess is important, when we react positively changes will occur; the problem solving mechanism is important.

Dr. Ravi Narayan and interns discussed about Transactional Analysis,. For this, critical alertness and observation is important. The negative exploration of self is also important. We need to have grasp over our negative attitudes. The negative thoughts will arise when individuals are forced to do work which they do not want to do. Every individual will have his own interest and creativity in different field and it is necessary to identify the individual interest, it will leads to creativity and positive development.

In the orientation we participated in different activities like Monsoon Game, Johari Window, Marbal Game, Skits about providing equal status in health and quality of service, Public Seminar on Binayak Sen and communal violence in coastal Karnataka, documentary film on struggle for Health in (Binayak Sen) Chattisgarh and a documentary (film on Rukku) on health situation in Indian society.

My Learnings in the Orientation:

Through the case studies and examples I am able to grasp the Health system of India.

- I came to know about SEPC analysis. This was new for me and I came to know it practically through the monsoon game.
- I came to know about paradigm shift and importance of values and skills for community work
- The documentary film about Chattisgarh health activist was a mirror for me to question myself what I have to do for the present situation in the society.
- I came to know about Health and Health system, history of health, vertical and comprehensive programmes.
- Declaration of Alma Ata, Bhore Committee Report and World Bank report
- I came to know about critical engagement, dealing with conflict and collective work.
- Practically I came to know about marginalized, downtrodden people in the Pothnal field visit.

SWAMI VIVEKANANDA YOUTH MOVEMENT

Introduction:

On 18th June 2009 I visited Swami Vivekananda Youth Movement at Sargur (non-religious, non-political, not-for-profit). First we met Dr. Prakash, and he gave the introduction about the hospital. The year was 1984; a group of young medical students led by Dr. R Balasubramaniam from the Mysore medical college started to feel that the career in medicine they dreamt of pursuing was very different from the practice of medicine around them. They believed they had in them the energy to make a difference and make a positive impact on the lives of the poor and the marginalized. So they started the Swami Vivekananda Youth Movement (SVYM).

SVYM's principle area of operation is the Heggadadevankote taluk in Mysore district of Karnataka. Various institutions and community based health and education projects and several community development initiatives are undertaken here. The reach of these activities also extend to the neighbouring taluks, namely Hosur, Nanjanagud and Gundlupet. SVYM gratefully attributes its progress to the unflinching support of its vast network of members, associates, well wishers, donors, patrons and volunteers, through all these years of trials, tribulations and triumph. Help had come in from all quarters in the form of money, material and men. Through Dr. Prakash we got lot of information about SVYM.

I visited all departments at the Vivekananda Memorial Hospital, Sargur namely, X-ray, Operation Theatre, Dispensary, Reception office, Library, RCH department, HIV/AIDS department, RTI(Right To Information), Community Development department, Out Reach department, Out Patient Department, Eye clinic, Ayurvedic department, Jagrutha Bharathi and Sanitation park. This hospital has 70 beds and is a secondary care center. This was established in 1998 and the present building was built and equipped entirely out of public donation and was commissioned in 2002. It has 24X7 emergency and critical care facility, a full-fledged operation theatre, Neonatal Intensive Care Unit, Care and Support Center for people living with HIV/AIDS, Telemedicine link-up and a fully computerized medical records section. It also has integrated blood storage center and a counseling and HIV Testing centre (ICTC) – both recognized by NACO, it has link to ART services. The hospital also serves as a training center for doctors, nurses, paramedics, health workers and the community at large. Medical students from colleges in Mysore are posted here as a part of their internship program, especially for orientation in community health. Students from different parts of the world come here to do their medical electives.

I visited the dispensary where doctors were prescribing both ayurvedic and allopathic medicine. This is an integrated method for patients who are poor and cannot afford the costly medicine. For emergency treatment it is necessary to provide allopathic medicine. We went to the mobile clinic and in the evening attended the Jagrutha Bharathi street play. We met the eye patients and informed them to attend the eye operation camp in SVYM.

Meeting with Dr. Seetharam:

On 19th June 2009 we met Dr. Seetharam, Chief of SVYM, and discussed about our objectives. I told that my objective was community health and community mental health. Dr.Sitharam replied to me saying I can observe and learn about community health or community development programme. He also told me that in S.V.Y.M there is no mental health programme which is going on so I decided to concentrate on community health. Dr. Sitharam suggested to talk with Dr. Sudhir who is incharge of Psychiatric OPD which is held once in month. The psychiatrists are coming from Bangalore for this OPD. Dr. Sitharam suggested also met Mr. Shivakumar who is co-ordinating the Reproductive and Child health (RCH Department) and Dr.Sudhir who is co-ordination of the psychiatric OPD. I met Mr. Shivakumar and discussed with him about my objectives, they told me to attend training programmes and I met Dr. Sudhir and he suggest me to visit mobile clinic on Monday, Wednesday, Friday and Saturday. He also suggested finding and observing mentally ill patients in the tribal places or villages.

Mobile Clinics to Tribal Hadis:

We visited the Macchur and Karapur tribal Hadis and also many (around ten) tribal Hadi`s, 40 kilometers from Sargur, near the Kerala border in the mobile clinic van. There are four types of tribals in the H.D Kote taluk, Jenukurubas, Kadukurubas, Yeravas and Soligas. We met the Jenukurubas (JK) and Kadukurubas (KK). Through the mobile clinic the people are getting benefits. For medical check up the tribal people have to pay two rupees per patient and they can go for check up and medicines also are given. This is only for the tribal people. The general population also can take treatment but the charges will vary. In every mobile clinic approximately 20 to 60 members avail the benefit. Regarding the mobile clinics my observation was that in the community, doctors are going to provide medicine but in this place people are not ready to take medicine. This is the problem in the tribal areas, and SVYM have been facing this problem from last 25 years.

Kenchanahalli visit

I visited the Vivekananda Memorial Hospital in Kenchanahalli. This is a 10-bedded primary health center and is situated about 17 kilometers from the main hospital and caters mainly to tribal population. This center also provides ayurvedic treatment facilities (Indian system of medicine) and has a vision testing center for screening people with eye-related ailments. As part of its health outreach program, SVYM runs a mobile health unit basically for the tribals of H.D.Kote taluk and conducts health camps. This mobile health unit visits every tribal colony in the taluk, at least once a week and offers basic diagnostic and curative services, free of cost. In case patients, requiring higher level of care, they are referred to higher centers, including the Saragur hospital.

Reproductive and Child Health (RCH)

Most of the time we visited the reproductive and child healthcare department, it was very busy with community and now it is implementing the GDM (Gestational Diabetes Miletus) project. The SVYM first implemented this program in the tribal areas of H.D Kote Taluk with support from the World Bank, with a good success. Now a dedicated team of 12 grass root level health workers are working in this department, on – antenatal and postnatal care, care of the new born, family planning, immunization, child health, adolescent health, treatment of RTIs, STIs, HIV/AIDS, health education.

Nairmalya Vahini Project

This project works on Water, Sanitation and Hygiene Education, HIV/AIDS control program, eye care unit etc. The community eye care program was launched in 2002. The team working with Dr. Bindu conducted around 100 eye camps every year. They undertake operations at VMH Sargur and all the cataract operations are done free of cost. The cost of each operation is about Rs 1800. Every year the school children are screened for visual defects and spectacles are provided to those suffering from eye problems. This hospital is working with visually challenged people, especially children, women and the aged. SVYM is also working with HIV/AIDS affected people by providing service delivery, training, research and advocacy activities. They are involved in awareness building, targeted intervention, condom promotion activity, Counseling, testing and treatment. I attended the counseling of the patient who was HIV+ and also affected with TB. SVYM runs two ART clinics, an Integrated Counseling and Testing Center, a care and support center, and a program for the prevention of parent to child transmission of HIV. This work is going on in three talukas of Hassan district. SVYM believes in holistic approach towards HIV patients. Many patients are benefited from this service.. From several districts patients are referred to this hospital because this hospital takes care of the patients in a good manner. There are patient support groups and regular meetings are also conducted. They provide good facilities too.

Tuberculosis control program

This has a microscopy testing center and free DOTS {Directly Observed Treatment Short-course} provider for the taluk under district health authorities. Everyday many patients take benefit of the treatment. The Kenchanahalli hospital is referral centre in the tribal area. Many Tb patients were using cigarettes and chuttas and other leafs [Ghanja] for smoking. Some patients were alsotaking ART and DOTS treatment simultaneously in tribal places. HIV+ patients are very less, but we can see considerable amount of mental health problems in tribal people. The tribal people [soligas, yeravas] often migrate to places like Coorg and Kerala for work in the coffee estates. There they become sick because they are under pressure of estate

supervisors and during the time of working they get head injuries. There is more chance to get sick. I came to know more about vitamin 'A' supplementation programme, which is undertaken in partnership with Micronutrient Initiative-India. It is for age group of nine to thirty six months by annually.

Viveka Tribal Centre:

Hosahalli School - it called Viveka tribal center for learning, it is semi – residential school for the tribals. It was started in 1988 and has more than four hundred tribal children studying class one to ten. This school is situated near to Brammagiri which is a forest area. This school adapted child centered learning method, it adopts the state syllabus, and here children have opportunity to learn yoga, computer, music, sport, cultural and skill development activity. It has good hostel for girls and boys. The class teacher has responsibility for every child. If anybody drop out from the class then class teacher has to take responsibility to visit that child`s house and bring that child back. In this school there is wonderful science laboratory. The children served midday meals and the children are taking care of the medicinal plants. I visited the Viveka School of excellence, Sargur which provides access to the rural and tribal communities of H.D.Kote taluk to alternate systems of education at affordable cost. Montessori learning method of teaching also included. The shikshana vahini program working towards the betterment of quality of education in the government in the schools in the H.D Kote taluk and also in the five taluk of the Bijapur. This team works with SDMC (school development and monitoring committees). I went with the one of the field worker Shivalila, he took me in to Sagere, Madhapura, Antharasanthe, Hand post and other villages for the SDMC meeting and to the school for the meeting with the teachers and capacity building training for the teachers. Here they are also organizing the career guidance and counseling to the youth, scholarships to the needy youth to help them higher education, personality development (in college and high school) programmes, and advocacy programme, I am attended the personality development programme in the sargur college with the field worker.

Follow up of the Mental Health patients:

I paid a visit to Brammagiri and the Hosalli to follow up patients. I visited families of the mentally ill patients. I wanted to talk with the support group of that patient. Most of the tribal patients are actually neglected by the family and also by the community so first there is need of rehabilitation, and through the proper channel we have to bring those patients to mainstream. These patients are wandering here and there (in forest also) and the community people feeding them food. I met the one of the engineer of the S.V.Y.M and interacted with him. At Brammagiri people were not coming to that Hospital.

S.V.Y.M provided the tractors for agriculture to the tribal people. But in the community internal dispute, now the tractor is in the shed and nobody is taking care of that. They are encouraging the Ayurvedic medicine in the Kenchanahalli hospital. I visited the soliga community. They are making Bamboos handicraft and the selling the materials and the, I visited to the Jenukurubas society which the Jenukurubas bring the honey from the and they are selling to society giving the money, 90-120 rupees per litre or per Kg; but this is only in particular season. The JK`s are doing manual labor in the fields or they are migrating to the Koorg or the Kerala to work.

I discussed with the Dr.Sudhir, they give the Mentally ill patients list for preparing the support group for mentally ill patients, I got the fiftyfour patients case history, on the basis of that I prepare the grama panchayatwise group and organize the support group meeting in the Sargur(six patients) in the N.Begur(two patients) and in the B.Matakere(four patients): first I met the patient and the parents or the care givers and discussed about the treatment, medication,

changes in the patients. Here some patients are not taking the medicine and the sometime care givers are not supportive for the patient. I try to convince the care givers about proper care about medication and I try convince them to drop the stereotype attitude towards patient by the care givers and by the locality people, but some people want rehabilitation centre for their patients because of they don't have time to look after the patient, but after the meeting, discussions the people are voluntarily asking about how to solve this problem (about patient illness). According to me in this particular area (in tribal Hadi) there is need of the mental health worker in the grassroots level, I organized the meeting two times but the time is not sufficient for me.

Jagrutha Bharathi- The team of street play:

On 5th August 2009, I attended the training of Jagrutha Bharathi. This was the street play team. S.V.Y.M employees are the members of this team. They are working on sanitation and the hygiene, child marriage, postnatal care, HIV/AIDS ect. I attended the street play training on PNC.

I attended the the counseling session-in the hospital, on T.B, HIV/AIDS, ANC counseling, and another day me and counselor Shubasha attended the counseling camp in the Sagare, this is the camp for test the blood voluntarily, and free testing and counseling will doing by HIV/AIDS department of S.V.Y.M. I visited the reception room and observe the work and sometime I worked as the helper of receptionist.

Children`s Parliament:

I attended the children`s parliament in the Madhapur village, the purpose of this parliament is to educate and to understanding about society, political system and to understand the democratic system. Here the teachers guide how to involve in the process. This system is based on the principle of children-for the children-by the children.

I visited the primary health centre of sargur and also we talked with the ANM (Ponnamma). This hospital is the working 24 hours in all day of week, and it has all primary care facilities. Another we attended the Tubectomy camp fourty patient are take the benefit of this camp.

In the next day I attended the Jatha (proession) in the Madhapura, which is provided the awareness about the Right to Information Act, the specialty of the proession was in the bullock cart, they arranged the bullock in the posters of the RTI. It is very effective method to reach the people.

I visited the support group meeting. This meeting for the HIV/AIDS effected people, patient`s care givers discussed about food, medicines, livelihood issues and stigma which is in the people. This is going under Samantha project under CDS (community development schema).

I visited the Soligas tribals in the Hebbala Hadi (Hunsur taluk), from last sixty years these community living in the Hunsur, Chamarajanagar, Kollegal, B.R Hills, Mahadeshwara betta. The 90% Soligas are living in Chamarajanagara, in the Hebbala hadi there are thirty houses, here the effort of some voluntary organizations these people getting education, health and other government facilities and they also have self help groups. This group is very helpful for them to get economic suppot and the other demand of the community, in this community there are subgroups, those are - Uru soligas, Kadu soligas, Male soligas, Urubatti soligas, Burude soligas, Devara soligas. The symbol of the community is Hongemara (Pongarmia tree). The community festivals are Hosaragi festival, Rotti festival, Manedevara festival, Purvajara festival, Muni and Mari festival, Sunkalmmana festival, Danada festival. The main work of this community is

collecting the forest resource- Bombus, Hunting ect. I met the Masthamma in the Soliga community who practicing the traditional medicine (Ayurvedic), the all village people, and some out-station people are taking the treatment here.

I attended the village health and sanitation committee(VHSC) meeting in the Antharasanthe village, in the meeting committee members, Asha worker, Anganawadi worker, S.V.Y.M health facilitator were attended and in the meeting they discussed about utilizing the untied fund for the village health and sanitation, Asha worker discussed about A.N.C and P.N.C, immunization, institutional delivery.

My observations and learnings in this visit:

- I observed the Educational approach, Holistic approach of S.V.Y.M through the children's parliament.
- I observed the Holistic approach of S.V.Y.M
- Through the Jatha and the street play, organization is building good rapport with community.
- Through the mobile clinic health worker approaching to utilize the facility.
- I came to know about the soligas (festival, their work, medicines ect.)
- Working on mentally health is providing good experience for me.
- Meeting with village health and sanitation committee is gave me basic knowledge for me.

BASIC NEEDS - INDIA

Basic Needs India (BNI) is one of the organization which is working on Mental Health in urban and rural area. I visited five days to Basic Needs, when I visited this organization a group from Srilankhan Government came to BNI for exposure visit. I joined that group and got the orientation about Basic Needs. It is working in urban and rural places of Karnataka. It is working with collaboration of APD (Association of People with Disability), APSA (Association for Promoting Social Action) and Samuha.

We visit the APD, it is working for people with mental illness, it mainly concentrating on – capacity building in the family members and care givers, socio-economic support for patients, it is facilitating the patients of utilize the Government benefits. In the APD visit we discussed about 'consultation'- it means allowing them to express it may be patient or any person, this process is like healing and participation to recover ourself, In the consultation, first who will talk that person is first listener of his talking, here patient is the first listener of himself. We discussed about barriers to implement the mental health programme. People have stigma about mental illness, to reduce these stigma APD have strategies – wall painting (animation), street play, residential camps, community meeting etc.

We visit the APSA, it is also working on mental health, it running a School Mental Health Programme. They are supporting the childrens – they are rehabilitating children who are coming through the child help line and police, here APSA providing skill development programme and mental health care support. It also providing non-formal education for dropouts children through the child to child learning process, it called as RP – Reasonable Person for himself and others and Responsible Person for himself and others. We discussed about Indian Disability Evaluation Assessment (IDEA), there are five types of disabilities –

1. Visual Impairment
2. Locomotor Disability

3. Speech & Hearing
4. Mental Retardation
5. Multiple Disabilities.

In the Government lot of facilities, we have Rights to get those facilities so the here Right based discussion should be happened with the Government, we have to raise our voice to get our Right. I came to know about organization called Athmashakti which is mainly working on Schizophrenia. We discussed about mental health Acts –

1. National Mental Health Act - 1987 (it mainly talk about psychiatric hospital structure)
2. Person With Disability Act – 1995 (it mainly says about Facilities and schemes for the persons with disability) there are seven ‘disability’ under PWD act –
 - i. Blindness,
 - ii. Low vision,
 - iii. Leprosy-cured,
 - iv. Hearing impairment,
 - v. Locomotor disability,
 - vi. Mental retardation,
 - vii. Mental illness.
3. National Trust Act – 1999 (it mainly says about Mental retardation, Insurance and Day Care Centre)

My observation during this visit:

- I came to know about different organizations which are working on Mental Health.
- I came to know about different Acts which are related to Mental Health
- The APD & APSA working for different section of community which can be called community mental health
- I came to know about different type of disabilities

**Understanding Community Processes and Mental Health Issues
(Hospet, Bellary and Koppal District)**

On 12th October 2009 I visited the Hospet Punyakoti foundation, I met the Dr.Ajay - he is psychiatrist and he is running their own hospital and organization called Punyakoti Foundation, under the Punyakoti foundation there are four programmes are running those are Monochethana, Manana, Mukthi, Manodaya. I discussed with Dr.Ajay about my interest in community mental health, and the field placement. We plan out the remaining twenty days and I visit the counseling and consultant unit, I met the several patients and took the case history. I observe different type or patient’s depression, alcoholic, anxiety, adjustment disorder. I visited the Monochethana – day care centre for mentally retarded, in this school they have twelve patients(M.R), they are getting the different physiotherapy for mild, moderate, severe and profound mental retardation, in this school there are four staff and form the patients side one person is caring their patient.

I visit the SAKI TRUST and met the Dr. Bhayalakshmi, this is started on 2002 and in 2007 it became a registered organization, it mainly concentrating on the development of Hyderabad Karnataka districts those are, Bellary Koppal, Raichur, in these district it mainly concentrating on Dalits and poor, for development of poor and Dalit there is need of education, so that it have

believe in 'Education for change', and other hand it working with dropout children and youths, family member of Devadhasi's, child labors, youths who are HIV+, working with young girls who are undergone domestic violence, sexual harassment and abuse and it is working with youths of back ward community; here this organization getting good result in their working field. Anther side it can say it developing quality of human resource, from this organization many people gone to different field like fashion technology, lab technician , drama and music, are teacher, social workers, counselors special school training, child development field, graduates from different subjects, computer operator, Government teachers, nurses, civil and different diploma holders.

I visited the hospital several days in these days I get experience of the counseling and the history taking of different types of patients. I saw the E.E.G test (electro encyclogra), the main purpose of this test is how brain is working, how is the present status of the brain, this is mainly used for head injury, Epilepsy, severe headache somatic disorders. Dr. Ajay and intern discussed about community mental health, he said in the community mental health is the main issues is loss of follow up and the women's mental health in community is very bad, example, Saroja living in the slum she don't have mother, her father is working but he is alcoholic, Soroja have to take care of her two younger brothers, she have to stay in home and her house is located in very congested area, here what happened she can be abused, mentally and physically, after she gone to depression, like this cases most of the time girl or women will not open up it will took lot of tie and it effect in adult life and lead to mental disturbance³ or illness, in this situation the psychosocial or crisis intervention should be happen, and prevention measure is very impo9rtent here the rural, and tribal community the women are suffering from lot of mental illness, most of the women suffering from back pain and headache from several months or years, they are taking medicine but it not working then we have analyze psychologically is their an problem, most of the time long term psychological problem leads to physical problem. Many women with severe depressive symptoms do not receive any treatment till a suicide has been attempted or some other disaster strikes.

Koppal visit:

I visited the Koppal on 17th October 2009 while in the ftr4avel me and Ajay discussed lot of things beside the road there are lot of industries are located beside the road in the agriculture land, there are small scale industries also, before 20 years that land is purely agriculture land people living on the basis of agriculture, but know those agriculture people do not have land the industrialists buy their land for good price the agriculturist took that money and spend that in wrong way, after that their situation become as worst, they in small hut beside the road and working – truck washing, mining work security guards – in poor condition – these displacement create the migration, some people gone to another district for daily wages, here the people not raising voices local leader not bothering about the problem, they want money, if any protest or anything happened then the money and power will work here, here the most of the industries getting labors from the Bihar, Jarkhand, but local people are not getting any benefits from these industries, some people working as security work. In the Koppal and Hospet area have 50-60 different plants (steel, cement and other) are located here t5he Tungabhadra river is main resource for these plants, displacement, money, power and for other reasons the people suffering lot knowingly or unknowingly, here the poor people or marginalized people facing the problem – (socioeconomic problem) and strong power structure is working behind this (caste, politics, capitalism).

Gavimata visit:

I am visited the Gavimata with Dr. Ajay, we met the faith healer (priest), who is head of the Gavimata, in this Mata they are running a day care centre for people with mental retardation

especially children, it working as treatment and training centre, in this school there are ten mentally retarded patients coming to centre and some other patients also coming to the centre for treatment. In the society these Swaijis playing a positive and negative role also, the disciples of Swamiji or that mata, they should following what swamiji will suggest, or the swamiji's decision is the final decision, so that he plays the main role in that society or community, if swaiji's interest is one sided they the whole development will not happened, their thought should be universal and humanistic.

Samuha Visit:

Samuha is one of the organization which is working in urban and rural community, I met the field worker Yamanappa Bajanthri, he explained the present work of the organization, those are,

- Ashraya Kendra(JSMBT- Jan Samuha Mutual Benefit Team)
- Community mental health programme and C.B.R
- Navashakthi
- Samarthya

Ashraya is one of the consumer shop here people will get all Rations and the home need materials, it normally will locate in the Gramapanchayat, it mainly concentrating for poor and marginalized women and it is place for woman get together and share their interests and problems it provide job (shopkeeper, Accountant) for that village womans. It is concentrating mainly on woman empowerment, in this shop people get goods reasonable price, know it is implemented in the three village – Hirekeda, Tavaregire, Kanakatgiri.

Navashakthi is one of the group of people with disability, know it become one of independent registered body, samuha and Navashakthi is working together, it mainly concentrating on disabled people it may be physically or mentally, in these group some people trained in the counseling and identifying mentally ill patients, this is the voluntary work and they have their own job and they are identifying the patients and referring to the district government hospital and for medicine they linking with the primary health centre, in Samuha and Koppal district hospital there is psychiatrists visiting weekly (by the Government), this group struggling for right of disabled and for disabled people they started the small office in the taluk for providing services and benefits of the government for disabled people, here people getting knowing what benefits they have and how to get those benefits from different government agencies, in all government and non government program 3% for the physically challenged person and the right of challenge person.

Community Mental Health Programme and Community Based Rehabilitation in Kanakagiri and Koppal:

I visited the Samuha community mental health program, before ten years the Samuha and organization called Basic Needs India joined together developed the program with the help of U.K (United Kingdom) based group, they developed assessment format to the mentally ill patient in the particular area and they trained the staff of the Samuha. On the basis of that samuha started the work in the community, for this they started the awareness program, like street play, T.V shows, seminars and interaction with the government officials then Samuha build the rapport with the community and government, now the government appointed the psychiatrist as a deputation for a day in week and in the PHC level if there is psychiatric patient then the medicine is available³, it is really good thing which Samuha was done and now also it is going on.

In the Kanakagiri there is Samuha unit working on community mental health and community based rehabilitation, I met the one of the group in this unit, this group is here for getting horticulture training, this is the group of physically challenged and in this group there is one person, in the starting he is very dull and week after four month being with this group he improve in his daily activity like bathing, eating, cleanliness etc, here the remaining other members give support him to develop those attitudes, here the physically challenge persons and other staff of Samuha gave support to that individual that is why this mental retarded patient get development in their attitude.

In this unit Samuha organizing the IT training for poor youth, first they will teach English and next computer skill, personality development etc, after finishing one year course, Samuha will find the job placement for them.

Sandur and Toranagal visit:

Here in the Toranagal there is Jindal Steel Industry which working from several decades and when I visit Toranagal in that day it is a weekly market day (Santé), I met the one of the Ayurvedic doctor in the Thoranagal, in this place there is very less hospital for people, people is migrating from Jharkhand Bihar to this place, some people getting sick from work pressure (alcohol, drugs). Jinddal Steel factory is using the local Iron ore for steel preparation. Here beside the steel factory huge mining is going on in the Toranagal and Sandur area it have forest valley it is effecting by mining, here huge level of environment problem, people are not raising the voices against these issues, no any respect for the voices

3. Understanding 'Prevalence of Mental Health Problems in Slum'- A small study in Hospet Slum

INTRODUCTION: The survey of urban slum family (Adults) in the Hyderabad – Karnataka Bellary district Hospet taluk region – found common mental disorders. There have been no previous community based studies of urban population in Hospet. The aims of the present study were to estimate the prevalence of common mental disorders in an urban slum area of Hospet.

POPULATION: Like other talukas of Karnataka, Hospet has grown enormously in the past 25 years, especially after mining takes place. Mainly by migration from the surrounding villages and from out of states like Bihar, Jarkhand, Uttar Pradesh, and is now it is a taluka of 1.65 lakhs people. There is a wide variation in socio-economic status and most of the areas of the city lack even the basic amenities of piped water, sewerage. By origin it was not a planned residential area like other talukas of Karnataka. This taluka have world famous Hampi which is the treasure house of Indian architecture and has been recognized by UNESCO as a World Heritage Center, although there are a number of big iron mines and steel mills in the area.

Before starting the study Dr. Bhagyalakshmi- SAKHI trust, and Dr. Ajaykumar- Psychiatrist PUNYAKOTI foundation were approached to secure their cooperation and support. The study population was defined as all aged 18 years and over living in selected five slums namely- Jabbal circle, Morgere oni, S.L Chowki, A.S Gudi, Sirsinkal.

THE SELF REPORTING QUESTIONNAIRE (SRQ): A copy of the English version of the Self Reporting Questionnaire-20 is shown below.

SRQ-20

1. Do you often have headaches? Yes/No

| | |
|--|--------|
| 2. Is your appetite poor? | Yes/No |
| 3. Do you sleep badly? | Yes/No |
| 4. Are you easily frightened? | Yes/No |
| 5. Do your hands shake? | Yes/No |
| 6. Do you feel nervous, tense or worried? | Yes/No |
| 7. Is your digestion poor? | Yes/No |
| 8. Do you have trouble thinking clearly? | Yes/No |
| 9. Do you feel unhappy? | Yes/No |
| 10. Do you cry more than usual? | Yes/No |
| 11. Do you find it difficult to enjoy your daily activities? | Yes/No |
| 12. Do you find it difficult to make decisions? | Yes/No |
| 13. Is your daily work suffering? | Yes/No |
| 14. Are you unable to play a useful part in life? | Yes/No |
| 15. Have you lost interest in things? | Yes/No |
| 16. Do you feel that you are a worthless person? | Yes/No |
| 17. Has the thought of ending your life been on your mind? | Yes/No |
| 18. Do you feel tired all the time? | Yes/No |
| 19. Do you have uncomfortable feelings in your stomach? | Yes/No |
| 20. Are you easily tired? | Yes/No |

In this study questionnaires based primarily psychological symptoms. Most of the people spontaneously express their experience in psychological symptoms and somatic complaints. The survey was conducted through the questionnaire, with help of five Balavikas Kendra teachers, they were oriented about questionnaire. At each house, a list was prepared of all adults and children, recording their name, gender, age, marital status, education. After obtaining family information, the SRQ was administered orally in Kannada/Telugu/Hindi to each person aged 18 years and above. After revisited many houses to complete the questionnaires for all the adult member of the household in order to minimize bias.

Findings and Observations:

Demography: During the course of the project period (Between December and January 2009-2010), 167 households were surveyed. 98% of the total number of targeted family. Two houses were excluded because the residents were away for the whole period of the survey. There were 364 respondents. The 167 households were grouped broadly into unitary (parents and children only, or a married couple without children), joint (with married sons of daughters, their spouse and children). 95% of the households were unitary, 5% were joint family.

In these households the occupation of head of household is there, the percentage of skilled clerical workers or in trade is very low, craftsmen or skilled industrial workers are average, unskilled workers are more. Professional or business, retired or pensioners, unemployed persons are very low. Percentage of people with formal education 1-9 years more and above 10 years are very less. Children are studying in government school and among the drop outs the proportion of girl children is higher. Below thousand rupees income of the household is very less and more households are in-between 1000-10000.

Estimated Prevalence of Psychiatric disorders:

- The point of prevalence on psychiatric disorder based on SRQ was 44% of total individuals, 32% of people Alcoholics, 3% of people Epileptic, 3% of people with mental retardation.
- In the Hospet urban slum community social stress is there, in the age group of 20-30(because daily earnings, marriage, current social and political effect).

- In this community, women have more psychiatric problems than men, especially if there is an alcoholic in the household.
- Difficulties with family relationship: In the five households men have two wives or more, then there are difficulties with family relationship and social pressure.
- Through the SRQ another factor is we came to know that is economic stress, both male and female having economic stress of household income, education of children.
- The stress of obtaining assets to home is more on women of the household (like owning the electrical home appliances, T.V, fan, motor vehicle).
- The social stress and isolation is more in the old age people who have don't have education.

In this community Urban Stress is there, especially in migrants. Hospet city is rapidly changing, the migrant from rural population were struggling to adjust and adopt the new changes in the society, so that these individuals facing the urban stress and socio-economic marginalization.

Migration and Mental Health: The present study founded common psychiatric disorders in the urban slum. Hospet is a comparatively recent urban settlement. Most existing householders were the primary migrants and had built their own houses here. Most had migrated from the surrounding rural areas. We enquired of these house holders why they had chosen to move to the city. Most of them gave one of three reasons: poverty and lack of work in the village, to obtain better education for their children or because of family quarrels, particularly in a joint family system. Here the decision to migrate is made principally by the senior male head of the family in the village or sometimes by the head of the migrating household. The woman of the family has little influence of the decision to migrate. The new Hospet urban environment providing the more choice to earnings, but slum people are misusing the money on alcohol and gambling.

Implication to good mental health for Hospet urban slum community:

- In this community families are current care providers so that here is need of family support and skills for care.
- The need of training for parents of mentally retarded persons.
- In this community disability benefit is not reaching all those who need it.
- Rehabilitation is needed for people with severe mental disorders – day care, sheltered employment, short and long stay places).
- Regular and continuous mechanism for public mental health education.
- Here is urgent need to care Mental Health of women children and adolescent's school going and out of school.
- The need of counseling for distressed women and in problems related to alcohol or drug abuse.
- In this community the prevention of mental disorders and promotion of mental health is needed.
- The need of psycho-social interventions for psycho-social problems.
- Demand for support schemes for voluntary organization.
- The need of Resource centre for mental health/suicide prevention/counseling centre.

Conclusion: In conclusion it can be said that the Hospet urban slum families are urgently need a mental health care and support system. The urgent need is for prevention of mental illness and promotion of the mental health in this community and need of implementation of community based programme, along with strengthening the socio-economic status of the community.

4. Workshops and Courses -IPHU, SIMA, DAUGHTER ON FIRE CONFERENCE

4.1 IPHU – International People Health University 1st - 9th September 2009

‘Struggle for health’

International people Health University is the group of activists who are especially connected to health. The program was jointly organized by J.S.A- Jan Swashtya Abhiyan, Prayas-Chattisgarh & Community Health Cell-SOCHARA. Peoples Health Movement started from 1999 and it has a global network many countries. The health activists yearly gathered for share their experiences. Present year I am attended the nine days program, in this gathering thirteen countries (including India) delegates were participated. In these nine days we discussed on neo-liberal globalization and health, conflict and primary health care and many health issues were discussed. Many of the issues which are really new for me like conflict and health, health charter, globalization; my observations throughout the conference is the People Health Movement in the India is working very strong with the community, the global network of the peoples health movement is also very strong.

In the IPHU we discussed about the people Health movement and health charter and all members are divided in to six groups, these groups discussed about Health charter ; in group discussion everybody reflect their own opinion about charter, here some new participant also read the charter in the time of group discussion, some member have interest in Womens Charter and Indian charter and we discussed about primary health care and status of primary health centre in different countries and some examples from India and Kenya, Banglaesh, Philipines; discussion on marginalized people who are suffering in the village side and children and womens who is in poverty they are in the power circle and what is the remedy for this; these issues are raised in the discussion. We further we discussed in the sessions of IPHU about social determinant. The members of the Prayas organization share the experience which happened in PHC in the Madya Pradesh; delegate from Nepal, Srilanka, Pakisthan they were shared the experiences. In the second half of the IPHU we discussed about social determinants and impact of neoliberal globalization, environment and health, health and conflict topics are discussed by the group. In these nine days participant go through the different type of learning activity like group discussion, group games, dance and field visits and many things are very helpful to understand to individual what we are and what we have to do to ‘Health For All Know’.

Reflection: The IPHU is the one of the most important things for me because, I came to know about the different type of the health issues conflict and health, right to health, politics and health, the role of the national and international agencies in promoting health etc. RTI and NREGA is the one of the good tool for questioning the local bodies to get our benefits. The group discussion method gave me opportunity to hear about different issues and stories of the different countries – here the stories are different but problem and the causes are the same. This calls for global solidarity to tackle this problem.

4.2 DAUGHTER OF FIRE - India Court of Women on Dowry and Related Forms of Violence against Women

Vimochana and Asian Women’s Human Rights Council India, in partnership with several women and human rights groups from different parts of the country, successfully held a national level Court of Women on Dowry and Related Forms of Violence in Bangalore, from July 27 – 29, 2009. A process as much as an event this court will through the year seek to gather together the experience, knowledges and analyses on the changing face of dowry and related forms of violence against women in today’s times that are embedded in the ethic of consumerism and

materialism.. On July 27th Monday I visited to attend the programme. Celine Suguna - Vimochana made welcome every one. They gave information on Round Table panels and vision and structure. The main discussions were on,

- ✓ Reviewing dowry, family and marriage in the context of post colonial societies and growing economic and cultural fundamentalism,
- ✓ Media reconstruction of violence, identity, representation and autonomy,
- ✓ Reviewing legislation and alternative ways to justice in the context of responses to dowry and related forms of violence against women,
- ✓ Globalization and violence against women: Reviewing government policies in the context of the changing nature of the state,
- ✓ Femicide- The rule of science and technology,
- ✓ Resistance: conference of the Birds.

On July 28th Tuesday there were the sessions on court of women or this session called as "The Court of Women". Opening of the court by Justice V.R Krishna Iyer, former Justice of Supreme Court of India. Performance by Mallika Sarabai-Sva Krant was there. There were testimonies, expert witnesses and the poetic visuals.

4.3 SIMA – Society for Indian Medical Anthropology, Mysore:

I attended the national conference of SIMA, in this conference research scholar from different states presented the article, seminar, posters which is on medical anthropology. In the conferences discussed about Inter-disciplinary approach in Medical Anthropology – a trajectory of related concepts such multidisciplinary, disciplinary and cross-disciplinary which are subsumed under the concept on Inter-disciplinarity, the arguments put forth in favour of studies that cut across disciplines and the difficulties in practicing Interdisciplinarity are presented, an attempt has been made to situate Anthropology in the context of interdisciplinarity. Several research papers were presented such as – *Some Issues In Health Care Challenges – Morbidity And Morality – From Southern India* by T. Ramachandraiah, *Functioning Of Janani Suraksha Yojana (JSY) In Hassan District Of Karnataka* by R Mutharayappa and Manohar Yadav, *White Discharge: Differences In Perceptions Of Health Providers And Women In Socio-Economically Marginalized Urban Area* by Ms. Amruta Bavadekar and Dr. R D Gambhir, *An Anthropological Study On Role Of Female Healers In Obstetrical Practices Among Rural Dalits Of Puducherry* by Dr.V. Pragathi, *Patterns Of Helath Seking Behaviour Among The Jenukuruba Of Karnataka* by Dr.B.R. Vijayendra.

I came to know about subfield of Anthropology and this was a new learning for me. The medical practitioner and Anthropologist have to work together to promote healing processes. The experience and distribution of illness, the prevention and treatment of sickness and the cultural importance and utilization of pluralistic medical systems were new issues that I came to know.

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COMMUNITY HEALTH CELL (FUNCTIONAL UNIT OF SOCHARA)
85/2, 1ST MAIN, MARUTHI NAGARA, MADIWALA,
BENGALURU - 560068

TEL: +91-80-25531518/25525372 EMAIL: CHINTERNSHIP@SOCHARA.ORG
WEBSITE: WWW.SOCHARA.ORG