COMMUNITY HEALTH LEARNING PROGRAMME REPORT

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Acknowledgement

The year 2013 July 21, I never forget in my life because it turned out be a turning point in my life with surge of events that took place in both my personal as well as professional life. Call it middle age crisis or mid carrier crisis………./

It may be clichéd to mention that words are not enough to show my gratitude to SOCHARA, but it still does not make it false.

I thank Dr. Thelma Narayan, for the wonderful way that the programme was arranged and for creating an atmosphere conducive for discussions and learning. In addition to that, she played as a role of facilitator and has given so much of her valuable time to help me whenever I needed it. The structure of the programme was very appropriate for the kind of learning and experience I was hoping for.

SOCHARA as an organization itself is to be thanked, for wherever I went, I felt confident when I mentioned that I was from SOCHARA. I felt the importance of being connected with so many organizations to make movements of successful.

I have not had one uncomfortable moment at SOCHARA as everyone made the feel like home and family. Even during discussion, sensitive social issues had been handled with great skill to ensure better understanding without any motional lobotomy.

The SOCHARA library been of great help to me and I have borrowed books and kept it for weeks on end with and without Mr. Swamy's permission.

I thank Mohammed, Chander SJ, and Kumar, for the sharing their wonderful experience with us and for always being there to guide us.

I thank office staff of SOCHARA for being with us and for helping Dr. Thelma, Yuvraj and Chander, making arrangements for us throughout the programme.

I thank my field mentors Ameer khan, Naresh (CAH) Dr. Chandra (DAS-CBR) Thirupattur. Dr. Bhagyalakshmi (SAKHI) and all my

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I thank the authors of all the book I have read during the fellowship, as these are books of great value and have been written for a cause.

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I thank my family for being patient with me and supporting me in my journey. Without their backing, it would have not been possible.

Looking inwards

While looking back at myself, I see many differences that have happened. My thinking capacity has really improved because now while going out and seeing people who are suffering, I will not go without understanding the situation and think and ask with others what can be done for that. I realize that every issue is related to health and also I can relate each issue to health.

My observation skills have improved and I am able to understand the situation much better. And if I see any problem in the village I will go to the people and talk with them. If I don't know anything about the medicine, I have the confidence that at least I can tell them to go where they have to; otherwise I will find out about it and pass on the information. I also visited the PHC and sub-centre I understood about the health system and the challenges.

<u>My inner learning's</u>

- In the beginning I was so scared while talking to everyone in English. Slowly I picked up the language and felt confident.
- My communication skills have improved including my skills in speaking in public.
- Interacting with the people from different backgrounds was a good learning experience for me during my field work.
- I learnt about definition of the health and illness.
- Class, cast, and gender session were really good and it made me to observe the situation what is happening in the world.
- I was able to understand the values and responsibilities of the community health worker. Dr. Ravi use to tell us ...

"Go to the people
Live among them
Love them
Learn from them
Start from where they are
Build up to what they know"

- Social, Economical, Political, Environment and cultural aspect and their relationship to the health became more clear. I learnt how we could relate the issue by telling stories on health.
- The visits to PHC and sub-centre helped me to understand what facilities should be at the PHC level.
- I also learnt a lot by meeting with mentors and with staff.

LEARNING OBJECTIVES

- To understand the primary health care
- To understand about community health
- To understand the communitization
- To understand the globalization

What is community health?

"Community health" as I have understood from the orientation programme and from the placement is empowering people to have the power to demand their right and it involves community participation, community mobilization and community involvement in reaching this goals as very important components. More to my understanding on community health its more than just 'medical' everything that comprises the well being of a community is health. Again 'wellbeing' health should come to a community through all dimensions of their daily life. This is what I feel is community health.

Primary health care

Primary health care is traditionally being used to mean first level contact between patient or communities and organised healthcare. In this sense it includes the services provided by peripheral health workers, including general practitioners, nurses and health auxiliaries.

Primary health care is essential health care made accessible at the cost of country and community can afford, with methods that are practical, scientifically sound and socially acceptable. Everyone in the community should have access to it, and everyone should be involved in it. Related sectors should also be involved in it in addition to the health sector. At the very least it should include education of the community on the health problems prevalent and on methods of preventing health problems from arising or of controlling them; the promotion of adequate supplies of food and proper nutrition; sufficient safe water and basic sanitation; maternal and child health care, including family planning; the privation and control of locally endemic diseases; immunization against the main infectious diseases; apriority treatment of common disease and injuries; and the provision of essential drugs.

Appropriate Technology

"A technology is appropriate: if it is economically feasible within the resources available if it is culturally acceptable, not destroying the

fabric of society which may already be fragile if it's environmentally harmless". (Ex: Prahlad, working with sanitation)

Appropriate technology for health

This has been defined as a wide ranging set of activities, utilization local skills, knowledge and creativity for inventing, discovering, testing, improving or adapting, applying or using methodologies and techniques together with methods of management for solving health problems.

Examples of appropriate technology

Medical care :

- Herbal, low cost medicines, dipsticks, for lab work, jaipur limb, low cost dental unit, cycle ambulance, cassette audiometer.

New areas of interest:

- Acupuncture, "fringe medicine" Ayurveda and homeopathy, yoga and naturopathy.

Gender

Gender is an important role in public health and primary health care, not to be misunderstood as simply mater of difference between women and men in society. It is more compels value construct that looks at roles, status and power relationships between the sexes in the context of society and access to system and services.

Gender and health

Society prescribed to women and men different roles in different social contexts. There are also differences in the opportunities and resources available to women and men, and in their ability to make decision and exercise their human rights. On including those related to protecting health and seeking care in case of ill health. Gender roles and unequal gender relations interact with other social and economic variables, resulting in different and sometimes inequitable patterns of exposure to health risk, and in differential access to and utilization of health

information, care and services. These differences, in turn have clear impact on health outcomes.

Learning's from collective sessions

- The collective session began by providing the basic definition of health, but with the progress of the discussions the multi dimensional aspect of health, which is beyond just 'physical health 'for the very first time, was introduced to me in such explicit manner. The sessions gave me a deeper understanding as how other determinants such as class, caste, gender, language and other artificial barriers cause a hindrance to good health.
- I usually took the concept of health invariably as a 'need' more than that as a right. The constitution of India has also not provided 'health' as fundamental right but only talked about in few articles. But linkage of health as a fundamental right with that of right life was new learning for me. The perspective of seeing health as a need has changed to health as a right more so I would prefer the word 'entitlement' as after the brief chat with Dr. Yuvraj I realised the fact that when we talk about right it comes within the purview of legal battles.

- The monsoon game made me realize, though we say or belief that fight with situation, come out social barriers ,and bindings, a simple game taught me how difficult it is to fight out the social norms, the structure, the power plays, the rules. Poverty, marginalization does not allow you to question. But game thought me if one does not question the norms, the norms would always oppress only a section of society. The role play as one of the farmer family and the situation, which was the put forward for the game, was extremely unjust and is very much faced by

farmers in real situation also made me realize the daunting difficulties which the farmers has to overcome.

- While understanding the concept of society and social determinants of health. I understood that the society is thoroughly stratified in to various strata's and it is the power structure dominated by a few, who decides. It is because of the resources available to this few, which make them the dominant class. The SEPC analysis gave a better picture on the social determinants of health.
- Health is always been taken into consideration of only being as just physical but other determinants are also been taken into consideration. The role play of one group asking consideration only physical aspect and the other group taking the other determinants in to consideration showed the differentiation. It is an extension from medical approach to community approach.
- The session discussing the skills and values needed to work with community made me realize that a community worker in order to be successful in the work area as to have a variety of skills as community has various dynamics to it and in order to understand a community better a worker must be equipped with set of skills to work towards the betterment of the community. The documentary on JAN SWASTH SAHYOG was a perfect example for me to understand the perfect mixture of skills and values required to work towards community health.
- Historical overview of health care system provided me with a background of understanding as to how the health care system evolved. The 3 tier concept adopted by government to address the problems of public health was an area of discovery for me as mostly diseases occurs at the primary level and the needed for strengthening of primary health care centres was realized by me.
- Introduction to the public health system gave an insight to the working of public health system. Few concepts about the structure of public health also came in to light as a new learning for me. The learning on the manufacturing rights completely own by drugs control of India under the department of chemicals and

fertilizers was a shocker for me as it alone controls every aspect of drugs from it is quality to quantity.

- I realized the need of primary health with the session on evolution of health system. But the story of RAKU though just silent picture reinforced the very fact of need of primary health care. The lack of basic health care results in with the death of Raku's child. The story moved me, to understand the intricacy and problems of marginalized people. I felt how essential it is to have for primary health care centres in the remote areas.
- The session on Alma-Ata discussed how Alma-Ata was evolved. During the session I learnt that the declaration talks more on what Bhore committee report had already suggested in 1946. But even the Alma-Ata declaration is still a dream to be fulfilled realizing 'Health For All' but the people's health movement is working towards the goal of achieving the same.
- The session on NRHM was a realization as to what might have been the situation without NRHM as the condition of the public health care system is still in deplorable condition. It is the call of the hour and the urgent need of the health care system to be given a serious thought. NRHM is the blink of lights and with PHM and other health movements; we will make 'Health for All' a reality.
- Globalization as I understood has made a huge impact on to the world out right though making some good but largely making the world a hollow shell as I learnt it. The concentration of wealth where poor are getting poorer and rich pocketing the entire resources is the biggest dividing that globalization is doing in the world. Its impact is felt at all times and at all levels and health is one of the crucial areas where impact globalization is much felt with health being with health being an industry of profit making.
- The gender distribution system through the game indeed as how a woman is over burdened with work and multitasking takes a serious tool in their health. The superficial ties attached to a women does hamper their growth in their all round development.

- Dr. Ravi gave a session national programmes undertaken by government on various vector born diseases. Its implementation, success and failure.
- The alternative system of health session by Dr Shirdi Prasad gave a description the usefulness on alternative medicines and implications. The session also discussed about how to conduct training and the requirements of training. This session was very useful for me as my learning objectives also require training myself as trainer.
- Interaction with Mr. Prasanna further clarified the session on globalization and its impact on the health care system, it was indeed a eye opener as to how the commercialization of drugs has affected the prices of the drugs and whole of the health care system.

Key learning's from sessions

I personally enjoyed every session and there were so many things to learn from each session. But the once that made maximum impact were:

- Dr .Ravi Narayan shared with us his experience with the Malur health cooperative that was setup in Malur. Kolar with the help of St. John's medical college in the 70s. This centre was initially successful and a lot of people were able to access health care at the cooperative hospital, which succeeded in bridging some of the societal inequalities also. After a few years, due to certain state and national level policy changes which were a result of the 'structural adjust policy' or SAP by the funding agencies like world bank, the village eventually turned from being productive and self sustained to a village plagued with desertification and debt. The SAP forced the villagers to look at cotton farming and silk rearing rather than growing food crops. It became clear to me that no one is in complete control of his/her health. A decision made elsewhere can lead to the death of a former and his family. It is important for those working on community health and

development to keep informed about economic and political news.

- The important subject of Globalization was introduced us by Mr. Prasanna One is often not completely clear on the concept of globalization and its implication. This session was very well laid out and brought the main positive and negative effects that globalization has led to. Like most development projects, globalization may have been started with good intension: it has now resulted in greater poverty and also to further ignorance about poverty amongst richer sections of society. This session showed may tool can be used for right or wrong depending on how it is used. On one hand the sharing of knowledge across borders is a boon but the increased exploitation of poor countries by the west has led to the worsening of the health situation. Now communities and forests and even countries often stand defenceless against the might of multinational corporations. Due to changes that are being forced on import policy, the local markets which can provide products at monetarily cheaper costs. Local lively hoods will be destroyed and the countries will be forced to produce for the market of richer nations. Polluting industries are being shifted from the E.U .to South East Asia. It is a lose-lose situation for the poorer countries.

- Dr. Ravi Narayan and Thelma Narayan have been integral parts of the people's health movements from its initiation and hence it was wonderful to listen to the entire story, from why the movement was needed and to various communities from various countries came together for it. The PHM is a response to globalization. Economic policy changes have lead to many things

like privatization of health care, stress and medical insurance and costlier drugs. Also, many local livelihoods are being destroyed leading to poverty which also adversely affects health. The movement is actively linked with other development movements to create an equitable society which is needed if health for all is to be achieved. Through democracies are supposed to be ‘for the people, of the and by the people’, communities have to make a lot of noises to be heard by the authorities. Such a situation calls for powerful people’s movements and the PHM is one such example.

- Chander SJ and Kumar shared their personal experience working with communities in the areas of health and development. The sessions mediated by them were rich with stories and the wealth of knowledge they have. These sessions helped me a lot in opening up to new and broader perspectives. The communities of rural India and also the urban poor face several demons every single day of their lives. Health apart, they have to worry about where the day’s meal will come from. In the name of development, several millions peoples lose their homes, jobs and lives each year. The term development has lost its meaning.

Field learning’s

My first field placement was Tamilnadu it was good experience for me. This field work helped me to understand community, community participation, role of local self government, role of civil society in community health. And our Chennai team members gave good orientation about CAH.

What is CAH?

- CAH stands for Community Action for Health. This is a continuation of a pilot process known as Community Monitoring and Planning (CMP). The CMP pilot process was implemented as part of the communitization aspects of the National Rural Health Mission. The process was initiated by the Advisory Group on Community Action (AGCA). The AGCA proposed a pilot process in 9 states to actualize the concept of Community Based Monitoring and Planning that was conceptualized by the NRHM in its Framework of Implementation. It was decided to request a number of civil society organizations to lead the process in the different states in partnership with the state governments. The pilot phase was funded by the central government. It was expected that after the pilot phase the state governments would take over the ownership, running and funding of the process. In Tamilnadu it was decided to change the name from Community Monitoring and Planning to Community Action for health after the Pilot phase.
- It is important to note that the name of the process was changed from Community Monitoring and Planning to Community Action for Health to emphasise that without action the process is incomplete and that the whole process is driven by a joint learning approach with openness and spaces for reflection.

The CAH process being implemented in Tamilnadu?

- The process is being implemented in 6 districts of Tamilnadu. In each of the districts it is being implemented in 1 to 3 blocks. A total of 14 blocks are presently covered. In each block all the panchayats are covered and in all 446 panchayats are covered. The details of the coverage including the number of PHCs, HSCs and ICDS centers that are covered.
- Districts: Dharmapuri, Kanniyakumari, Perambalur and Ariyalur, Thiruvallur, Vellore.

Understand the implementing the CAH process in Tamilnadu?

- In the pilot phase the funding came from the central government. After the pilot phase there was an external evaluation of the process. Based on this external evaluation and a series of meetings with the NRHM state mission director as well as the Director of Public health and preventive medicine a dissemination workshop was held to discuss the learning's of the pilot phase and plan the broad contours of the next phase of the project. The Government of Tamilnadu issued a government order for the project and in principle agreed to support the process.
- The project is implemented through a state nodal NGO who is the fund holder for the state and then further through District and Block nodal NGOs. In Tamilnadu the pilot phase was implemented by the Tamilnadu Science Forum (TNSF) which was the state nodal NGO and in the subsequent phases Society for Community Health Awareness Research and Action (SOCHARA) took over as state nodal NGO.
- The State Health Society (SHS) and the Director of Public health and preventive medicine (DPH) were joint signatories on the MOU with SOCHARA and both the SHS and the DPH have appointed nodal officers in their respective departments to work with the process.
- Within SOCHARA the implementing team based in Chennai has been provided with support and oversight. There have been a series of reflections and discussions using a SWOT approach based on a number of presentations made by the implementing team on various occasions. The executive committee has also shown keen interest and provided strong oversight for the overall process. A number of interns who were part of SOCHARA's Community Health Learning Program have also spent time learning from and contributing to the process thus enhancing the overall organizational ownership as well as learning from the whole process.

Understand the aim of the CAH process?

As mentioned earlier the idea of the CAH process is to actualize the concept of communitization that is introduced in the Framework of Implementation of the NRHM. The concept of communitization involves increasing the ownership of the community for the health system. This increased ownership is seen to increase both utilization as well as accountability of the system to the people. This combination of increased ownership, utilization and accountability will contribute to health system strengthening and the achievement of the goals of the NRHM. This overarching framework also provides space and opportunity to take forward the community health approach predicated on inclusive community involvement.

Understand the steps of the CAH process?

The following are the basic steps of the CAH process:

- *Village Health Water and Sanitation Committee (VHWSC) committee expansion* to include wider representation for all groups and geographical areas of the panchayat. This expansion was done by holding meetings in all the hamlets of the project area and explaining the process to the people and getting volunteers and suggestions from the community for members. The team also implemented a rejuvenation exercise for the VHWSC committee after the conduct of the first Panchayat Planning exercise.

- *Orientation and training of the VHWSC committee* representatives was the next major step. The whole committee was oriented to the process. Subsequently two per panchayat (in the first phase) and 4 per panchayat (in the second phase) were intensively trained on the monitoring process.

- The next step is the *monitoring process* where a tool developed by the state nodal NGO in consultation with the other partner NGOs, the people and the department is used to collect the perspectives / assessments of the services available at the village and PHC by the people. While the first round was done by the project Animators taking the members along with them, the subsequent two rounds of the monitoring process were done by the members themselves.
- After this the information collected is collated into the *Panchayat*

Health Report Card. Thus one Report card is evolved for each Panchayat.

- In the next step of the process is the *Panchayat Health Planning Day*. In the Village Health Planning day the VHWSC committee members present the Panchayat Health Report Card to a group consisting of the representatives of the Public Health department including the Village Health nurse and the PHC – MO, the Panchayat president, the anganwadi workers and members of the community. During this meeting the various questions / sections receiving a 'red' colour are discussed in detail with an aim of converting this 'red' score to 'green' in six months. Thus a Panchayat Health Action Plan is evolved.

- Subsequently this is shared with officials at the PHC, Block and District level.

- *Every month the VHWS committee meet* and discuss the issues arising out of the Panchayat Health Plan and its follow up.

- *The whole monitoring and planning cycle is repeated every six months*.

Understand the status of the project in the state of Tamilnadu?

- *Formation and strengthening of 446 VHWSCs* in 446 panchayats spread over 14 blocks in 6 districts.

- Support these 446 panchayat committees.

- *3rounds of monitoring* of the health system.

- *1 round of fully fledged planning* and sharing of the results at the panchayat and the PHC level.

Have the VHWSC members been able to the use the tools easily?

The tools were built after many rounds of discussions and pilot testing. In fact there have been minor and a few major changes with each round of monitoring based on feedback received. Based on an external

evaluation and the feedback of the people and the government officials the tool used in the pilot phase was extensively modified to bring it to its present generic shape.

The major challenge we faced (CAH team) was teaching the members the logic behind the various health entitlements so that the monitoring could be linked to action. Apart from this one area of difficulty were the names of the equipment; however this was overcome by inserting pictures of the relevant instrument / infrastructure.

Given its piloting and iterative feedback the tool is quite understandable and usable.

One of the interesting finding is that tool not only helps capture people's perceptions on health, but in addition by probing a number of dimensions also spread a lot of awareness and initiated interesting and in-depth discussions on health.

How much time does it take to fill the tool and complete one cycle of monitoring and planning?

It has been found that a full set of tools covering all the dimensions of health services will take 5 days of time. In addition the PHC and HSC facility survey and exit polling take 1 day. Thus in all the committee members have to spend 6 days every six months on monitoring activities. Individual interviews (for the immunization and ANC / Delivery / PNC) take about 40 minutes to 1 hour per interview. Group discussions (for school health / adolescent health / village services) take about 30 to 40 minutes.

In terms of planning about 3 days of preparations are required for every day of Panchayat Level planning.

Every month there is a VHWSC meeting to follow up the various action plans.

Understand the staffing pattern of the CAH project?

The project is implemented through the State nodal NGO at the state level, district nodal NGOs at the district level and Block nodal NGOs at the block level.

At the state level there is the Project and Assistant Project Manager, one accounts manager and a communications officer. Thus the state team consists of 4 individuals. However due to the felt need for intensive learning and documentation from the field an additional Research Assistant was appointed 6 months ago.

At the district level the project has one District Coordinator (full time) and one consultant (part time) with part time support for the accounts person.

At the block level there is the Block coordinator (full time).

At the panchayat level there is one animator for every 5 panchayats generally and for 4 in areas with difficult terrain. In all there are 100 animators in the project.

Understand the governance structure of the project?

The primary group that advises the State nodal NGO is the State Implementers group consisting of the Implementing NGOs, representatives of the civil society, representatives of the SHS and the DPH.

At the district level there is the district mentoring committee which mentors the process at the district level.

There is a project governing body consisting of eminent academics and civil society representatives.

SOCHARA has a special sub-committee to provide internal mentorship and over-sight to the implementing team.

The role of the civil society groups in the process?

The role of the civil society groups in the project are as follows:

- Capacity building of the VHWSC committees. This is done in collaboration with the local health staff including the VHNs and the Health inspectors.
- Facilitating of the work of the VHWSC. This is done through the interaction with PRI officials and the Public health sector workers and facilitating their cooperation with the process.
- Sensitization of all involved about the potential impact of the process.
- Developing systems of sustainability of the process.

Understand the project propose to strengthen the public health system?

As mentioned in the Framework of implementation of the NRHM the one of the 5 pillars of the NRHM is Communitization. By increasing ownership of the public health system by the community the process not only hopes to increase demand and utilization of the public health services but also in parallel increase the accountability of the system to the people.

Apart from this the data generated at each level is unique and these dimensions are not collected by the routine HMIS. Thus the process provides valuable information to the health system at different levels. This information will go a long way in identifying gaps in the system and enabling the system to fill these. This is through not only the Panchayat Health Plan but also through the block, district and state level consolidation and analysis of the data.

Moreover as this designed to initiate community action for health following the Panchayat Health Plans, it hopes to further strengthen the system by the process where people get a deeper understanding of their entitlements as well as the constraints within which the system works. The process also allows the system a chance to understand the people's perceptions of the services and thus enable the system to see the perspective of the people. This two way enhancement of understanding will contribute to system strengthening.

Systematically / programmatically this approach has led to a deeper understanding for the need of the perspectives of the health providers

to find greater space within the initiative (and indeed overall governance of the health system). Community Support mechanisms for the PHC and the HSC can be evolved. Also critically workers' rights components and occupational health dimensions of public sector workers needs greater attention.

Understand the key constraints for the implementation of the Community Action for Health Project in Tamil Nadu.

Constraints for the implementation of the Community Action for Health project in Tamil Nadu can be discussed under – social context, health system related and larger political context.

<u>Social Context</u>

- One of the major constraints that the project has faced has been the 'indirect' costs faced by the community members who are expected to voluntarily take part in the various activities of the VHWSC. These include the following:
- Most of the marginalized communities and especially the women usually attend the MNREGA work and depend on these for wages. Thus when meetings and work are expected and it means give these up obviously it reduces the chances that people living in such in secure conditions will be able to participate. However these are the very people who we aim the process at.
- Given the above 'competition' with MNREGA and coupled with the number of NGOs that give people sitting fees for all trainings and meetings there is a general tendency to expect money for this type of work.
- Communities are riddled by caste and gender differences, this obviously affects the full implementation of the process. Thus in villages people of different castes refuse to sit together and it is very difficult to build up community wide ownership of the process.
- Alcoholism has been reported from a number of districts as problematic. A number of meetings are disrupted by people who are drunk. Similarly project staff (especially women) and VHWSC members who are women are especially insecure.
- The lack of transport is another constraint for the mobility of the

members both between villages in a panchayat and between their village and the PHC and HSC.
- In one of the district's the presence of a large number of industries and even a proposed SEZ in the area has led to a fracturing of the community and an inability of implementing such programs smoothly.

Health System related

- It has been found on a number of occasions that people are not very motivated to hold the government system accountable. This is for the following reasons:
- Most people are unable to access government schemes due to middlemen or corruption, thus they are not very interested in spending more energy on these schemes.
- The more educated and wealthy even among the marginalized communities corner most benefits thus leaving the most marginalized more frustrated.
- In general the more wealthy and influential capture the benefits.
- In addition the above the government is seen as poor in many situations and due to rudeness most people prefer going to the private sector. Thus not wanting to spend too much energy holding the public sector accountable.
- Frequent transfers of the doctors and officers means that those in decision making posts even at the local level need to repeatedly be oriented to the process thus leading to a lack of continuity.
- The health department views the community either as ignorant or as not interested in their own health little appreciating the structural factors leading to this (some as described above). This attitude of superiority and patronage is not conducive for processes to develop transparency accountability.
- The peripheral workers are working under severe systemic constraints and in a very hierarchical system. Unless this is sorted out these workers will only get more and more frustrated and will be unable to engage with such processes.

Larger political context

- Regime change leads to an introduction of a whole new set of schemes and the consequent ignoring or sidelining of older

schemes. This leads to a lot of uncertainty and lack of continuity in schemes like this requiring longer term support.

- Political parties have their presence even at the village level; this has led to problems in getting people of different political parties together for health issues.
- Local influential people have a tendency to hold the key to participation from the community, lot of care needs to be given to developing a rapport with these people, and else there is a danger of their making the situation very difficult for the implementation of the project.

'SAKHI' Hospet Bellary

This is a group working on empowering women. Hospet is an area that has been ravaged by the mining industry and has lead to a lot of poverty and health problems. There is also rampant human trafficking. SAKHI workers on issue women face in these areas. They also support the education young women. The group is working on sensitive subjects hence faces constant harassment from industry and officials. Hats off these women for their courage. They also showed me a movie they have made on the local mining operations which was a moving experience. Mining has destroyed the local environment, roads and glove in the operation. The money that has come to Hospet through the mining industry has lead to sex trade and several young girls are falling victims to it.

'Jagrutha mahila sanghatane'

This is a women group working on empowerment, savings and livelihoods. The women are from the lowest rung society – Dalith. Hence they had been the most oppressed lot. Through JMS the women have become aware of their rights, they publicly protest incidents where women have been abused, have brought better roads to the villages and also sanitary toilets. They are also becoming economically empowered through lively hood initiatives like terracotta jewellery, herbal medicines and neem seed fertilizers. Living with them for few

days was a great opportunity to learn about their lives, the issues the women face, how JMS has empowered them and how the health care facilities are functioning in their area

RESEARCH REPORT

INTRODUCTION

Sanitation

'The control of all those factors in man's environment which exercise or may exercise a deleterious effect on his physical development, health and survival" *("WHO expert committee Environmental Sanitation1963-1967")*

Sanitation has been neglected for a long time. This has contributed to high levels of sickness and death especially among infants and children. More investment is required in hygiene and sanitation. to Prevent the spread of excreta-related diseases such as typhoid, cholera, diarrhoea and dysentery.

Only 32% of rural households have their own toilets and that less than half of Indian households have a toilet at home. There were more households with a mobile phone than with a toilet. In fact, the last Census data reveals that the percentage of households having access to television and telephones in rural India exceeds the percentage of households with access to toilet facilities. Of the estimated billion people in the world who defecate in the open, more than half reside in India. Poor sanitation impairs the health leading to high rates of malnutrition and productivity losses. India's sanitation deficit leads to losses worth roughly 6% of its gross domestic product (GDP) according to World Bank estimates by raising the disease burden in the country.[1]

Open defecation

It is the practice of passing out excreta in open field and indiscriminately. This excreta often finds its way into sources of drinking water and food and may lead to disease.

A drop can kill: One gram of excreta can contain;

10,000,000 viruses

1,000,000 bacteria

1,000 parasites cysts 100 parasite eggs

Sanitation differentiate between men and women

Women and men have different needs and customs when it comes to sanitation. Men may be more comfortable than women relieving themselves in public or open spaces. Women are burdened with a greater share of family work like collecting and firewood, cooking, and cleaning. They are usually responsible for taking care of children and their sanitation needs as well. All of these affect their access to toilets that are safe, clean, comfortable, and private. Addressing women's needs often challenges traditional ideas about how decisions are made.

Mental health:

A state of well being in which the individual realize his or her own abilities, can cope with a normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. *(source: promoting mental health as a public health priority)*

The number of people with mental illness will increase substantially in the coming decades. It is seen that there is an increase in the number of young adults with mental disorders, and 50-75% of mental disorders began during youth. Secondly, there has been substantial increase in the geriatric population having mental health problems, as the life expectancy is increasing. Thirdly social factors which are established risk factors are also causing a change in the rate depression seen in all age groups. Besides depression anxiety & stress are also affecting children, the cause being different from adults *(source: defending the health of marginalised, chc1984-2009)*

Determinants of mental health:

Poor people with mental illness are not only vulnerable due to their condition, but also the vulnerability brought poverty which related to their condition. One of the main reasons that people find it hard to accept people with mental illness as equal members of their communities is that they do not see them as capable of contributing to the household or the community. The effect of social determinants such has poverty, conflict, gender, disadvantage, social exclusion etc. On mental illnesses are well known. It is also found that, people are not able to access care due to their social conditions. And due inadequate treatment, people with mental disorders remain disabled for longer and incur grater health care costs and lesser ability to work, thus worsening poverty. *(source: defending the health of marginalised,chc1984-2009)*

Mental health impact of poor sanitation

For men urinating or defecating at open places are normal and natural. But women whose anatomy, modesty and susceptibility to attack does not allow them to discreetly relieve themselves in public – have no choice but to wait until dark,

usually early in the morning when there is less risk of being accosted *[2])*. "Going to the toilet" for these women often means squatting in a private spot or waking up before dawn to queue at public toilets. These challenges are greater for disabled women. They have to depend on others for attending their nature calls to take them to out of the village, which becomes a burden to the other family members. Sometimes, these people relieve by the side of their house or within the house premises, which makes it a nuisance for the neighbours and other family members. Even the teenage disabled are also using open places for their defecation, which is objectionable and not accepted among villagers.

About gaps in understanding on mental health impacts of poor sanitation

As open defecation is accepted factor in the villages, but women having no choice but to go?

There has been three papers presented earlier on open defecations and its challenges which women faced due to lack of toilet either at home and nearby, one at Kanpur [3], the second one at Bangalore [4] and a similar study was presented in a conference at New Delhi [2]. In which it has been mentioned that open defecation lead to sexual harassment, malnutrition and physical health problems. But there has not been any research evidence of mental health impacts with open defecation.

There is also anecdotal evidence on teasing, harassment and stress for women due to lack of access to toilets, which may impact their mental health. There are no formal studies to understand the mental health impacts of poor sanitation, and therefore we proposed to understand this through interacting with women who do not have toilets in their homes.

Title of the study

"Qualitative study on the mental health impacts of poor access to sanitation among women in Hospet, Karnataka"

Objectives

- To understand the role of sanitation as a determinant of mental health among women (including adolescent and disabled women).
- To identify the main reasons due to which women are unable to access sanitation

Study area

The study have conducted in 5 villages and 2 slums this villages located Hospet taluk, Bellary District, Karnataka

- Mariyammanahalli
- Nagenahalli
- Danapura
- Byluvaddigeri
- Ramasagara
- SL chowki & chithwadagi (slums)

METHODOLOGY

Study design

- Qualitative study

Data collection

- 25- In-depth interviews
- 2 – Focus group discussion

Sampling

"Convenient sampling" method was used in this study

- Women - 21 (Adolescents and middle age women)
- Disabled (women) - 04

Two focus group discussion with

- Adolescent girls – 01 (with 12 girls)
- Middle aged women – 01 (with 26 women)

Method of analysis: The conversations were sound recorded, and was later transcribed and translated (Kannada to English). The transcripts were then thematically analysed based on which the issues emerged.

ANALISYS

The findings have been presented in three parts: The immediate problems faced, the impact on mental health, and the determinants of poor access to sanitation for women. The themes that have emerged under each of the sub-headings have been presented.

1) **The immediate problems faced by women because of lack of access to toilet**

Most of my responders suffer due to lack of a toilet facility in secure place, their gender identity (women) and family restrictions therefore women fear to go open place women faced more problems while going open place these follows

1.1 Confrontation with animals (or threat of attack by animals)

Usually in this villages women go for toilet early morning and late evening and often it is quite dark in the village and they face more problems of street dogs , snake bites, monkey bites, pig, bears, and very often this animals usually move in the dark therefore women fear to sit one particular place for defecation.

According to [28year) old women

"One day I went to public toilet which is do not have roof I sat inside five monkeys suddenly came on top moving on the walls, and screaming in front of me. I got scared to sit there and even I could not come out because these monkeys were walking around the walls, that day onwards I am scared to go outside for toilet".

1.2 Teasing and harassment by young men

Usually in these villages when women go out for defecation, the youth make comments and look at them in a manner that makes the women uncomfortable. Sometimes the boys follow them and misbehave with them and play vulgar songs, or click photos using their mobile phones. This situation they share with their friends and when these women come back from the field they are called pet name like 'Chembu hodugi'(girl who carries a pot) .

According to [22year old] girl

"I was sitting one place for toilet some fellows came where I was seated; they stood there, played vulgar songs and started to discuss bad issues because they saw me. When I left that place they them self calling my name indirectly so I feel shame to go open place".

According to [29year] women

"We constructed toilet out of the village beside the road one day I sat inside, outside youth were standing by the side of the toilet and played songs on mobile

and threw stones over toilet , I was scared to sit inside after I came out 'I questioned why you people are doing like this? then they said this is road, we stand on the road, why you have constructed toilet by the side of the road, we are not teasing you, we are talking to each other, you don't feel like heroine' like they teased me"

1.3 Reduction in food intake

Most of the responders are having health related problems because they do not take sufficient food and drink enough water. It is affecting their health especially at night because of lack of toilet they prefer not to take any food and thus and some of responders complain of gastric and body pain but the family do not consider its relation with to toilet. Sometimes the girls gets their monthly period while they are out place and since lack of water they have difficult to clean themselves properly and thus become infectious.

According to (17year) old girl

"One day suddenly I got stomach pain I told my family members, then we consulted a doctor who said I have gastric problem because I am not taking food at night and midday due to toilet problem"

1.4 Monthly related issues

women burdening her biological condition specially adolescents in monthly period time getting stomach pain therefore need to spend 10to15 minutes in outside because lack of toilet facility in the time she getting psychological stress.

According to [28year] old women

"I scared every month end because of my month period problem in my house we do not have toilet facility therefore I am going out of the village and it is big difficult for me to find discreet place".

According to [31year] old women: *"During my periods I do normally get stomach pain and thus I need to be longer period in a private place. But it is difficult to find place outside, thus I face big problems.*

1.5) Situations of misunderstandings/suspicion

Most of the responder's family are suspicious of them. Often for women they look for lonely place for defecation and sometimes they need to go longer way in order to keep their privacy. Sometimes it takes 15 to 20 minutes to come back and this questions people at home. Why late? Where did you go and so on? Started to doubt them. And sometimes over suspicion arise. When they explain to the family their need, they fail to understand them. When requested to build toilet in order to avoid these problems the answer is all these years it was the habit that people go to open defecation, and why all of a sudden you demand of it. Sometimes this suspicion brings women in to mental stress.

According to 21tear old girl

"Once I went for open defection while I was sitting at one place, nearby honey hives was there and when I saw it I ran away to the village. Of course I was afraid and I was not properly dressed. Villagers saw my position and complained to my mother to mend her properly".

According to (18year) old girl

"*I fear to go open place morning and evening. I told my father to build a toilet but he told me from last 20 years in our home, women are going to open place. They never told us that this is a problem; you only tell that this is a problem. Why do you think this is a problem, why do you look at gents and when you go take someone else with you? You behave properly and nothing will happen to you".*

1.6) <u>Domestic violence</u>

In my interviews I found due to lack of toilet domestic violence takes place for middle aged women. Normally it is difficult for them to find a deserted place outside the village and thus often they come home late. Due to this sometimes the husbands doubt them and unnecessary questions are being asked and domestic violence also takes place... Some of my responders faced this problem in families, misunderstandings take place and sometimes they are beaten up as well. Once there is also a case of separation because of this.

(Related to both suspicion and related to asking for construction of toilet)

According to [34year] old women

"I am scared to go to open place for toileting, one day I shared this problem with my husband but he

did not answer me and he went out, I thought he agreed but he didn't construct. Again I started to ask him he got angry and he shouted me back and scolded me by saying 'all villagers are going outside, you go like them otherwise you go along with other women so no need to construct toilet'. Next day onwards I started to cry, he started to beat and shouting. Therefore I returned to my mother house and now I do not plan to return"

According to [32year] women

"One day I went open defecation I returned after 16 minutes to the house, my husband questioned me unnecessarily so I was irritated. These issues cannot be shared in front of family member's .Therefore I started to ask him to construct toilet and this became a big issue he beat me shouted at me then next day I returned to my mother home. He asked me to return to his place but I demanded for a toilet but he didn't agree to my problem he asked me for divorce, now he is married to another women. If he had agreed to construct toilet I gladly would have returned back but that did not happen"

1.7 Difficulty with hosting guests

Problems faced by an adolescent who has lived in hostel, and friend had a difficult time at home due to diarrhoeal episode but no access to toilet. Guest decided not to visit her again.

According to 21year old girl

"One day I was invited one of my friend to my home because of festival event she yet full mill its new dishes for her, in the night she suffered by stomach pain motions 18 times we went outside because of no toilet in my home the next day we went hostel she shared her problem with my other hostel mates 'in this girl home they have bike, TV, showcase, but they don't have toilet they use to go open place like tribal's".

2. Impact on mental health

Women face much more problems when it comes to toilet issue. While going for open defecation they face harassment, fear, suspicion, domestic violence, as well as due to poverty not taking sufficient food and water which affects their nutritious level. Some of them suffer from gastric problems. Thus they get in to psychological stress and depression.

2.1 Feeling of fear

The most of responders are going for open defecation. Due to lack of toilet women have no privacy at all. And often it is quite dark; the presence of animals scares them. Even fear of teasing and harassments. But in the slums the toilets are far out and in the morning hours it is crowded and in the evening it is dark and far, impossible to reach. Thus there is a constant fear in these women when even thinking of toileting.

According to (18year) girl

"One day I went to open defecation I was sitting one place 3 boys were walking around that place and they played vulgar songs with high volume, because of they have seen me therefore I fear to go open place".

According to [34year] Old women

"One day I was sitting at one place a group of pigs came where I was I got scared then suddenly stood and came back to home, after that I didn't sit anywhere, like this each time this animals give more stress to us. It's difficult to complete our work and I fear to go open place".

2.2 Feeling of shame

While women going outside for open defecation they face more problems and feels shame .Sometimes when it is dark one will not know what is happening next to you. While defecating one is unable to stand immediately because of shame or fear of others watching you. One cannot also speak about these issues at home because one does not feel free to speak of it. Teasing, taking photos, bad comments, suspicion are the common reasons why a woman feels ashamed of open defecation. Specially disabled persons depend on others, when they go with family members or others they feel shame and they not feel comfortable to do toilet in front of them. Such situation gives guilt feelings to that person

According to (16year) old girl

"I was seated at one open place and at that moment the land owner came and clicked my photo. It became for me a humiliation as well as mental stress, I reflect how to show my face outside and feel shame".

2.3 Feeling of worthless

Women fully depend on men and they do not listen to them at all. When they speak of toilet, men bring up the idea of tradition and culture. Women are fully ignored by men in any sort of decision making factors. Most of the families do not give importance to disabled because usually they depend on others. They cannot complete their daily activities without others help, therefore in most of the families women feel that they are a waist, do not give importance in family decision , they feel they are neglected persons in the family thus they do not get involved in any sort of activities.

According to 31year old women

"When I asked my husband to construct toilet he didn't listen fully to my talk and he didn't give proper response to my demand. Finally he told me, don't discuss unnecessary things and don't waste my time, then he went out".

According to 56 year disabled women

"*In our home whatever I discuss with them that is useless because nobody doesn't give response to my talk, if try to tell anything they use to tell "keep quite you don't know anything" like that they always oppressing and avoiding me".*

2.4) <u>Worry</u>

The study picked out most of them do not sleep well at night because often they are worried of the open defecation, they face problems inside at family and outside at the community, thus their suffering causes them reduced sleep.

According to 36year old women

"I was anxious of toilet issue because I have 18 year old daughter she suffers due to lack of toilet facility, she shared with me, I had discussion with my family but they won't consider our problem. So this is big psychological problem for me and I do not sleep well at night".

2.5) <u>Low self esteem</u>

Most of the respondents are burdened by due to lack of toilet, because women cannot take decision without family person's permission. In this situation women get oppressed mentality and losing self confident in herself and unconditionally accepting others decision, sometime she confusing to think properly herself specially disabled they depended others and nobody listen their views nobody encourage them in the family therefore them self losing their self confident.

According to 33year disabled women

"In my family nobody understands my problem, even I go to express any issues they won't listen to that, and won't give positive support in the family. They always think I am a worthless person in the family therefore I am confused to take any kind of decision of my life and not confident to do anything.

2.6. Mental stress

Most of my responders get psychological stress because of open defecation, no privacy, their gender identity, and fear about men and animals. This reason causes among women stress and depression specially disabled, they go to much stress when it comes in to the question of open defecation. Because their disability and very often they feel shy and shame to take each time others help, but have no option, should take others help. Sometimes at home they hesitate to help them, but without their help this disabled persons cannot go for open defecation, this situation give psychological stress and depression.

(Somewhere we should highlight that women are facing repeated insults and that these are not one time events)

According to 24year old disabled girl

"Sometimes I ask mother to take me out side, she hesitate and shout at me, many times I cried but I don't have option. I use to take their help and without their support I cannot do anything. Totally my life depends on others, so each second of my life I feel I am useless in my family, in society and this situation brings big depression on me".

2.7), Development of suicidal thoughts

Most of responders are especially middle aged women and disabled peoples facing psychological stress and depression. While going outside for open defecation there is teasing, fear, no privacy, problems at family suspicion, domestic violence, and cultural barriers. Because of this women get anxious and having suicidal thoughts. Disabled face more difficulties, because of their vulnerability. Most of my responders are truly anxious of their daily activities; they feel shame to take others help even sometimes hesitate them. They are neglected persons within the family, this problems push to depression among the disabled; some of responders think to attempt suicide, to get relief in this problem.

According to 36year old women

"From last 6 months I faced lots of problems due to lack of toilet when I discussed with my husband, he suspected me and started to beat. Therefore I went my mother house, after he asked me to return his place but I didn't agree finally his get second marriage. Now in my surroundings and village people speak badly of

me. I cried several times I can't get another marriage I can't leave .in this society and thus think to die".

According to 22year old girl

"I cannot complete my daily activities without others help, this is big shame and stress for me, each time I feel shame to ask them, but I don't have option sometime they hesitate me, shout at me, scold me, but all these I took in a positive way, but some time I feel why should I give trouble to others, better to die, get relief from this life".

3. <u>The determinants of poor access to toilets for women</u>

3.1) <u>Economic status</u>

Financial problem is one of the main causes of access to toilet facility Most of the villagers wage labours their economical status was not much satisfied. in the responders families women and men daily wage labourers in this context they not ready spend money to construct toilet they think construction will require huge money so we not have enough money therefore people not interesting to build toilet because of poverty. But most of my responders discussed with their family's majority responder views were financial problem in this context. In urban community have public pay toilet basically labours living in the slums from the morning to evening they need to use 4 to 5 times toilet it will require more money for toilet therefore people usually going for open defecation.

3.2), <u>Cultural belief system</u>

Each community people have their own culture norms by birth they maintaining individual norms and they have some kind of restrictions they cannot go beyond that. Like in sanitation issue they believed toilet construction out of the village because people believing that is bad human urine& shit bad conception in the family usually people doing some pooja ,homa . Inside the home and village Therefore people do not giving importance to construct toilet

3.3), <u>Patriarchal family system</u>

Patriarchal family system which neglects the gender sensitive needs of the women seems to be an important reason behind the lack of toilet in this community. In the interviews most of respondents shared that in their families commonly men were decision makers and the women uncritically accept the decisions made by the men. Since, open defecation is a gender specific issue that affect women due to their biological vulnerabilities and stereotyped concept of gender in the community, men in the family are not aware of the necessity of constructing toilet.

Table no :(1)

Problems caused by poor sanitation (out of 25 responders)

Adolescents = 10
Middle aged women = 11
Person with disability = 04

Problem	Age group	Numbers/percentage
Fear to use open place	Adoloscents Middle age women Disabled	10 = 40% 11 = 44% 04 = 16%
Teasing/Harassment	Adoloscents Middle age women	10 = 40% 11 = 44%
Period Problem	Adolescents middle age women	10 = 40% 06 = 24%
Health related issues	Adoloscents Middle age women Disabled	05 = 20% 06 = 24% 04 = 16%
Suspicion	Adoloscents Middle age women	08 = 32% 09 = 36%
Domestic violence	Middle age women Disabled	08 = 32% 04 = 16%

Table no :(2)

Mental health impact of poor sanitation (out of 25 respondents)

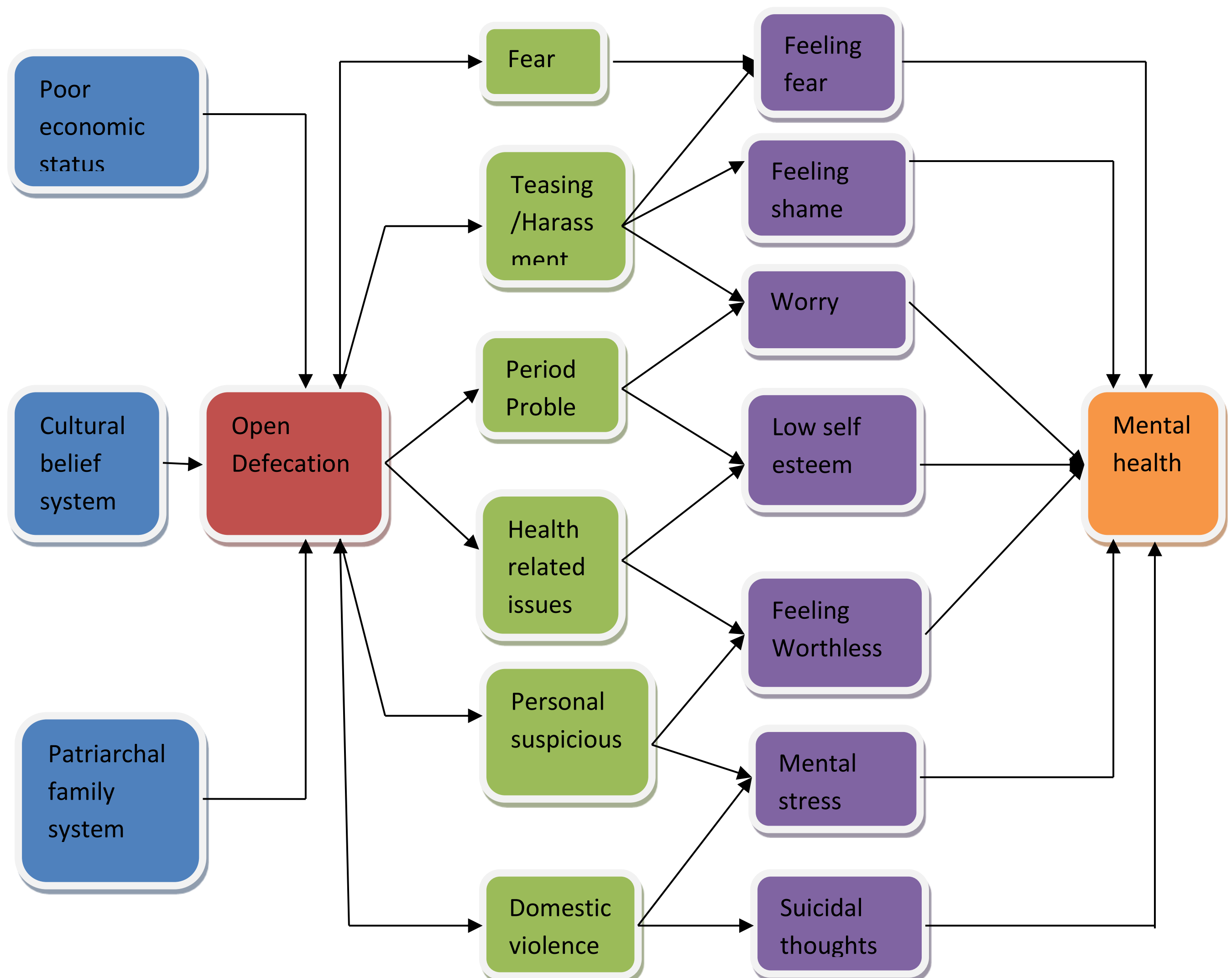
Problem	Age group	Numbers/percentage
Fear	Adolescents Middle age women Disabled	10 = 40% 11 = 44% 04 = 16%
Ashamed and lower self confident	Adolescents Middle age women Disabled	10 = 40% 11 = 44% 04 = 16%
Reduced sleep and confused mind	Adolescents Middle age women Disabled	09 = 36% 10 = 40% 04 = 16%
Stress and depression	Adolescents Middle age women Disabled	10 = 40% 11 = 44% 04 = 16%
Suicidal thought	Adolescents Middle age women Disabled	07 = 28% 08 = 32% 04 = 16%

Table no :(3)

Reason for not constructing toilet (out of 25 respondents)

Reason	Age group	Numbers/percentage
Poor economic status	Adoloscents Middle age women	04 = 16% 07 = 28%
Cultural belief system	Adolescents Middle age women	10 = 40% 11 = 44%
Patriarchal family system	Adoloscents Middle age women	03 = 12% 09 = 36%
Lack of government support	Middle age women	03 = 12%

Figure. (1) Mental health impact by due to lack of toilet (diagram)



DISCUSSION

Women faced teasing/harassment, a patriarchal system, absence of privacy, poverty, cultural traditions, and problems at menstrual periods, suspicion at home, and humiliation in public which are causing major impact on women's psychological problems. They are so deep that the women are unable to share about them; as a result they suffer in silence from psychological stress. The findings on the immediate problems faced by the women due to lack of access to toilets is similar to that reported by earlier studies [2][3][4].

The lack of access to toilets in turn leads to fear, reduced sleep, reduced intake of food, lower self confidence, distress, confused state of mind and constant worry about the future. The feelings of being worthless and suicidal tendencies are also pointed out. From which we can conclude that inaccessibility to toilets is an important determinant of mental health.

It was also ascertained that lack of access to toilets for women was related to socio-economic status, cultural belief systems and patriarchal nature of decision making. Of these, the latter two may be more important, as currently there are programmer's available for funding the construction of toilets. There may be a need to empower the communities to adopt toilets by challenging long held beliefs and also with information on the benefits of using toilets. It is important to involve both men and women in this exercise.

Strengths

- The researcher has chosen a qualitative study design because to understand the issue there is a need to conduct in-depth interviews and direct observations which are categorised under qualitative research and would be helpful to understand problem scenario.
- Researcher divided samples of three age groups (adolescents, middle aged women, disabled) which helped to identify the range of problems faced by women from various backgrounds.
- Researcher interviewed most of women who lacked toilet either at home or nearby to know problems affected at present scenario.

Weakness

- Absence of men interaction.
- Absence of care givers interaction (Person with Disability).
- Absence of interaction with local self government.

Recommendations

- Conduct behavioural change training programme for young men to come the bad assumption about women, and for peoples to come out the cultural (blind belief) system in toilet issue.
- Conduct sanitation awareness and training programmes for both men and women to the problems by due to lack of toilet.
- The study brought out poor economic status one of the major reason to construct toilet therefore if introduce appropriate technology method for constructing toilet it will reduce this problem in rural area.
- In rural area people not much aware about importance of sanitation and very only few organizations working this issue therefore to promote sanitation workers (CBOs, NGOs) to focus this issue and reduce the problem.

Knowledge Translation

- For local community?
  Through the hand books (local language) street play, aware them and conduct awareness programme regarding problems by due to lack of toilet among women, promote them to solve their problems themselves in rural areas.
- For community health workers and professionals?
  Through the research publication (internet media) to aware the women problems, current situation, problems of access to toilet facility and identify the alternative solutions for this problems.
- For policy makers?
  To conduct Presentations, Seminars and discussions, visual documentary shows regarding women problems by due to lack of toilet in rural areas and strengthen the current programmes on better way.

Future study

- Researcher should consider interacting with men to learn about the challenges faced by them due to lack of access to toilets, and about the reasons for not constructing toilets.
- Researcher should interact with care givers (Person with Disability) to understand about the kind of support needed by those with disabilities, and the challenges faced by the care-givers in this regard during their day to day activities.
- Researcher should interact with local self government and CBOs, NGOs working with sanitation issue to learn about adoption of toilets locally and the challenges being faced.

Conclusion

Sanitation is a neglected issue at the present situation in the nation especially in rural and urban (slums) areas where peoples faced more problems by lack of toilet. Most of them are using open place for defecation, men urinate and defecate in open place while women faced moral problems in toilet issue, because of their gender identity. In many slums and rural areas people are practicing open defecation while women critically accept that situation and face more problems. Going for open defecation is a problem affecting the psychological conditions of women and contributing mental health.

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