

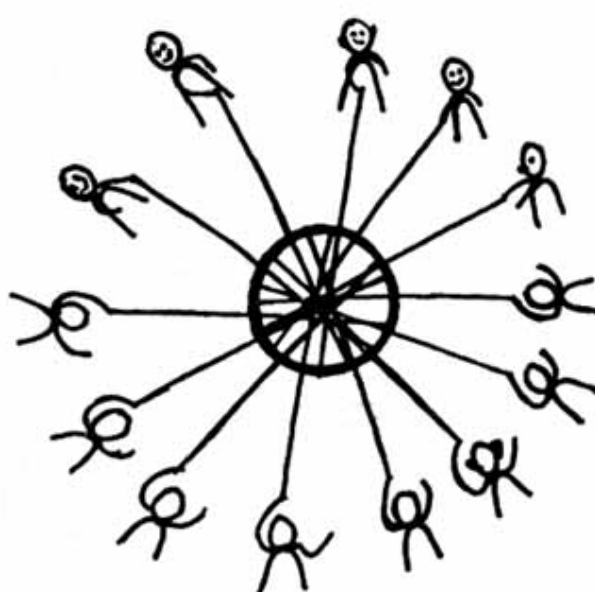
2014-2015

Community Health Learning Programme

A Report on the Community Health Learning

Experience

S. SARASWATHI



SOPHEA



sochara
building community health

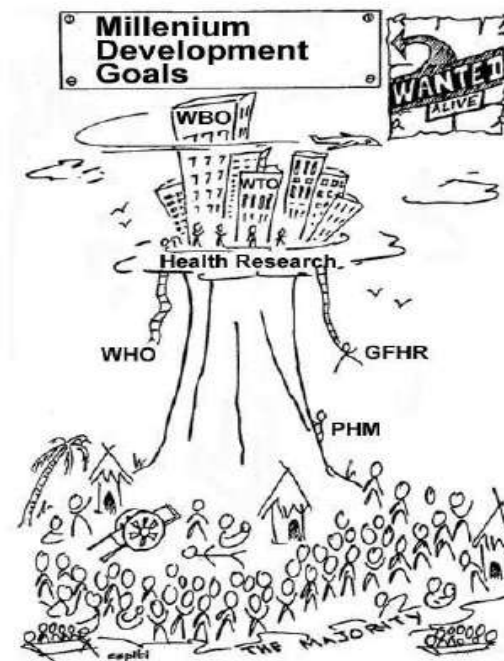


Decisive moment
of my life

CONSOLIDATED
REPORT

Submitted by
S. SARASWATHI

“From Alma Ata to the Millennium Declaration”



Source: Community Health Cell, Bangalore (www.sochara.org)

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ABBREVIATION

AIDS	Acquired Immune Deficiency Syndrome
ASHA	Accredited Social Health Activist
BP	Blood Pressure
CAH	Community Action for Health
CHLP	Community Health Learning Program
CPR	Civil & Political Rights
DAS-CBR	Dr. Arul Selvi Community Based Rehabilitation
DDRC	District Disability Rehabilitation Centre
DEEPS	Development Education and Environment Protection Society
DHS	District Health Society
DPSP	Directive Principles of State Policy
ECSR	Economic Cultural & Social Right
FRLHT	Foundation for Revitalization of Local Health Traditions
HIV	Human Immunodeficiency Virus
JSY	Janani Suraksha Yojana
MSW	Master of Social Work
NGO	Non-Governmental Organization
NHSRC	National Health Systems Resource Centre
NRHM	National Rural Health Mission
OAP	Old Age Pension
OP	Out Patient clinic
PHC	Primary Health Center

PHFI	Public Health Foundation of India
PRI	Panchayati Raj Institution
PWS	Patient Welfare Society
SC	Scheduled Caste
SEPCE	Social Economical Political Cultural & Ecological
SHG	Self Help Group
SOCHARA	Society for Community Health Awareness Research and Action
SOFA	Sittilingi valley Organic Farming Association
ST	Scheduled Tribe
SVAD	Sittilingi Valley Agriculture Diversity
TB	Tuberculosis
THI	Tribal Health Initiative
UDHR	Universal Declaration of Human Rights
VAO	Village Administrative Office
VDDN	Vellore District Disability Network
VHN	Village Health Nurse
VHWSNC	Village Health Water Sanitation & Nutrition Committee
VOICES	strengthening Village health committees for Interfered Community Engagement at Scale in two states of India
WHO	World Health Organization

My ongoing journey

Now I recall my past events, my native place is rural in Madurai district, Tamil Nadu and traditional family background. Children & youngster should obey parent or elder's words without asking questions. This was our family rule so in my studies, family members only decided what I have to choose to study and I also followed that. When I finished 10th standard, my family members told to take science group without my opinion, because my family & relatives also were thinking that if student took science group in their secondary school that student is brilliant and it was a parent's prestige and proudly one within the relatives, so I selected science group.

After finished my schooling, my elder sister told me to take Bio-chemistry, I applied for that course but I selected Rehabilitation Science by influence of my principal and studied Rehabilitation. Then I took MSW (Community Development), during my MSW our Lecturer Mrs. **Andresia Michaeline**, frequently she will say that **“students who are have selected and study MSW, they are selected by GOD for work in the society for disadvantaged or oppressed people”** I was encouraged by this words and I feel sad or difficult when we go to field work I will remember her words and frequently I had started to read bible especially new testament and I inspired by bible (Mathew25: 35-46) and Good Samaritan story. Not only he preached love and he has told **“love in action”**. In the community, action never comes without love. If we want to work for oppressed people, we should consider them as human beings like us. Without love we can't do anything (Action) for them.

When I completed my MSW, my father pass away by heart attack and at that time I met my relative who was working in DEEPS through him, I joined in DEEPS organization and I worked there for five months. When I was working, we had study about women in working place in 10 districts in Tamil Nadu. That time I met Mr. Suresh who is working in SOCHARA, Chennai and he told about CHLP fellowship program to me and our NGO's Director also encouraged me to join this community health fellowship program and in this place I heartily thanked our Director **Mr. Shankar and Mr. Suresh**.

I believed that this fellowship opportunity also has been given by God and this opportunity has taught more things like real meaning of health & illness, various determinations of health. I hope I will apply these things which I learnt in the fellowship, in my future work. I will never forget this experience in my life and again I thank to all.

My inner learning

I have learnt more things from collective sessions, field areas and friends.



Why I wish to join this programme:

I am desired to study & know about community conditions; especially Infant mortality & maternal mortality in rural area; rate is very high, due to prevalence of child marriages in Tamil Nadu, especially in Dharmapuri District.

Community Health:

My understanding on Community Health is ...

Community health is a public health, if the people are sound in their physical, psychological and socio- economic conditions, their community status will become good. But now days, people affected by so many health problems like malaria, cholera, maternal death etc & automatically, it leads to socio-economic problems. Tamil Nadu Govt. provides many health programs / schemes to people for sustainable development but those programs not reach to gross root level, for e.g. Govt. provides maternity benefit assistance to pregnant women for their health & their baby's health. But people get that assistance not in time.

In Pennagaram taluk, many people affected by contaminant water and vector born diseases because of they have not proper drainage facility and water supply. Maternal death occurs. More maternal death cases recorded in Dharmapuri District compare with other Districts of Tamil Nadu. And the Govt. of India & State Govt. provides many health programs and schemes to people but maternal mortality & child mortality occurring continuously, because child marriages happen in Dharmapuri district and parents not aware that girl not mature & develop to pregnant stage, besides that girl not mature at psychologically. If the girl married one, she will face so many problems in her routine life like frustration, depression, and other psychological & health problems. Sometimes having chances, to mother death at delivery time because, she hasn't strength in physically & mentally.

Learning objectives

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

Learning from Collective session:

- I clearly understood about health & community health. Before I came here, I thought like that hospital & treatments provide health but in reality hospital treats illness.
- I knew and learnt about paradigm shift. From medical model to social model, from individual to community, disease to health & etc and how the sociological causes leads to health (biological) problem in the society.
- Johari Window helped to realize myself
- In Paulo Freire's banking concept of education, he mentioned class room learning is like Banking system and Problem Posing Education is dialogue based education. Dialogue based Education is helps to student to learn lesson from the community. Our community health program is absolutely same Paulo Freire's dialogue based education.
- In the Social stratification, different class, caste and gender affect people's health.
- Through the session of Axiom of Community Health, I knew about community health is right and responsibility to people
- Globalization means borderless or no boundary but under the globalization, drugs / medicines become commercial and Social determination of health in an era globalization.
- I learnt about various determination of health such as; social, cultural, economical political and environmental aspects. These determinations how to relate and affect people's health. And SEPCE analysis in the community health solution, if health problem occurs in the community that disease link by SEPCE e.g. diarrhea it caused by these SEPCE determinations.
- Dalit and tribal problems: geographical isolation and land issue are large problem of health and it affects access to health care system. And economic policy affects marginalized people like globalization (inflation), privatization (including health system).
- Action on Social determination of health and social vaccine: community health problem has two parts like medical part and SEPCE in the community. Under the medical part, diagnose, vaccine, drug & awareness will come and under the SEPCE, economic action (employment opportunity), political action (people's participation-Village Health Water Sanitation and Nutrition Committee) and social action (discrimination-change people's attitude).
- Ethics in health care: each human being has virtues and vice. Virtues lead to habits and habits become character and in one life, continuous practice one thing it becomes character of his life. E.g. justice, truth
- Snehadan is working for people affected by HIV / AIDS. Before this exposure visit, i had decided about people those who affect HIV/AIDS they got HIV infect / AIDS by wrong attitude and I hate them but in Snehadan, when I saw children who are affected by HIV/ AIDS, I understood and accept the real causes of affect HIV/AIDS.

- Foundation for Revitalization of Local Health Traditions (FRLHT): after visited FRLHT, I could realize about herbal medicines. Since our child hood, I have seen so many plants in our surrounding area of home but that time we didn't recognize these are herbals.
- Health care expenditure: the government has allocated budget 1.1% for health but the government has set the military budget at 2.29 trillion Indian rupees (\$38.35 billion) for 2014 -2015, 50 billion rupees more than the previous year (2.04 trillion rupees). If people are health, economic and country's development will increase.
- Constitutional and legal aspect of health:



- The government never interferes in the fundamental rights of people and fundamental right is justice but the government should interfere in the (ECSR) Economic Cultural & Social Rights because it is Directive Principles of State Policy and health, shelter, material are coming under the ECSR. Health is state subjective. Health is part of social life and it is not become a fundamental rights.
- Health as a human right: “enjoyment of highest attainable standard of health is one of a fundamental right to every one without religion, distinction of race, political beliefs, economic or social conditions”

Learning from the community:

Field work placement-1

DAS – CBR (Dr. Arul Selvi – Community Based Rehabilitation)

In my first field work, I went to DAS-CBR for two months field work. Before I went to DAS – CBR, I thought Dr. Chandra will run clinic and will be work with her staffs like nurse and other health workers but when I reached her place, I shocked because place was big and garden was there but it was try. No one there with her in her home and she didn't run clinic. She was running Community Organization, she has 4 staffs and they will come only one day in a week for weekly meeting. I will expect for that Saturday for that meeting, in that day only I will hear people's voice in her home. In those two months, when I was in the field, I met so many people and spoke



with them so I felt happy. But after reach home I felt alone and most of the times, I spent time in swing with my co fellow and that time was summer time and very hot.

But it was different learning to me and I knew and learnt about COMMUNITY HEALTH ACTION, VHWSNC and Information about VOICES project and also cooking, buying vegetables & masala things for cook, Dr. Chandra did teach few cookies like green leaves vada, sambar, Tirunelveli Kootanchoru. Sometime, I tried to make something at the absent of Chandra amma in home. It is located in Tirupattur, Vellore district, Tamil Nadu.

DAS-CBR: is a community based organization, it started by Dr. Chandra in 1998 for early intervention and prevention of childhood disability in rural area.

Motto is primary prevention is the most effective way of dealing with disability problems in needy communities.

Vision:

- ❖ Quality primary care services with prevention need to be continuation of maternal, new-born and child health care along with rehabilitation.
- ❖ To develop a replicable model in community based approach using multitudes of ways to use the scant resources available in the community.

Activities: VOICES project, VHWSNC & NRHM

Past activities:

- ❖ To helped to start *nutritional rehabilitation center* for prevention of malnutrition, blindness to the department of ophthalmology.
- ❖ Sterilization programme
- ❖ Campaign for breast feeding to promote breast feeding
- ❖ Social group: Networking with Vellore District Disability Network (VDDN), WORTH Trust & District Disability Rehabilitation Centre

COMMUNITY ACTION FOR HEALTH:

Community Action for Health: in 2005, this project was started under the NRHM, for improving and strengthening the sanitation in Panchayat level through the people's participation and under this project, 246 Panchayat was covered for this work. And VHWSC is a one of the strategy of this project. This project covered 6 districts of Tamil Nadu, such as Ariyalur, Dharmapuri, Vellore, Perampalur, Tiruvallur and Kaniya kumari. In 2007 -2008, they completed pilot study in 246 Panchayat of Tamil Nadu.

Communitization: This is a theme of this project; under Communitization, community participation is important & through the community participation gives awareness to people, utilize the resources & ownership. In this community Panchayat president, health inspector, SHGs member, VHN & Anganwadi worker are representatives / members of this committee.

Principles of Communitization: It has four Principles or four pillars; such as Democracy, Accountability & Transparency Participation and strengthening,

- I. Decentralization: PRI contribution is important in these committees such as VHWSC, PWS & DHS. Fund decentralization & power decentralization through the PRI for Communitization. Such as; power to manage the VHWSC, contribute to manage the PHC, SHC & school and president is



- responsibility for reach the health services to people.
- II. **Transparent:** health services have to be transparent to people and they should inform about health services. They should write about health services like OP/IP, time, services available in PHC & etc in the information board.
 - III. **Accountability:** Govt. should be accountable to inform the health services to people through PHC.
 - IV. **People Participation & strengthening:** people participate only for get health services like JSY, Dr. Muthulakshmi Reddy Maternity scheme and not only get services, people should participate in the planning for policy formations & before formation, have to study about people's problems.

New criteria: now, it has some criteria, like people should selected from different class and SC, ST people also will participate as members, one village closely or near to govt. facilities & another village some distance from govt. facilities.

Committee formation: Each facilitator responsible to 4 Panchayat and they will go to that Panchayati & conduct village level meeting, in that meeting they will give orientation about NRHM, VHWSNC & their work , after they will select 2 volunteers from each hamlets or village as a member of this committee. This committee will run once in month. In this committee Panchayat president will be a leader & village health nurse will be a secretary. Committee members will organize the meeting & they will share & discuss about their problems like drinking water, sanitation and other health issues.

Monitoring: In the beginning, community based organization worker will conduct village committee meeting in the village level. After that committee meetings will be run by committee members. In VHWSNC, people will discuss about their problems & getting feedback from the people. They will follow tool for monitoring the village committee work.

VOICES Project

Strengthening Village health committees for Interfered Community Engagement at Scale in two states of India

Public Health Foundation of India: PHFI works as monitoring & research Health programs and currently they are doing VOICES research, for that they have selected two states in India for their research such as Tamil Nadu and Rajasthan and in Tamil Nadu; they have selected Tirupattur in Vellore district and implementing through the DAS-CBR organization. Besides SOCHARA is one of the partnerships of this research. SOCHARA also helping to this research, NHSRC (National Health Systems Resource Centre) also involved in this research through the PHC system and WHO give money as a support to PHC for this research and John's Hopkins institution (America) also involved in this project.

Who we are in the VOICES: people those who participate and work in the VOICES project,

Under the VOICES

Researchers – SOCHARA & PHFI

- > Facilitators – staffs of DAS – CBR
- > DAS – CBR organization
- > 3 – PHCs – VHN & SHN

DAS-CBR and 3PHCs will give trainings to people through the VHWSNC.

VHWSNC

Village Health Water Sanitation and Nutrition Committee

Process of VHWSNC: it is the strategy of VOICE research and it has some process such as...

Under this research, they have selected 3 PHCs which are covering villages / Panchayat. Facilitators from DAS – CBR, they will go and meet the people in these 17 Panchayats which are under these 3 PHCs and facilitator will give orientation about NRHM, & their work & VHWSNC after they will select the volunteers as a member, this continue till 3rd week of April.

First committee meeting: in 4th week of April, they will conduct 1st meeting of village health meeting. In this meeting also leader, members will selected from the people and this will be a final selection.

Gram Sabha: in Gram Sabha meeting, VHWSNC will be approved by the people with resolution after this approved copies will send to Medical department and Govt.

PHC federation: facilitator will select three members from each village committee for PHC level federation, and totally 15 to 18 or 20 members will be in this federation.

Block federation: five members will be selected from three PHC federations and in this block federation 15 people will be there.

District Medical Committee: 6 members will be selected from the block federation committee and that members will share & discuss about village health problems to Deputy Director of Health Service.

Criteria of VHWSNC: criteria of state and central govt. such as...

- Leader: Panchayat president will be a leader in the VHWSC in Tamil Nadu. But in central govt. states that if any woman wants to lead the committee, she will be a leader otherwise we can choose president of that village.
- Secretary: VHN will be secretary of village health committee in Tamil Nadu but the central govt. says ASHA will be a secretary.
- Groups: one member should select from the groups of SHG, youth and others and people should select from SC, ST and all classes.
- Elected local representatives: maximum 1/3 of members should be selected from the elected local representatives like may be secretary or ward members or counselor.
- 50 % of women should be in this committee as members.

National Rural Health Mission

In this visit, I got good opportunity to visit PHC & know about the NRHM schemes through interacted with staffs. Not only NRHM schemes, trainee knew about state health program also.

State & Central Govt. programs

Under this PHC, some NRHM programs and State programs are running such as;

- ✚ School health
- ✚ Child health (immunization for protection from diseases)
- ✚ National leprosy program
- ✚ Revised national TB control program
- ✚ Malaria control program
- ✚ Meal for pregnant woman
- ✚ Chief Minister's Comprehensive Health Insurance Scheme
- ✚ National programme for Cancer
- ✚ Anemia for women
- ✚ National AIDS Control program
- ✚ Food Consumer Protect Act
- ✚ Birth & Death Registration & Distribution
- ✚ Janani Suraksha Yojna
- ✚ Dr. Muthulakshmi Reddy Maternity Benefit Scheme
- ✚ Non Communicable disease program

Community Understanding:

My first field work placement for two months was to understand the community and we had eight objectives to understand the community. Such as;

1. Understanding & describing community
2. Understanding community priorities

3. Understanding the field placement organization & their projects
4. Social determination of health and inter-sectoral collaboration
5. Framework for a situational analysis
6. Health care providers and medical pluralism
7. Understanding NRHM and Communitization
8. Understanding mental health

During the field work, we selected two villages to field work; such as Matra palli and Kodyur Villages.

Matra palli village was developed village and it was main village of Matra palli Panchayat, so people got access to get all facility like transport, water facility, post office, hospital, ration shop, Anganwadi, VAO office, Panchayat office and higher secondary school.

- ✿ People are affected by some social problems such as adolescence and youngsters was *alcohol addict* so it led to *domestic violence*
- ✿ *Poor cultivation* was happen because of no rain and Vellore district is more draught area in the state of Tamil Nadu.
- ✿ Poor cultivation led to *migration and unemployment* in that village.
- ✿ *Poor sanitation*, in that village no drainage facility so some people use underground drainage but most of the people poured in the street.
- ✿ **Community toilet:** People didn't use community toilet and mostly they used to follow *open defecation*.
- ✿ *Caste problem* was there but it was invisible in the community and people from all community had participated in the local election.
- ✿ People were aware about health & govt. programs, so they go and get treatment in the govt. hospital or PHC
- ✿ During the delivery time, people trust institutional delivery and good relationship was between VHN and women in Matrapalli village.
- ✿ Some people went to private hospital for other treatments like fever, bone break and other injuries and they had some reasons to choose private hospital like distance, late treatment, crowd & takes more times to cure and in private sector, they treated well and attention or care & give more doses in the treatment.

Kodyur: village is much undeveloped village and it has no drainage facility, drinking water, road, proper street lamp, Anganwadi, school and poor education status and political status. In this village, 30 households are there and 34 families. They are making bamboo winnow for 4 or 5 generations. This village comes under the Vishamangalam Panchayati and Vishamangalam Panchayati has 20 hamlets. In these hamlets, Kodyur village is untouchable village because only Arunthathiyar community people are living in this village.

Arunthathiyar: Arunthathiyar community is one of the sub-castes of the SC or Dalit community. This community is a very lowest and untouchable community and other SC people also discriminate these people because people consider as these people eat dead cow and impurity and these community people called as Sakkiliyan.

Social determination of health in Kodyur village:

- ❖ People have ***no agriculture land*** and only they have house and most of the house constructed under the state government scheme.
- ❖ Their main occupation was bamboo winnow making & they had no other ***livelihood*** option to survive and only few youngsters went to outside for work like Coimbatore, Tirupur, Hosur.
- ❖ They have ***no access to get education*** and if they send their children to Anganwadi, they have to walk two kilo meter and for school, they have to walk three kilometers and in home.
- ❖ Parent work from morning to till night so no one ready to give time to children and parent also illiterate these causes led to ***school dropout*** them. Two boys had finished Diploma and one girl had finished 12 in Kodyur.
- ❖ ***Sanitation:*** people dump garbage in two places like bamboo's waste and home waste and in rainy season farmer or landlords will take this garbage for use in their land as compost.
- ❖ No drainage and toilet facility because of ***no place to construct toilet or drainage*** and people dig in small place and collect their waste water after 3 or 4 days, they remove that waste water.
- ❖ ***Caste discrimination:*** only Arunthathiyar community people live in Kodyur village so into the village no cast discrimination but neighborhood village people never consider and invite to any event of that village.



❖ Into the community they are ***not unity*** because some people want to occupy traditional leader's place of Kodyur village.

Field Work placement -2

Tribal Health Initiative (THI)

My second and third field placement for two months each THI in Tamil Nadu and it was good experience to me. This field placement was different when compare DAS-CBR. I enjoyed lot not only in the field, in THI also. THI is like big family and I felt that me also one of the family

members in that family. Before that I didn't see anywhere like Sittilingi Valley.

Tribal health initiative hospital located in Sittilingi Valley, Dharmapuri district of Tamil Nadu, under this valley, 21 villages are there and Tribal health initiative hospital founded by Dr. Regi George and Dr. Lalitha in 1993 for tribal people. In the beginning, they selected women from the communities & gave training to them about health especially maternal health. Within 10 years mortality rate decreased after THI team went & met people in their communities and asked people's wishes & needs, at that time people's need was improve the agriculture products so THI started Sittilingi organic farming association (SOFA) for farmers. Mental health program, School health program and old age health program are other activities of THI.

OP (Out Patient clinic) in Vellimalai: Every Wednesday they will go to Vellimalai hills for OP clinic and it is located in Vilupuram District but it very close by Salem District. In Vellimalai hills area, two PHC s running and people consider like that the govt. hospital are not good and in this day, doctor, lab technician & nurses will go and give treatments to them.



Old age health:

Under this, people those who are attaining 60 years and above 60, register and get yellow color health card from the THI and under this, they have renew that card in every year & the THI gets 50rs for renew and every Friday they go to some interior villages to old age camp and treat and give medicines to minor health problems. Because of, some villages have no proper transport facilities and old age people also they can't come and get treatment, so they go and give medicines to minor health problems.



Sittilingi valley Organic Forming Association (SOFA): under this SOFA, they have formed organic farmers group both male & female and they educated and encouraged the organic farmers, provide seeds and they arranging & helping to market. SVAD (Sittilingi Valley Agriculture Diversity) also comes under the SOFA but they are not organic farmers and they are

members of entrepreneurs and under this SVAD, they make ragi biscuit, millet nutritious powder and bath soap.

Porgai: in Sittilingi Valley, two villages there. Before some years people came & migrated from Rajasthan tribal so they called as Lambadi. In this community, old age women know embroidering so THI learnt that embroidery work and give training to some selected women those who are in the same community.

Under this activity, they have formed women groups for this work & they buy kurdas from Erode after they divided & give kurdas to group members to embroidery work. After they collect and sale that kurdas.

SEPCE (Social Economical Political Cultural & Environmental) determinants of health in Tribal area

- ❁ In the Sittilingi area, tribal people are majority, after Lambadi community and SC community is a minor community. So other two communities discriminated SC community in indirect way.
- ❁ In the Sittilingi Valley, farmers cultivate cash crops like sugar cane, cotton and turmeric and their nutritional and food habit has become changed.
- ❁ People know that food with pesticide and fertilizers are main causes for people's health problems but they focus to increasing their products, so they use more pesticides and fertilizers in their cultivating and when they use more fertilizers, automatically soils become spoil and poisonous as well as products.
- ❁ Mostly people have smoking habits and alcoholism in the tribal community but in the Lambadi community, not only men, women also consumes alcohol. And the government also has opened wine shop in the tribal area, it was easily accessible to get alcohol and not only adult people, youngsters also buy and consume.
- ❁ The government has given good infrastructure for school like compound wall, water facility; class room buildings and residential building but teachers not available in those schools and in one school, only 11 children had come to school but their enrollment 54 children and from 1st standard to 5th standard children sat in the same class room and one teacher took class to them. Through the school visits, I learned about children's school & class environment, education's conditions and teacher's responsibility in the school.

Elderly health in Sittilingi Valley:

Every Friday THI staffs will go to villages for old age field clinic and every Wednesday, THI will focus & give treatment to old age people as field clinic and in those days, old age people will come and get treatment. Mostly old age people, have BP, Diabetic, joints pain & others like TB, asthma. I met and interacted with old age people in these days. I identified few elderly

problems like isolation, poverty, dependency and exploitation and lack of care & concern from their family members. And these problems lead to health problems.

SEPC for Old age problem

Social	Gender discrimination, old age, family types (nuclear & joint family)
Economical	Coolie – low wage, no cultivation- because of no rain, properties occupy by their sons.
Political	Some people getting OAP but they have care giver & property Some people not get OAP and gave up by their sons
Cultural	Father has to hand over their property to their sons. Here people follow nuclear family.

Old age people have so many health problems like BP, Diabetics, TB, and Asthma, joints pain and other but most of the people from 60 years old age people both male & female having BP & diabetics and they take treatment through THI. Old age people are taking treatment for BP more than 4 to 5 years.



Nutritional status of old age: most of the people consume rice and some people get from ration shop and some people get from their own cultivation. Most of the people didn't add ragi, egg, milk, bajra in their daily food. Some people add green leaves, ragi in weekly one or two times.

Mental health: Aged people feel lonely because of death of loved one like husband or wife, sons or daughter, nuclear family, health problems and other economic problem. It leads to their health problems like headache, undigested food and vomiting, joints pain.

Stress: I met aged lady in OP day of THI; she was 85 years old. Now her grandson take care her and he fulfill her needs with love but she feels something like frustrate because she had 3 sons and 1 daughter but at present only one daughter is living and she told that before 2 years she hadn't any illness but after her last son's death, she is frequently affected by headache, vomiting & fever.

Feeling alone: I met an aged man in the THI. He has three sons; after their marriage he distributed his lands to his sons and he keeps some land and cultivating it, in his home, he living with his wife. When I spoke with him he felt happy and he said that people never speak like you, if anyone speak like this it will be good.

Lack of care: aged people who have BP, Diabetics they are staying with their son and BP & Diabetics patient should add or avoid some particular food. But in their family, their daughters-in-laws don't give important to food for aged people. They will cook for their taste so aged people have to take that type of foods.

Social determination: ageing and family types are main determination of old age problem. Here people follow nuclear family type, so after marriage their sons separated from them. In the beginning they haven't had any problem but after 60 years, they feel lonely because of spouse's death and neglected by their family members. Some old age people go to work as a coolie and some people get OAP and spend that money to live.

Isolation: Theerthiyammal is 80 or 85 years old, she belongs to ST community. And she is living alone in her mother's village. She got married but her husband died and she hasn't had any children so after her husband passed away she came to her mother home because her husband's brother occupied property. In the beginning Theerthiyammal's brother took care her & gave food to her but brother's wife doesn't like this, slowly decreased concern & food from brother's home. At present, no one give food properly from brother's side and she will go into the village and somebody give food to her.

She hasn't had property; voter id and ration card so she couldn't able to get OAP (Old Age Pension) from the government. The ward member and president also didn't come to help her. Besides, when someone did ask to ward member about help to get OAP for Theerthiyammal, the ward member had asked 1000 rs as a bribe.

When THI's staffs check her BP she had severe BP and after checkup, the staffs gave BP tablets for one month and at present she lost her vision (low vision).

But my opinion is she hasn't able to get food then how will she take medicines and maintain her health! The government and THI give free treatment to aged people but if she had proper nutrition no need to take treatment to illness. Her problem is not only health problem, food, house, love and care.

Economical Determinants: some old age people go to daily wage because of they may have few lands or haven't land and for 3 years here no rain. Sometimes, people depends their sons for their needs like for buying tobacco, beedi & etc.

Dependency and exploitation: Some people get 1000_Rs as an OAP from government for their survive but some daughters in law get 800Rs or particular amount from that aged people, so they can't able to full fill their needs and always they depended their son's family.

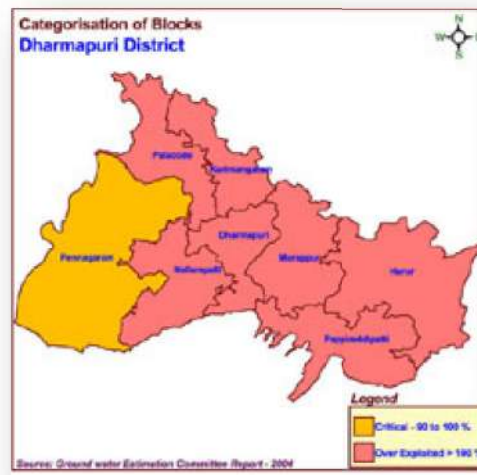
Few aged person are depending their son. After their heir's marriage they distribute their properties and they stay with their elder son or youngest son. They will go and visit his son's land and sometimes they will do small work like watering, cutting plants or trees and other works.

Political: Aged people want OAP but they have care giver or sons and property because their care givers didn't take care. In some areas, people getting OAP who are having sons or property, so other old age people mentioned that one.

Cultural determination: most of the people having land besides father has to hand over his property to his sons after he depends his sons, most of the family nuclear family so old age people depends their OAP or they are going to daily wage.

District profile

Dharmapuri district, which came into existence from 02.10.1965 is situated in the North western Corner of Tamil Nadu and is bounded by Tiruvannamalai and Villupuram Districts on the east, Salem District on the South, Krishnagiri District on the north and Kaveri river on the west. It is located between latitudes N 11 47' and 12 33' and longitudes E 77 02' and 78 40'. The total geographical area of Dharmapuri District is 4497.77 Sq Kms, i.e. 3.46% of Tamil Nadu



Administrative division:

Revenue divisions	
Dharmapuri	Harur

Revenue Taluks

1. Dharmapuri	2. Palacode	3. Pennagaram
4. Harur	5. Pappireddipatti	

Panchayat Unions

1. Dharmapuri	2. Nallampalli	3. Palacode
4. Pennagaram	5. Karimanagalam	6. Morappur
7. Harur	8. Pappireddipatti	

Town Panchayats

1. Marandahalli	2. Palacode	3. Papparapatti
4. Pappireddipatti	5. Pennagaram	6. B.Mallapuram
7. Kambainallur	8. Harur	9. Kadathur
10. Karimangalam		

Climate and Rainfall

The climate of the Dharmapuri District is generally warm. The hottest period of the year is generally from the months of March to May- , the highest temperature going up to 38 C in April. The Climate becomes cool in December and continuous so up to February, touching a minimum of 17 C in January. On an average the District receives an annual rainfall of 895.56 mm.

Soil

The Soil type ranges from black to mixed loam; Red sandy soils are seen in Harur Taluk. Black and loam soil are found in Dharmapuri Taluk. Generally the soil is low in Nitrogen and Phosphate content with no marked variation between Taluks.

Population [census-2011]

Male	Female	Total	Rural	Urban
7,72,490	7,30,410	15,02,900	12,42,519	2,60,381
51.4 %	48.6 %	100 %	82.7 %	17.3 %

Population density : 332 per Sq. Km

Sex Ratio : 946

Literacy Rate : 64.71 % [Male : 69.16 Female : 60.03]

Taluk Name	Geographical Area	
	In Hect.	in %
1. Dharmapuri	0,78,451	17%
2. Pennagaram	1,13,027	25%
3. Palacode	0,73,267	16%
4. Harur	1,10,354	25%
5. Pappireddipatti	0,74,678	17%

Agriculture

The District economy is mainly agrarian in nature. Nearly 70% of the workforce is dependent on agriculture and allied activities. The district is one among most backward and drought prone area in the state.

1. Area under Paddy (Hectare)	in hect.	in %
Sornavari / Kuruvai / Kar	2726	01.60%
Samba / Thallady / Pisanam	5533	03.30%
Navarai / Kodai	1206	00.70%
Total	9,465	05.60%
2. Millets(Ragi)	18,243	10.80%
3. Other Minor Millets	69,162	40.90%
4. Pulses	40,441	23.90%
5. Sugar Cane	11,971	07.10%
6. Mango	6,506	03.80%
7. Coconut	7,037	04.20%
8. Tamarind	1,197	00.70%
9. Other Crops	5,067	03.00%
Total Cropped area (A+B)	1,69,089	
A) Net Area Sown	1,53,322	90.70%
B) Area sown more than once	15,767	09.30%

Horticulture

Dharmapuri district forms a major horticultural belt in the state. As the area is drought – prone it has become essential to switch over to cultivation of drought tolerant perennial fruit crops in this district. Mango is the main horticulture crop of this District. It has the highest area under the fruit crops- . The district accounts for nearly one-third area under mango and nearly one-half of the

Dharmapuri : Harur Taluk
Revenue Villages



(Map Not to Scale)
Digital Map Source : TNAED Board, Chennai
Web Design: NIC, TNSC

mango yield in the state. Palacode is the main area where tomato is cultivated. Chilli is cultivated mainly at Pennagaram.

Fisheries

Dharmapuri being an inland district, fishing is restricted to inland only here. Main varieties of fish available are katla, rogu, mirgal, common and corp.

Mineral Resources

Dharmapuri district is endowed with sizeable reserves of granite. High quality black granite is available in Pennagaram, Harur and Palacode blocks. Quartz is available at Kendiganapalli Village of Pennagaram Taluk, A.Velampatti of Harur taluk and Pethathampatti of Pappireddipatti Taluk. Another High value mineral available here is Malibdinum, which is identified as a good conductor. It is available in Harur.

Socio –Demographic details of Harur

Harur taluk is a taluk in the Dharmapuri district of the Indian state of Tamil Nadu. The headquarters of the taluk is the town of Harur.

According to the 2011 census, the taluk of Harur had a population of 240,357 with 122,216 males and 118,141 females. There were 967 women for every 1000 men. The taluk had a literacy rate of 61.63. Child population in the age group below 6 was 13,903 Males and 12,865 Females. Under the Harur taluk, 179 villages are there.

My reflection on the health system:

When I was in the Tirupattur, easily I got opportunity to meet & speak with staffs in PHC by influence of Dr. Chandra. When I was in the Tirupattur, I got chance to meet and spoke with various communities in two villages (Matrapalli and Kodyur). In Matra palli village, people are from different communities and they have access to get all facilities like education, water & health because people were aware and involve in the VHWSNC and good communication with VHN through Anganwadi.

In Kodyur village, only Arunthathiyar community people are there and they have no facility except water and housing but water facility also insufficient to them. VHN not come to this community but monthly once, mobile clinic come and give medicine from PHC.

In the PHC, staffs are good and they treat the patients well except doctor, because one lady with leprosy came to get tablets for one month, health inspector & the fellows also touch her patch and health inspector spoke nicely to her after he introduced that patient to the doctor, doctor didn't allowed in her room & she didn't touch her patch and she did touch the patch by needle. That patch is not became sever, it was early stage.

The PHC staffs also gave comments that “this doctor is not good and not fit for government hospital and she can go & start private hospital, why did she choose this field. People those who can love & work for public that people should come to this field. Definitely, she will get beat by village people”.

In Kottapatti PHC, when doctor examine patients, he spoke good manner with patients especially elders. In Sittilingi Valley villages, people get treatment THI, PHC and one quack. People consider that quack as a doctor but he is not doctor, he is running medical shop in Kottapatti. If people get sever fever they call that quack and get injection and medicines. THI staffs & PHC staffs know about quack and no one didn't consider and complaint that quack from PHC and THI. When I spoke with PHC doctor, he said that “if I complaint him, he will meet problems, it is pity and why I have to interfere, it is unnecessary to me” and he didn't consider that quack as a problem of community and gave statement or opinion against THI because in his meeting, deputy director of health service ask questions about THI deliveries, why people go to delivery and why you do not cover tribal women who delivery in THI for immunization.

Both of THI and PHC are running for people but they are in conflict with each other. They should realize themselves about their duties and responsibilities.

My reading list:

1. Rosa parker story about human rights
2. Articles related Organic farming from Pasumai Vigadan
3. Organic compost
4. Zero budget cultivation

CONCLUSION

From this fellowship I have learnt a lot than before I joined fellowship; I had confusion about community and community people. During my MSW, if we went and spoke with community people, they expected something from us and when organized meeting, only three women came to that meeting. Now I realized, we feeling is very important than rapport build with people. If we feeling is there, people will co-operate and participate and the community know more things than social / community worker & the Community worker is new person to that community and community people.

Part - B

A study on psychological needs and services available for tribal elderly in Dharmapuri District

1. BACKGROUND

In rural areas population in the aged group 60+ constitutes 8.1 percent of the total population and the urban proportion of aged population in most of the states is lower. In Tami Nadu, elderly population is 10.5. At National level, percentage of aged (60+) population is 8.0.

Old age people are mostly disadvantaged or vulnerable sector in the society and they are easily affected by physical, mental, social and economical problem. Before elderly people were living with their children and grand children as a joint family and it was a part of culture in our society; if elderly get health problems, family members will support them. At present, family set up has changed by modernization and in rural and tribal areas, elderly more vulnerable than city aged people. In rural area, elderly people have bad habits such as tobacco, smoking and alcohol; these lead to disease conditions such as cardio vascular disease, tuberculosis, asthma etc. besides physical strength diminish, mental recall and stability deteriorate, impaired vision & hearing loss increasing and a small trip or small fall can lead to fracture or break their bones.

2. STATEMENT OF THE PROBLEM

Dharmapuri District:

Sittilingi valley is located in the Dharmapuri district, Tamil Nadu, under the Sittilingi valley 21 villages are there.

In Sittilingi valley, elderly people have health problems, social isolation, loneliness, poverty or poor economic, dependency, exploitation, loss of friends or family members, age discrimination, lack of care from their family members and etc. these also lead to them to ill health of physical and mental.

In that tribal area, most of the elderly people live with their partner or alone in separate home and in that few families, only one will be a breadwinner it may wife or husband. After their son's marriage, elderly hand over their property to their heirs and yearly once or after harvesting, elderly people get a sack grains from their heirs. At present no proper rain for two years, so most of the elderly didn't get grains from their children. Some elderly people are not dependent on their heirs after their children marriage. They go to work as an agriculture coolie. Few elderly people, when divide their property to give for their heir, they keep some land to themselves and in this land they cultivate for them. Some elderly people depend and are exploited by their family members like if he or she get old age pension from the government, his or her in laws take their pension money and they have to go and visit their son's land and work. Most of the elderly people have diabetic & hyper tension but their family members cook & give food their wish, elderly do not maintain their diet.

Key Research question:

- What are the psychological needs of tribal elderly? Whether existing mental health services meet the needs of mental health requirements of elderly people?

3. OBJECTIVE

- To understand about socio-economic condition of elderly
- To understand about the needs of elderly as perceived by them
- To describe the emotional problems of elderly
- To understand children's perceptions about the needs of elder
- To know about social welfare schemes available for elders

4. METHODOLOGY

Research design

❖ Types of Study:

I have selected descriptive study for my research.

❖ Method of Data Collection

Qualitative

1. In-depth interview

Data Collection	Elderly people	Children of Elder
In-depth interview	7	7

❖ Techniques of Data Collection

1. guidelines for In-depth interview
2. Recorder

Sample Design

Universe sampling

I have selected two villages in Sittilingi Valley, Dharmapuri District and 7 respondents from elderly people, 7 respondents from children of elderly people.

Tools for data analysis

Narrative analysis

5. ANALYSIS

1. Socio economic condition of the elderly

Age

Age group of elderly people who selected for my research, ranged from 61 to 76, there were both male and female from two villages and 3 female & 4 male

Normal day

In their family, female go to coolie work after they cook in the home and in evening time, they speak with their neighbor. But male they take and feed their cattle and if they have any work in their field they will do that.

One of the respondents said that *“I will see my cattle and go and visit my field. If any work is there, I will do”*

Children of the elderly and their occupation & residence

After children’s marriage, parent hand over their land and children only take respond to cultivate whether land is in the name of children or father. Mostly children work both as agriculture coolie and cultivation. Few people go to work in outside and cultivate in their land.

Their children are living in same village only but if parents are living in field areas and children are living into the village and most of the children living into the village.

One of the respondents said that *“my son will not go to coolie work and he is cultivating in our own land and land is in his father’s name; he has no land”*

Another respondent said that *“I distributed land to each one and they cultivating in their land. If water is there they will cultivate otherwise they will go to Kerala or coolie work”*

Source of living:

Mostly old age people hand over their land to their children, after children marriage or came separate and go to coolie work or rearing cattle but some aged people have some own land and cultivate it for them.

A. Cultivation:

Some age people has taken some land to them and cultivate it for survive; commonly people cultivate paddy, turmeric, ragi, sugar cane, millets, cotton and others. Now a day, people mostly cultivate paddy, sugar cane and turmeric than other.-Some people only do cultivate and rearing cattle and few people after hand over their land to their sons, they go to coolie work. But mostly aged women go to coolie work.

One of the respondents said that *“I do cultivate, if I have no work in my land I will go to coolie work”*

B. Daily wages

In the family, only female go to coolie work and mostly they are working in their village, sometimes they go to neighborhood village for work. If they go to neighborhood village to work, they get 100 rupees for daily wage and in their village they get 80rupees.

One of the respondents said that *“if we start at 8am or 9am, it will be over by 4pm or 5pm and if I go to coolie work in my village, I get eighty rupees. If go to neighborhood village, daily wage is hundred rupees. And in our village I will go at 8am and I will back at 2pm, for that eighty rupees”*

C. Income from cattle

Aged people depends their cattle' income for their daily living like they are rearing cow, goat, pig and hen & if they need money they will sale goat, pig & hen and give cow's milk to milk society. In the family, both of them husband and wife doesn't go to work. If wife go to work, husband will take care cattle and feed them.

One of the respondents said that *“we get rice & ragi from our land and get from ration shop but for other expenditure, we will sale lamb in market. I sale one by one per year, cattle only give food for us and when I was in the hospital, at that time also sold that and used that money for my treatment”*

Another one of the respondents said that *“If have work in our land, I will do otherwise I never go to coolie work and we have 2 cow & 2 goat, I take care that and my wife only go to work”*

D. Old Age Pension

Days of receiving for Old Age Pension (OAP): Aged people get thousand (1000) rupees as OAP from 1 year to more than 3 years. Like some aged people get OAP for 1 year, some get more than 2 year.

Difficulties for receiving OAP: For 2 months, aged people didn't get money and some people have got last month's money in this month. And in the family, only one person gets OAP not both of us.

One of the respondents said that *“for two months money didn't come then, they gave 1000 for one month now one month money is remaining. Now next month came and money didn't come to this month”*.

Treat in working place:

In working places, some youngster teas old people, mostly within their relatives they will tease each other and this is common in rural areas. Aged women think that if they go to coolie work, they can manage their daily needs.

One of the respondents said that *“people will say that you won’t to work properly and you became old, you can’t walk far long & we have to walk three kilo meters, you (respondent) will not walk. I won’t take care about that words and I will do work and come back. But if I get hundred or fifty rupees, can buy salt, chilly. They will say that you can’t walk that much long, you will not do that work, it is very heavy work, very heat, you have to run with us and you will not do.”*

Occupation

Types of work: commonly aged women are going to coolie work than aged men and they go to pluck plants in turmeric garden, kappa tuber.

Working days: No continuous works in the agriculture field and they go to work for three or two days in a week.

Working in children’s land: Aged people those who are hand over their land to their children, they go and work in children’s land if work is there and children give food products in harvest time.

Working place: Commonly only aged women go to coolie work and some women go to work in neighborhood village also and some women only work in their own village.

One of the respondent said that *“I go and work in our village only, pluck grass in sugar cane land, turmeric land and paddy field. Now don’t cultivate paddy that much without rain and water”*

Working time: Women’s working hours are 6 to 8 hours in the field and wages depend upon the working hours. If they work for 6 hours, their wage is 80 rupees and if they work for 8 hours, their wage will be 100 rupees.

One of the respondent said that *“if we start at 8am or 9am, it wills over 4pm or 5pm and if I go to coolie work in my village, I get eighty rupees. If I go to neighborhood village, daily wage is hundred rupees. And in our village I will go at 8am and I will be back at 2pm, for that eighty rupees”*

Support provided by children

Food support from son

Some people get food materials from their son like 2 or 3 sacks of paddy, 1 sack ragi or bajra but these are insufficient to them for one year. Some people not get from their sons.

One of the respondents said that *“what my son gives! That is not sufficient to us. He gives three sacks, how to live two people in that! We will buy rice from shops”*

Another one of the respondents said that *“they won’t give to us and till now we didn’t ask & get from them to eat. Now I am going to give my share (land) also to them, if they give or not”*

Food type

Before they ate ragi, bajra and other millets but now eat only rice and mostly people use ration shop rice.

One of the respondents said that *“I will eat all food but now I eat rice. I can’t eat other food”*

Another one of the respondents said that *“ragi, bajra, millets are good to health and before we ate these type of food but now we didn’t get and we get rice from ration shop and use it”*

Decision making:

Some children didn’t ask any opinion from their parent till now and few of them, they will inform before starting work. Some of them, after take decisions themselves, they inform to parents.

One of the respondents said that *“my son doesn’t ask any opinion, if situation is like there, why I am here. Not like that, he will call to eat in festival or important days”*

Another one of the respondents said that *“till now they didn’t do anything, here after we may know”*

Social support

A. Neighborhood support:

Mostly elders living in land side, when they get time to speak with their neighbors they will speak with them. Mostly they meet in evening time. If they cook something they will share with each other. But people those who are living into the village, they have no time to speak with their neighbor. People most of time, they are in their land.

If elder people get sick, neighborhood people come and visit them and if they cook something in their home, they give to elders. In some important days of neighbors, they cook for elders. Sometimes they exchange money.

One of the respondents said that *“if I have fever, they will come and visit me and they will give suggestion to go to hospital. Speak with concern at that time.*

B. Friends

Women have friends in different age groups and some men have friends in their age group but few men have no friends and they don't like get friends. Women will meet and speak in the working places or field; otherwise they will go and meet in their home at evening time.

Old men will meet their friends at morning and evening time; continuously they do not meet their friends, if they have any matters to share that time only they speak with their friends about cultivation, agriculture related things.

One of the respondents told, *“I have no friends. No need, we should not do by he said. If I have, not that much closes. I will go and come with them to work and speak with them. Entire village only good people but I won't speak with them and in my age, only we are 4(four) people”.*

Another one of the respondents said that *“when we work together in the field, that time we will meet and speak”*

Support from friend

Neighbors speak with aged people and they invite them to eat in their home in some worshipping day and that day they won't allow them to cook in home and neighbor will cook for them in their home and If aged people get sick, neighbor will come and speak with concern. If we need money, we can get from them.

One of the respondents said that *“they will speak e nicely, if they worship their god in their home they will invite us to eat and they will say that only two of you are here, why you are cooking, come and eat. And we also will go and eat in their home. If get sick, they will come and see and they will speak with concern”*

Parent's perspectives on children's thought about parent work

Children never ask and say no to go to work, when parent go to work and most of the parent said that children ask money from parent and children never give to us. Some parents get 2 or 3 sacks

paddy from their children but money need to buy vegetables and others expenditure so people go to work for fulfill their expenditure.

One of the respondents said that “ *my son never say that why go to work because only he gives 2 or 3 sacks paddy but vegetable and other material for curry. If he gives all, we can stop to go to work. If only give paddy to us, is it enough! Can eat rice without curry?*”

2. The needs of elderly as perceived by them

Health problem

Commonly aged people have orthopedic problems such as joints pain, leg pain and sometimes aged people feel whole body paining. Some aged women have no health problems and they didn't go and check them in the hospital. Some aged men have BP and diabetics.

One of the respondents said that “*I have legs and hands pain. It will swell like ant bite. Then, if I go to hospital and take medicines, it will be better*”

Another one of the respondents said that “*I have no problem and I went and checked in THI hospital and doctor said that no problem to me*”

Food support from son

Some aged people get food material from children like paddy, ragi and bajra. Some people don't get food materials from their children and they go to work for survive.

One of the respondents said that “*my children won't give paddy or ragi to us and till now, we didn't ask & get from them*”.

Another one of the respondents said that “*my son gives 3 sacks paddy, how to live two people in that and we buy rice from shops*”

Getting treatment

Mostly aged people go to THI for getting treatment and if not cure they go to PHC. Some people buy tablets from medical shops and get inject from quack.

One of the respondents said that “*if I get sick I will go to THI otherwise I will go to Salem to take treatment*”

Help for OAP

Some people got information through other people and gave petition themselves and some people got help from SHGs and some got by municipality workers but they have spent 4000 rupees for getting OAP.

One of the respondents said that *“we gave petition and got OAP through municipality workers but we spent 4000 rupees for getting OAP and now money didn’t come for three months”*

Regular medicines

Mostly aged people not take regular medicines; they take medicines in time of body or joint paining or sick days. Some people buy medicine from medical shop.

One of the respondents said that *“my husband get tablets for a month in THI but he never take regularly. Only his sick times he will take medicines”*

Experience in health problem

Some aged people had health problem before 5 or 6 years, such as accident, chest pain and other health problems. Mostly aged men had problem than women.

One of the respondents said that *“before 20 years, I affected by and I couldn’t walk and stand. We were working in land owner’s land and stayed in that land. At that time, my children were very small. My younger brother took me to government hospital in Harur, in that they told can’t give treatment and again we went to private hospital”*

Support from children

Some aged people get food support from children like paddy, ragi & etc. some people are independent and never ask them and some times, children will ask money from their parent.

One of the respond said *“we distributed our land to our children and came separate, so we never ask them but sometimes my son will ask money from us”*

Support from friend

Neighbors speak with aged people and they invite them to eat in their home in some worshipping day and that day they won’t allow them to cook in home and neighbor will cook for them in their home and if aged people get sick, neighbor will come and speak with concern. If we need money, we can get from them.

One of the respondent said that *“they will speak e nicely, if they worship their god in their home they will invite us to eat and they will say that only two of you are here, why you are cooking, come and eat. And we also will go and eat in their home. If get sick, they will come and see and they will speak with concern”*

Who take care / care giver

Generally aged people take care themselves. If they get sick, they go to THI or PHC to take treatment and for few (three) of them, their children will take them to hospital in their sick days. If husband sick, aged woman take him to hospital but if she get sick, she will go to hospital herself.

One of the respondent said *“no one take care them. In THI, they have given Yellow Card to me, I will go and take treatment. If my husband gets sick, I will take to hospital, he never go as alone but if I get sick, I will go to hospital myself”*

3. Emotional problem of elderly

Reason for separation

Mostly, food is the main reason for separate their family because the daughter in law not willing and ready to give food to their mother & father in laws but she had wanted to give them work in the home. If mother in law came back from the field, daughter in law didn't cook in the home mother in law should work in the home and whenever she get time, she has scolded her in laws so they went separately.

One respondent said that *“ if I come back from the field, my daughter in law did not do the house hold works in our home and always daughter in law says that all the work is done by her only and my mother in law does nothing ”* so we came separately.

Thinking alone

When they are alone at that time they recall their past and compare those days with present. Few feel themselves as useless and wait time to go.

One respondent said that *“if we have all things we can live otherwise we can go then what can do! If problem come in family, have to do anything”*

Treat in working place

In working places, some youngster teas old people, mostly within their relatives they will tease each other and this is common in rural areas. Aged women think that if they go to coolie work, they can manage their daily needs.

One of the respondents said that *“people will say that you won’t work properly and you became old, you can’t walk far long & we have to walk three kilo meters, you (respondent) will not walk. I won’t take care about that words and I will do work and come back. But if I get hundred or fifty rupees, I can buy salt, chilly. They will say that you can’t walk that much long, you will not do that work, it is very heavy work, very heat, you have to run with us and you will not do.”*

Discussion with friends

When aged women meet their friends they speak about their family problem like daughter’s problem & how daughter in law treats them in the home but male members only speak about cultivation & current news.

One of the respondents said that *“daughter in law don’t take care us and don’t give food, how to live. Time will come to them to become old like us”*

Friends

Old age women have friends and they have friends in different age group but from men side few people have friends and few old men think that friends no need to them in old age.

One of the respondents said that *“what friend, in this age”*

Another one of the respondents said that, *“I have no friends. No need, we should not do by he said. If I have, not that much closes. I will go and come with them to work and speak with them. Entire village only good people but I won’t speak with them and in my age, only we are 4(four) people”.*

Friends meeting

Women will meet and speak in the working places or field; otherwise they will go and meet in their home at evening time.

Old men will meet their friends at morning and evening time; continuously they do not meet their friends, if they have any matters to share that time only they speak with their friends about cultivation, agriculture related things.

One of the respondents said that *“morning or evening we will meet and speak and at afternoon time we can’t meet and frequently we never meet; if we want anything that time only we will meet”*

Another one of the respondents said that *“when we work together in the field, that time we will meet and speak”*

Grand children

All aged people have grand children; grand children will come to their grandma – grandpa homes, but not help to them like help in domestic work.

One of the respondents said that *“grand children will come but won’t help to us”*

Year of separation

Mostly elderly people living separately with their spouse and living from three years to 10 years as separate.

4. Social Welfare schemes available

OAP

3 respondents of 7, they do not get OAP because people said the government not gives OAP to people who have property. So 2 of them, didn’t apply and 1 respondent has spent five thousand rupees but he didn’t get OAP. Other aged people also have property and son but they are getting OAP.

Days of receiving OAP: Some aged people receiving OAP for 3 years, some people getting OAP more than 1 year.

Difficult for receiving OAP: Some aged people didn’t get OAP money for last 1 or 2 months and some aged people have heard from others like that the government has stopped money to people who have land or son, so they are scare about OAP and some aged people have got last month money in this month.

One of the respondent said *“for two months OAP money didn’t come, now they gave 1000 for one month now one month money is remaining. Now next month came and money didn’t come to this month”*

Difficult to get government scheme

No scheme without bribe. One of the respondents tried to build house under the Chief Minister Housing Scheme, but the Panchayati raj leader has asked ten thousand rupees to sanction for house. Otherwise the leader said that first, you build your house in your own money after we will take and give money. Will earn money to build house or give money to them as bribe! If I lend money for interest, how much will increase interest in one year! So I didn’t build house and I left it.

Help for OAP

Some people got information through other people and gave petition themselves and some people got help from SHGs and some got by municipality workers but they have spent 4000 rupees for getting OAP.

One of respondents said that *“we gave petition and got OAP through municipality workers but we spent 4000 rupees for getting OAP and now money didn’t come for three months”*

5. Understand children’s perceptions about

Challenges for joint family

Generally, in-laws problem are there. Mother in law and daughter in law not adjust with each other and aged people mostly like ragi and bajra food so if they cook ragi food children will not eat and daughter in law not interest to cook for aged people and daughter in law expect that her mother in law should do home based work in the home. Adjustment problem is main problem in their home. If both of them adjust and understand with each other, all people can live together in one home.

One of the respondent’s children said *“daughter in laws will not cooperate. If they cooperate with each other, it will be good. If one woman does work in the home, another one won’t do so they will fight with each other. If male, we are all brothers so we will adjust and cooperate with us. If she is separate and live with their husband and children, she will do all works and take care them”*

Harvest share

Parents have own land and cultivate paddy, ragi and bajra and they will use it and most of the parent never ask from children. Some parent gets rice from ration shop.

One respondent’s children said that *“they have separate land and they cultivate paddy for rice and in this time no rain so they didn’t cultivate paddy. I think, here after, they will plant paddy. They cultivate bajra and ragi and they use that. They get rice from ration shop”*

Meet parent

Daily some children meet their parent and some of them not daily meet but weekly three or four days meet their parent

Needs of parent

Some aged people cultivate themselves and some of them go to coolie work, so they never ask money from their children and they fulfill their needs like buying vegetables & other things. Children also didn't do anything for them. Children think that parent has land, house and cattle and they have no problem. If parents get sick in their future, children will take care of them.

One respondent's son said *"what they want, they have all things like house, land, cow and goat. They have no problem. In future, if they get sick, at that time they will ask and we will take care of them"*

Another one respondent's son said that *"if they need something, I will fulfill their needs. So they won't take as serious and for buying vegetables, they have money so they will manage it. They don't expect from others"*

Occupation of Children

All children of respondents do own cultivation and they go to coolie work. Some people have 2 acre land and some people have less than 2 acre.

One respondent's son said *"I cultivate in my land at the same time I will go to coolie work. In my land, we have cultivated turmeric and we will cultivate paddy"*

Parent expenditure

Parents are going to coolie work or own cultivate, so they will not ask money from children and they buy what they want.

One respondent's son said *"they are going to coolie work, so they will buy thing themselves for that"*

Reason for separate

Few parents have three or more than three children, they can't live together in same home because small house and in laws problem so they decided and went separate. Few parents if they

wish, they will go to their son's home and stay with them for four days after again come back and stay separate. In few families, daughter in law problems are there. One of the parents sent their son after his marriage with his property.

One respondent's son said *"In the beginning, we were living in the same home, after marriage, daughter in laws didn't cooperate with each other and argued to do works in the home, so came separate not only me my brothers also went separate after their marriage. And if we are in the same home, we can't cultivate joint together so we separate and divided our lands. Now we are cultivating separately"*

Another one respondent's son said *"they will be like this. If they want they will be with us otherwise they will be separate. They will be good in four days after again they will come and cook separate. Don't know what happened to them"*

Separation of parent

Few parents are living separately for 10 years; few are living for 3 years and few living for 1 year.

Support to parent

Some children give money when their parent's need or they ask. Some children think parents go to work or cultivate and they have money so they fulfill their needs. One respondent's son, he help to his parent like taking water, collect & take fire woods and help them when parent cultivate. Some children think that parent has cattle and they get income from it so no need our helps to them.

One respondent's son said *"when they ask money at that time only, I will give to them. They won't ask money and if they have no money at that time only they will ask. My father bore milk to shops, my mother goes to coolie work and I will give rice to them. Then, if they get sick we take to hospital so they don't expert"*

Another one respondent's son said *"they never ask. They may think about us like that they have separate family and children. They cultivate separate and like that we also cultivate, why we ask them. And in future, I don't know. Will we give anything to them?"*

Take care

Generally, all children said that if our parent gets sick, we will take care of them and take to hospital for treatment.

One respondent's son said "we will take them to hospital and they will go. One time, I took my father and went to Coimbatore eye hospital for eye surgery and another onetime, I took him to Salem hospital for head surgery, I think already he told you about that incidence. We sent his money only to his treatment and we have no money, then what to do! No money to run our family. What can do?"

No income, I don't go to work. I will work in my field only and now days, I didn't go to daily wage because no rain. If I go to outside, I can earn like 500 rupees per day but here, only 200 rupees per day"

Ethical Issues

- **Risks and benefits :**

Risks	Benefits
<ul style="list-style-type: none"> ❖ If elderly children know about information which was shared by elders, their situations may become worst than before conditions 	<ul style="list-style-type: none"> ❖ They can know about govt. programs through their peer group ❖ Children may understand their parent's condition

- Informed consent
- Confidentiality

General information about aged people

No	Sex	Age	Educationa l status	Occupation	Partner's occupatio n	Own land	Land size	OAP	Year of receivin g OAP	Year of separation	No of child ren
1	male	66	Illiterate	no	coolie	Son cultivation	2 acre	yes	1 year	5	1
2	female	62	Illiterate	Coolie/ cattle	coolie	Son	2	no	Nil	3	5
3	male	60	Illiterate	Cultivation	No	Own cultivation	1	no	nil	More than 10	6
4	male	76	Illiterate	Cultivation/ cattle	coolie	Own cultivation	1	no	nil	More than 10	3
5	female	72	Illiterate	Cultivation/ cattle	coolie	Own cultivation	1	yes	1	More than 10	3
6	female	61	Illiterate	Coolie	Nil	No	nil	yes	2	1	3
7	male	61	Illiterate	Cultivation / coolie	coolie	Own cultivation	Less 1	no	nil	2	3

RESULTS

Understand about socio-economic condition of elderly

commonly elderly people hand over their land to their sons, after their son's marriage and the parent have large size land, they will take small size land to cultivate for their survive otherwise, they divided and give land to their children and go to coolie work for survive, whether children give food material or not. They are getting income source from own cultivation, cattle and Old Age Pension. Two of them are getting food materials from their children. When children make decision for his family, he never considers and ask parent before take decision. Elderly women have friends and she shared their family problems to them but all aged men not have friends.

One of the respondents said that “ *my son never say that why go to work because only he gives 2 or 3 sacks paddy but vegetable and other material for curry. If he gives all, we can stop to go to work. If only give paddy to us, is it enough! Can eat rice without curry?*”

Understand about the needs of elderly as perceived by them

In the old age, elderly people have orthopedic problem and when the elderly people get sick no one take care and take to hospital (Tribal Health Initiative or Primary Health Center) from their family members and if the husband get sick, his wife take him to hospital & take care of him. Two of respondents get paddy or ragi from children and that is not sufficient for parent and they have to manage themselves for their basic needs such as buy vegetables, other food materials and other things. Three of them get OAP but at present they didn't get money for 2 months.

One of the respondent said *“no one take care them. In THI, they have given Yellow Card to me, I will go and take treatment. If my husband gets sick, I will take to hospital, he never go as alone but if I get sick, I will go to hospital myself”*

Describe the emotional problems of elderly

Mostly elderly people have adjustment problems between daughter in law and mother in law or father in law. During the sick days, no one take care of them in their family expect his wife but if elderly woman gets sick, she has to manage herself. Grand children will come and visit but no help to them and ask money from them. Elderly women have friends and share their family problems and conditions with each other but elderly men never share with others. When they are alone at that time they recall their past and compare those days with present and feel themselves as useless and wait to time to go.

One respondent said that *“if we have all things we can live otherwise we can go then what can do! If problem come in family, have to do anything”*

Another one respondent said that *“ if I come back from the field, my daughter in law did not do the house hold works in our home and always daughter in law says that all the work is done by her only and my mother in law does nothing ”* so we came separately.

Understand children's perceptions about the needs of elder

Children think, parent are earning through cultivation, cattle and coolie work. Parents fulfill their daily needs like buying vegetables or other things. Parents have no problem like us e.g children

education; two of them said we give paddy and ragi to our parent for food. All of them said that if our parents get sick we will take care of them in their future.

One respondent's son said *"what they want, they have all things like house, land, cow and goat. They have no problem. In future, if they get sick, at that time they will ask and we will take care of them"*

Another one respondent's son said that *"if they need something, I will fulfill their needs. So they won't take as serious and for buying vegetables, they have money so they will manage it. They don't expect from others"*

Know about the social welfare schemes available

Elderly people have Old Age Pension, 3 of them are getting 1000 rupees as Old Age Pension (OAP) from the government and for last two months they didn't get OAP. 1 respondent has spent till four thousand rupees but still he didn't get. One respondent has tried to utilize housing scheme to build home but Panchayati raj has asked ten thousand rupees as bribe for housing sanction so she didn't build house.

One respondent said *"No scheme without bribe. I thought to construct house through Chief Minister Housing Scheme but the Panchayati raj leader has asked ten thousand rupees to sanction for house. Otherwise the leader said that first, you build your house in your own money after we will take and give money. Will earn money to build house or give money to them as bribe! If I lend money for interest, how much will increase interest in one year! So I didn't build house and I left it".*

Conclusion

Family why disintegrate and aged people live separately because of, to avoid adjustment problem with daughter in laws. Commonly in rural or tribal areas, aged people have more than 3 children and after their marriage. When they are live together in the same family, daughter in laws not adjust with each other and do not do domestic based work so the parent decides and go separate from their children family. Some elderly people take some land as a share and cultivate for their survive and some elderly people go to agriculture coolie work, commonly in the agriculture field, daily or continuous works are not possible and weekly 3 or 4 days works may available or not. Their income will be very less than other group. When the parent gets any health problem, children can't to be with them to take care of them because their living places are different, mostly parents are living in the land side and children are living into the village. Mostly elderly women share their family problem and situations with their friend or neighbor woman and get relief through it but males not share with others and they compare present situation with past so elderly men have more emotional problems than women and women take care of her husband during his sick but she never give important to herself. In the children's view, parents have no problem like children and they have house, land and cattle and they get income through cattle / OAP / daily wag so they fulfill their basic needs and manage them.

APPENDIX-1

Guidelines for elderly in-depth interview

1. Self introduction

My name is Saraswathi, I am doing community health learning programme in SOCHARA (Society for Community Health Awareness, Research and Action) and now I am doing research on Psychological needs and services available for tribal elderly people in Sittilingi valley, Dharmapuri District. So I have come to data collection for my study.

Introduce myself and briefly explain the study. Inform them about their rights as voluntary participants of the study and make sure they are comfortable to start the interview.

2. Personal information:

- Name
- Age
- Gender
- Caste
- Sub caste
- Occupation
- Monthly Income
- Qualification
- No. of family members

3. Family background of respondents

- How many children do you have?
- Where are your children living?
- How long you are living separately?
- Why are you living separately?
- Who take care of you when you ill?
- Who take you, if you go to hospital?

- Can you share about your sickness in past experience?
- What role do you still play in family's decision making?

3. Occupation

- What do you do for your daily life?
- What is your source of livelihood?
- Where do you work?
- How the employees treat you?
- Do you have own land?
- What are the works in the field?
- How much do you earn?
- How many hours do you work per day?

4. Neighborhood and friends

- Can you tell about your neighborhoods?
- Do you have friends?
- Who are your friends?
- What they do for you?
- What you do for them?
- How often do you meet them?
- What do you discuss, when you meet?
- Where do you meet?

5. Awareness and utilization of services

- What are the benefits you get?
- Who did help you to get benefit?
- Where from you get?
- How much you get?
- Have any challenges or problems to get benefits?
- How long do you get?

6. Health condition

- Can you tell about your health problem?
- How long do you have?
- What are you doing about it?
- Where do you get treatment?
- Do you take medicines daily?

APPENDIX- 2

Guidelines for children's in- depth interview

1. Personal information

- Name
- Age
- Gender
- Caste
- Sub caste
- Occupation
- Monthly Income
- Qualification
- Marital status
- No. of family members

2. Himself & family details

- Can you tell about your work,
- How many children you have?
- What are they doing?
- Your life on normal day
- About work history

3. Life stages experience

- Childhood
- Adolescence
- Adult
- Marriage

4. Can you tell about your parent?

- Where do they live?
- What do they do for their living

- Who takes care of them
- What kind of support you, your wife and children offer them, or any other person offers them
- How often do you visit them/or they visit you
- Since when are they living separate
- Why are they living separate
- What are their concerns
- What are their important needs
- Who meets those needs
- What are the challenges in living together as a joint family
- How can we address them

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