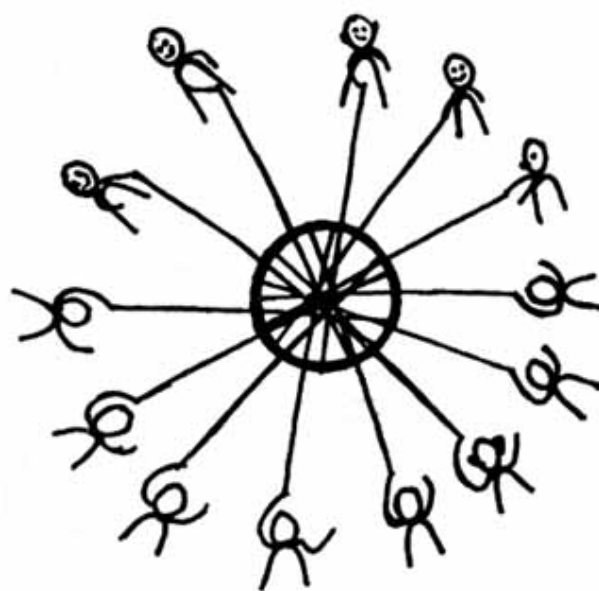


2014-2015

Community Health Learning Programme

*A Report on the Community Health Learning
Experience*

JYOTHILAKSHMI.C.R



SOPHEA



sochara
building community health

COMMUNITY HEALTH LEARNING FELLOWSHIP PROGRAMME



Society for Community Health Awareness Research and Action

A DOOR TO A WONDEROUS JOURNEY.....A JOURNEY OF RESPONSIBILITY



JYOTHILAKSHMI.C.R

CHLP FELLOW 2014

To 2015

Dedicated to my most beloved dad

MY BOW

I feel proud to have had the privilege of being associated with this great organization and its people and I pray to God Almighty that the SOCHARA will continue to hold its torch aloft in the years to come

I am using this opportunity to express my gratitude to every one who supported me throughout the course community health learning fellowship program

First of all am thanking GOD ALMIGHTY for giving me a unique opportunity ,being with very powerful organization which built on the foundation of high standards of ethics,commitment,trust and dedication.Facilitators who constantly work and teach only on humanitarian grounds.

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PART –A

Learning's from Collective theory sessions

A DOOR TO A WONDEROUS JOURNEY.....From known to unknown

Like any other social work professional I too dreamt of challenging all the evils in our society after my MSW PG degree. When I began working at the field of social work, I have been enlightened, sometimes disillusioned. I worked as Medical social worker in Medical ICU in Multispecialty hospital. Crisis intervention through the blue tinted glasses made me to realize many crucial things in Health care and also the inequities in the health system. Most of the time I felt helplessness as medical social worker to do justice to the patients and families I would say it as system error. After two years of working as medical social worker I got into teaching field since childhood onwards I do like teaching. And I thought that my dream job will give all job satisfactionbut things are almost the same.....I caught in a web of paradox only the setting changed.....”SYSTEM ERROR” exists everywhere whether it is health care or education injustice do exists.....being a Social work faculty member in the department of social workI do faced many corrupt practices in the teaching field.....most of the time felt emptinessit was very difficult to impart justice to social work students.....the entire faculty member in the department of social work was intolerant towards the unethical professional standards.....we could not able to compromise our primary interest to secondary gains.....will call it as “conflict of interest. We did many constructive challenges but Failed finally. Decided to quit it was a mass resignation.

I was unsure which way I can turn. Doubt can creep in and made me wonder, “Is change really possible? How can I challenge the system errors? How can I keep doing this work? “I feel like I have nothing left to give and I just want to quit my profession.....again an inner call.....I moved to Bangalore.....a painful switchover

Here starts my journey towards Sochara. Before starting my journey I was certainly apprehensive, however the experience turned into more than I imagined a paradigm shift in my own attitude and thinking towards Health and health care.....and also different practical solutions to “SYSTEM ERRORS” .I would like to write a quote which perfectly describes my CHLP experience here it goes

“Walk with the dreamers, the believers, the courageous, the cheerful, the planners, the doers, the successful people with their heads in the clouds and their feet on the ground. Let their spirit ignite and fire within you to leave this world better than when you found it”- by Wilfred Peterson

I hope this fellowship continues and blossoms into bigger things in the future.

LEARNING OBJECTIVES

- ✚ Tap turner off of diseases in the field of health**
- ✚ To develop a strong commitment to social change that promotes equity and justice in the field of health**
- ✚ To engage proactively with community health interventions and the voice of the community**
- ✚ To reinforce my skills and transplant it into community health**
- ✚ To penetrate deeply to the grass root level and to understand the social determinants of health**
- ✚ To develop critical self-reflection and personal learning**

- ✦ **To know the gap between rich and poor ,rural and urban, to understand the different cultures**
- ✦ **To discover what I have never experienced and never imagined**
- ✦ **To develop critical writing skills and also develop analytical skills**
- ✦ **To create a paradigm shift in my own convictions and attitude toward Health**
- ✦ **To Identify and rectify my personal biases**

INNER LEARNINGS

- -“Vasudaivakudumbakam.” During my CHLP I kept on hearing this word and the most important value have learned is seeing the world as one family .If we have this value it will reflect in our work with human beings and rest of the values will come automatically
- **UNITY IN DIVERSITY’**-The day January 17th^h 2014 was extremely different to me. Though I studied in different places and also worked in various settings but this CHLP group is a diverse group. A union of seven states.All are secure in their own self-identity “irrespective of language,culture ethnicity etcI really connected well with all of the other people in my group”.At the same time as a group we were not afraid to challenge each otherviews.....I do believe this sense of bonding and connectivity will reflect in my future journey towards achieving health for all.



- Change is a gradual process so I should not be hurry .There is no quick fix solution for all the problems. If there is 20 reasons for a particular disease there are 20 solutions also. We will be patient enough to achieve our mission towards Health for all.
- Communication is the key –any deficits in information transfer and communication is adversely affecting the people. We need to demonstrate effective communication skills to build trust with service users and colleagues .so we should be assertive and at the same time effective communication is very important.
- Use of self-Use of personality,belief system, relationship dynamics and how we are using our emotions while working with people is very important .As community health worker we need to analyze our own constructs and their application to our daily practice.If we are not clear about our own values and beliefs and unconsciously we projects our world view into the community.
- Empathetic understanding-we need to understand another person’s condition from their perspective. Then only we can deeply engage with that person and give suggestions and directions accordingly.
- Community health learning fellowship is a journey of responsibility and an effort
- I could able to expand my professional horizon in a more focused and meaning full way
- Improves my confidence to deal with the system errors more authentically and more hopefully
- Importance of thinking and feeling. Chlp once again reminded me about how can weas community health fellow will blend our brain and heart while promoting health for all
- once again I got an opportunity to strengthen my micro skills which I have already acquired from my MSW discipline such as Listening,reflecting,responding,usingsilence,usingempathy,assertiveness,summarizing

- knowledge updating-make sure that we keep our knowledge and skills up to date then only we can provide highest standards of practice for the people with whom we work.

WHAT I HAVE LEARNED

ALL ABOUT HEALTH

What is health?

Health is happiness not only for you but for the people around well you as well. It is a dynamic state or condition that is multidimensional in nature. It is a resource for living and exists in various nature. As a community health fellow the most important learning about health is Life chances differ greatly depending on where people are born and raised. At all levels of income health and illness follow a social gradient the lower the socio economic position the worse the health. So as community health workers we need to remember these. Health is a fundamental human right and an integral part of human development.

SPECTRUM OF HEALTH

The spectral concept of health tells us that health of an individual is not static, it is dynamic and a process of continuous change and is always subject to variations. The lowest point on the health disease spectrum is death and the highest point is positive health. So it is obvious a person may function at maximum levels of health today and diminished levels of health tomorrow.

Definition

The world health organization defines health this way: “Health is a state of complete physical, mental and social well –being and not merely the absence of disease or infirmity. From this definition we can easily understand how important mental health is.

What is Mental health?

A person who is mentally healthy has a state of wellbeing in which he or she can realize his or her own abilities, and is able to cope with life's normal stress, can work regularly and productively .so that he or she can able to give contribution to the community.so there for is the foundation for an individuals and community's effective functioning and wellbeing.

Determinants of mental health

Just as illness and health in general are affected by multiple factors,so too is mental health and mental health disorders. These factors, which often interact,include biological, psychological and social elements.

“There can't be anyone more vulnerable than a person who does not know he or she is vulnerable,” said K. Srinath Reddy, president of the Public Health Foundation of India, an organization working to improve education, research, training and policy in public health

Mental health and poverty is interlinked

Low educational levels,poor housing and low income all gives us unhappiness and it effects our overall mental wellbeing. As socio economic disadvantages increase,the risk to mental health also increase. Disadvantaged individuals are more vulnerable to psychiatric disorders.Mentally unhealthy individuals feel insecure, hopelessness, poor physical health and also more prone to violence.

Mentalhealth and sanitation

The new key learning about causes of mental health as Community health fellow I learned is how mental health is connected with open defecation.

Whether we need multi-dollar strategies to promote mental health?

Answer is a big no. Where some of the evidence based,high impact interventions that help to promote good mental health.

Activities to promote mental health

- School mental health programs
- Early childhood interventions
- Community development programs
- Support to children
- Housing policies
- Violence prevention programs
- Women employment programs
- Support to elderly

Mental health challenges in India

“Mental health conditions are difficult to understand because there is so much about the brain that even doctors don’t know. It is treated as a whisky washy issue everywhere in the rural world, but in a society that does not even recognize the problem and furthermore in a rural contest “Unfortunately, society still stigmatizes those who suffer from routine psychiatric problems and so their treatment is either delayed or denied. We need to build up a social movement to change mindsets and focus on the human dimension of mental illnesses, “said by Dr.Vardhan these two statements clearly tells us about the challenge of mental health

Other challenges are

- ✚ .Acute shortage of mental health professionals it has only 3,500,that’s one for every 343,000 people.

- ✚ Attitude towards mentally ill. Social stigma towards mental illness still exists so mentally ill person and family is isolated from the main stream.
- ✚ The biggest misconception in India is that illiterate patients won't be able to make their own decisions about consenting to treatment
- ✚ Faith healers –A vast majority of patients and family is approaching faith healers and spend huge amount on that and finally ended up in disappointment and debt.

Community Health workers role is to help patients reintegrate into their communities and refer new patients to a local hospital for treatment

Mental health policy

Mental health policy in the grounds of equity and justice .Pillars of “policy are compassion and responsibility”

Now India has started to pay greater attention to the country's mental health .The new bill recognizes the rights of the mentally ill. The new policy will give a direction to the way public funds should be invested. The new mental health policy is likely to include components of the bill, which allows any person who considers himself to have a mental illness to request admission to a mental health facility independently, without the orders of a magistrate.

This provision enables a mentally ill person to seek treatment, and also secures “the right of a person not to be institutionalized,” said Dr.Reddy.

URBAN HEALTH

Urbanization is one of the leading global trends of the 21st century that has a significant impact on health, by 2020,over 70% of the world's population will live in cities. While cities can bring opportunities,they can also bring challenges for better health.286 million people in India live in urban areas. Health of a population that lives and works closely together,usually in an

incorporated area such as a city or town, with a common water supply and with similar environmental conditions.

DETERMINANTS OF URBAN HEALTH

The social determinants of health are the condition in which people are born, grow, live work and age. These circumstances are shaped by the distribution of money, power and resources at Global, National and local levels.

CHALLENGES

Administrative issues, Policy issues, Operational issues, Large size of Population

GENDER AND HEALTH

The concept of gender means much more than a biological sex. It means how society fabricated roles, responsibilities depending on the sexual classification. Society constructed the ways in which one should think and behave. These stereo typical expectations are commonly referred to as gender roles. Gender effects many aspects of life and it determines males and females destiny. Traditional gender roles define masculinity as having power and being in control in emotional situations, in the work place and in sexual relationships. Women are expected to be emotionally expressive, dependent, passive, co-operative, warm and accepting the inferior position in marriage and employment. Access to resources, methods of coping with stress, styles of interacting with others, self-evaluation, spirituality and expectations of others all connected on the basis of gender.

OCCUPATIONAL HEALTH

It is related with safety and health in the work place. Every day approximately 15 people die from work related injuries and many more people die of work related diseases. Occupational health issues affect the quality of life economically as well as medically in communities in which workers live. Types of occupational illnesses can be categorized by cause and by the organ affected. I have learned respiratory disorders. one important respiratory disorder is silicosis. Workers in mines, stone quarries sand and gravel operations foundries, abrasive blasting operations and glass factories run the risk of silicosis. it is an acute and chronic lung disease

caused by the inhalation of free crystalline silica There are numerous resources to aid in the prevention of occupational injuries and diseases,including occupational health professionals and work place injury and illness prevention programs and health promotion programs.

Most of the companies are not giving any social security measures to the employees and in the case of silicosis even health professionals cant able to diagnose the disease and also they are lobbying with the companies .it is an urgent need to do some actions measures to tackle this problem.

HEALTH STAUS IN INDIA

India faces High burden of disease because of lack of environmental sanitation, safe drinking water,undernutrition,poor living conditions and limited access to preventive and curative services. Lack of education, gender inequality and population explosion all contribute to Double burden of disease.

STATISTICS

TOTAL POPULATION	1,240,000,000
Gross national income percapita	(ppp international \$,2012)3/910
Life expectancy at birth m/f (years 2012)	64/68
Probability of dying between 15 and 60 years m/f	Per 1000 population ,2012
Total expenditure on health per capita	Intl \$ 2012
Total expenditure on health as % of GDP 2012	4.1

Source-WHO

HEALTH FOR ALL????

Secret in health is our body is the best doctor: Health for all means that health is to be brought in the reach of everyone in a given country. It also implies the removal of obstacles to health. The promotion and protection of health of the people is essential to sustain economic and social development and contribute to better quality of life.

WHAT MAKES PEOPLE HEALTHY?

“MICROBES ARE INSIGNIFICANT AS A CAUSE OF DISEASE COMPARED TO THE ILLNESS THAT IS CAUSED BY POVERTY, THE SOCIAL DESPAIR, ANGUISH AND MISFORTUNES OF PEOPLE”

This quote gives us an insight about how important is our social conditions and its relation to illness.

Concept of Disease

Disease results from complex interactions between man, an agent and the environment. Ecological point of view disease is “maladjustment of the human organism to the environment”. All that is external to man is an environment. All human beings are constantly interacting with his or her environment in which the man lives.

Determinants of Health

ABOUT DETERMINANTS OF HEALTH-INFLUENCES ON HEALTH

India is a multicultural, multi ethnic, multi lingual society with pluralistic health system



Health is shaped by many influences, age, sex, and genetic makeup, medical and individual behavior. Behaviours are shaped by living and working conditions, in which we live are shaped by our economic resources, opportunities in our life and also on the basis of our resources. Interrelationship among these factors that determine individual and population health.

BIOLOGICAL DETERMINANTS

Some biological and genetic factors affect specific populations more than others e.g.; older adults are biologically more prone to get diseases than the younger generation. Some diseases are inherited through genes.

SOCIAL FACTORS

The social and the physical conditions in which people are born, live, learn, play, work and these conditions play a wide range on everyone's health. Our social opportunities and resources will improve our quality of life e.g.; poverty, social norms and attitudes such as discrimination etc. and the natural environment in which we live all influence our wellbeing example climate change

Some important areas to give attention while working to achieve health for all

a) Social exclusion as a driver of ill health

The primary determinants of disease are mainly economic and social. People who are excluded are pushed to the edge of the society. So they are lacking many opportunities for education, health, decision making. Degree of exclusion depends upon the different dimensions. It is closely related with the multiple identities he or she is carrying. Different types of exclusion are political, economic, cultural, sociological and psychological.

We literally embody the material and social world in which we live. Diverse pathways of embodiment include a range of phenomena. Social and economic deprivation, exogenous hazardous, social trauma, discrimination and other forms of mental, physical and sexual trauma, inadequate health care all are the drivers of ill health.

b) Poverty is a symptom —Economic inequality breeds health inequality

Most people in the country who are unemployed are unable to earn themselves a living. Many are not able to access products and services. As this goes on and on, the poverty rate will increase drastically and all have impact on our well-being.

A dark Cloud-Inequity in health

✚ In equity in health exists in every state .Almost everywhere,the poor suffer poor health .The huge gap between rich and poor remains very wide. Health is an indicator of development. Poor health seen as an obstacle to development. Poverty and ill health are intertwined.Poverty breeds ill-health.Ill health keeps poor people poor. All people have the right to an equitable share in the worlds resources and to be the authors of their own development and that the denial of such rights is at the heart of poverty and suffering



Globalization-Severe threat to both peoples health and the health of the planet

‘Health for All’ means that globalization has to be opposed,and that political and economic priorities have to be drastically changed”-The Global People’s Health Charter,2000.

Globalization is a multifaceted process that manifests itself in the various aspects of life: economic, political, social and cultural. Is a social force created and controlled by human beings. Our country is the victim of globalization gloom and where we see the cloud of poverty, illiteracy, health hazard, industrial risks,unemployment,dowry death,malnutrition,family disorganization, urban poverty, child abuse,sex assault etc. Because of these reasons we need a moral and social reconstruction. Because of globalization we are facing disparities in the field of health. Create socially and environmentally sustainable form of Globalizationis the only solution.

HEALTH =DEVELOPMENT

Health and development is closely linked. Health is an integral part of development, all sectors of society have an effect on health. The purpose of development is to permit every individual to lead an economically and socially productive life. The link between health and development has

been clearly established, the one being the starting point for the other and vice-versa. Actually, human health and wellbeing are the ultimate goal of development.

True purpose of development is to enhance people quality of life and true development is the development of the needs of the most needful.

HOW TO ACHIEVE HEALTH FOR ALL

Give importance to primary health care-

Primary health care became a core policy for the world health organization in the Alma Ata Declaration in 1978 and “the health for all by the year 2000 program.

The Alma Ata Declaration

Primary health care is health care based on methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community can afford to maintain at every stage of their development in the spirit of self reliance and self determination. It forms an integral part, both of the country health system, of which it is the central function and main focus, and of the overall social and economic development of the community with the national health system bringing health care as close as possible to where people live and work, and constitutes.

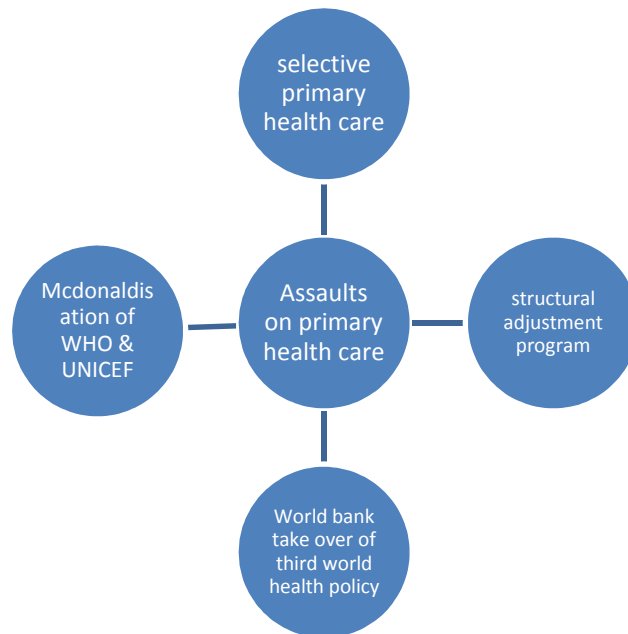
Alma ata declaration

In September 1978, the first international declaration stating the importance of primary health care and the world's government's role responsibility to the health of the world's citizen was held in the international conference on primary health care took place in Alma-Ata, USSR. The conference stresses the need for urgent action by all governments, all health and development workers and the world community to protect and promote the health of all the people of the world”

Alma Ata declared “health is a fundamental human right “whose attainment requires a multipronged attack on the social determinants of ill health and disease. If disease is the product of social and economic inequality, then ill health of our people cannot be solved by

merely provision of health care but by bringing about better conditioned of work,housing,sanitation,nutrition.

Four Major threats of primary health care



2.FOSTER COMMUNITY HEALTH TO ACHIEVE HEALTH FOR ALL

BUILDING HEALTHIER COMMUNITIES—START FROM THE STRENGTHS, NOT PROBLEMS

If we build communities we can enable the community people to demand for their health .For that we need to start from the strength of the community and also have to understand the different dynamics of the community. The strength perspective demands a different way of looking at individuals, families and communities. All must be seen in the light of their capacities talents,competencies, possibilities,vision, values and hopes.it is about stepping in too quickly to do things for people but always trying to do things with people not assuming they don't really have their own resources. When we start from strengths it gives people the energy to address other things. If the community is healthy it is easy to achieve. Qualities of a healthy community is diversity is valued, people feel included respected, trusted,people work together, assets are valued and the goal is the overall health of the community.

Faith in the people

Being open to peoples knowledge -First time am listening from very efficient doctors who are inviting peoples knowledge. Usually in the health sector Doctors are the masters and patients are always in the receiving end but here in chlp taught me the importance of people's point of view and also encouraging traditional methods

What is community health? Is a mission or an alternative to achieve health for all?

A means to achieve health for all. Ill health in the ultimate analysis is a direct product of an unjust socio-political system which results in poverty and inequality of resources and opportunities. Here it comes the importance of community health.

Axioms of community health

Axioms are true statements which is proven.

1. Rights and responsibilities-community health is a process that enable the people to take responsibility collectively in regard to their own health and make the people to demand health as their right.
2. Autonomy over health-people have their own independence to take decisions about their own health
3. Integration of health and development activities-an attempt to collaborate with all other development activities for example. To achieve adolescent health do integrate with department of education and planprograms like school health education etc.

To make farmers healthy integrate and plan activities with farmers with the help of agriculture Department.

4. Building decentralized democracy at community and team level-health action initiating teams to evolve a greater democratic,decentralized participatory, people building and people empowering activity.
5. Building equity and empowering community beyond social conflicts.

6. Promoting and enhancing the sense of community
7. Confronting the biomedical model with new attitude skills and approaches.
8. Confronting the existing super structure of medical/health care to be more people and community oriented.
9. A new vision of health and health care and not a professional package of actions.
10. An effort to build a system in which health for all can become reality

A frame work for a new Indian Health model, 1981

A model that is rooted and based in the community .Shift from top down to bottom up approach .starting from the communities view point, and use locally appropriate strategies.

Not giving much emphasis on the modern urban hospital instead of that giving importance to community hospitals

Shifting from Curative to more promotive,preventive and curative aspects at all levels of intervention

Redefining the role of drugs and doctors

Decentralized,democratic and participatory approach which will include community people's opinions in all stages starting from planning, promoting and "training of village based health cadres"-community Health cell,1987

COUNTER VAILING POWER(POWER FROM BELOW)-Health should be decentralized.

Health education-Purpose of health education is to positively influence the health behavior of individuals and communities

Role of community health worker

Most realistic solution for providing health care to the vast population in the rural areas is to have community health workers trained from among the people. Health care cannot be imposed on the people it should begin from and by the people.

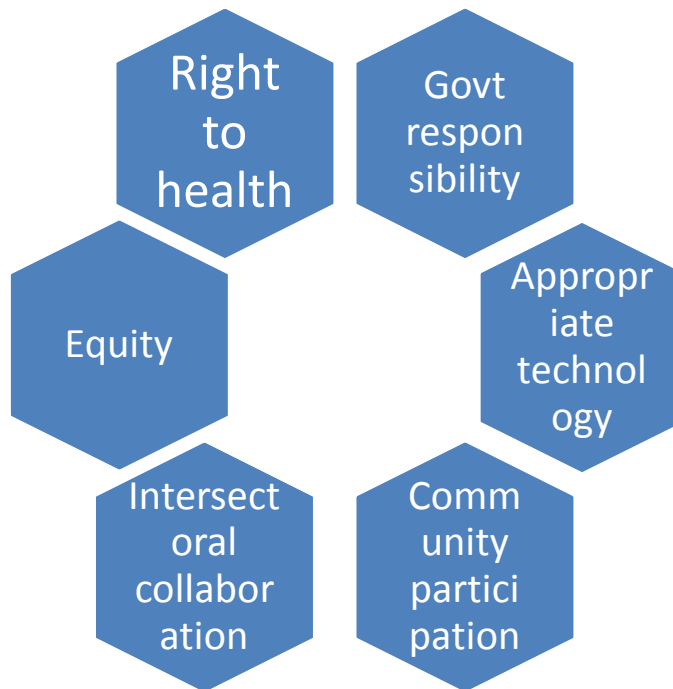
While practicing community health we have to consider social climate of the times in which it is practiced. What seemed right in one period may appear wrong in another

Primary health care (Health care closest to the people)

The components of primary health care are Health education, promotion of food supply and proper nutrition, an adequate supply of safe water and basic sanitation, maternal and child health care, including family planning, immunization against the major infectious diseases, prevention and control of locally endemic diseases, appropriate treatment of common diseases and provision of essential drugs.

Primary health care is the key to attaining an acceptable level of health by all. It will help people to contribute to their own social and economic development. It follows that primary health care should be part of the overall development of the society. Investing in primary health care can result in positive health outcomes. Access to primary health care is recognized as an important form of health. Example: Investing in women's education, a known strong determinant of health care for population health because it is relatively inexpensive.

If everybody does primary health care, then health for all come but we need to follow the principles below



Basic Requirement for sound Primary health care(4 A 'S)

- ✚ **Affordability**-The cost should be within the means and resources of the individual and the country.
- ✚ **Accessibility**- Geographical, economic,cultural –it means all primary health care services should be accessible to people on the basis of their geographical area, economy and culture. Nothing but it should be convenient to the people.
- ✚ **Acceptability**- of care depends on a variety of factors including satisfactorily communication between health care providers and the patients, whether the patients trust their care and whether the patients believe in the confidentiality and privacy of information shared with the providers
- ✚ **Availability**-Care can be obtained whenever peopleneed it

To summarize primary care is an approach that focuses on the person not the disease consider all determinants of health

Investing in women's education, a known strong determinant of health. Social determinants are same both in urban and rural but the way it is influencing differs.

4. Health system as a health determinant Value based health care system

Values are far more important in today's age of science and technology. We need to re-examine the system of values under which our socio political systems operate nationally and internationally. Development of a value based health care system is the challenge of the current decade. Any activity that is directing towards health is health system. Proper public health management it is a multidimensional phenomenon and it includes the following factors

- ✚ Protecting promoting and improving peoples health through collective action
- ✚ Health programs for needs of population as a whole
- ✚ Promoting healthy life style and prevention programs
- ✚ Creating supportive environments
- ✚ Documenting ,monitoring,evaluation,research and action

I have learned that health system means not only Public health system local health traditions also included in the health system

We should have the courage to challenge our self then only we can challenge the system

EQUITY ORIENTED RESEARCH FOR TRANSFORMATION OF HEALTH OF THE PEOPLE

Tool for liberation and social transformation-Evidence Based Research not opinion based. The country needs a lot of research,study,collection and analysis of authentic data and effective dissemination of observation and findings. Participatory research can transform society. Involve people's health by participatory manner .To incorporate research into social mobilization and to use the findings to effect changes in public health policies

Evidence based public health is the need of the hour. Translating research into policy

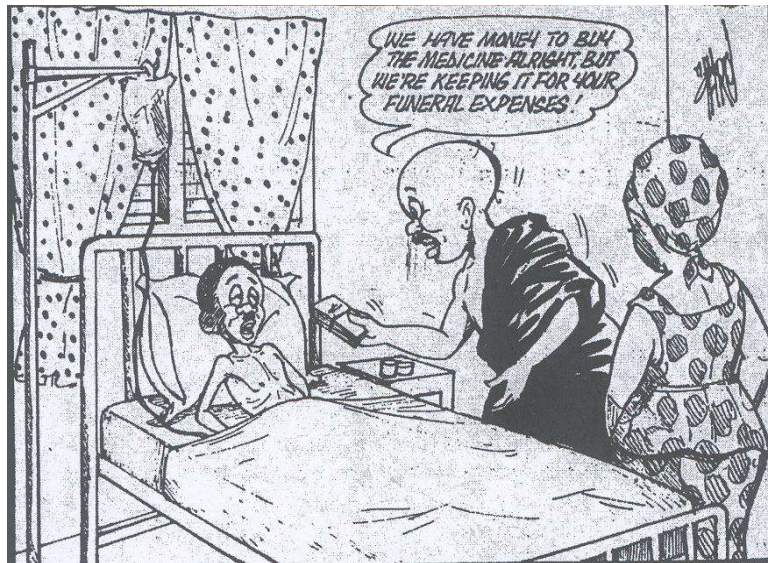
6. HEALTH FINANCING

India is one of the main countries in the world where people pay out of their pockets for health services resulting in financial burden to the poor. Hospitalisation or chronic illness often leads to liquidation of assets or indebtedness. Vast majority of people borrow money or sell assets to cover expenses and consequently they fall below the poverty line in one year.

Importance of Health Insurance

This cartoon depicts how terrible the expenses of hospitalization

Today it is extremely risky to fall sick we either die or go bankrupt .How to provide accessible health care to 1.2 billion people .Ask people about their priorities .Health care for the people must move beyond a few vertical programs and incorporate provider priorities. It should be people centered.



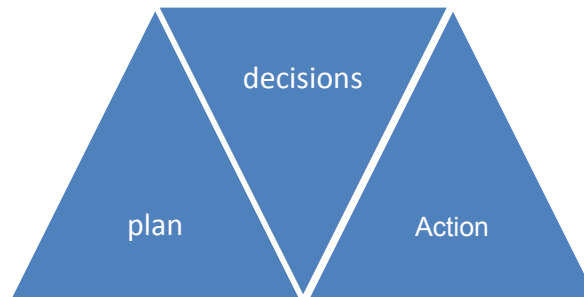
7. HEALTH POLICY

Policy is a plan or course of action

Health policy –Public health is an art of preventing disease ,prolonging life and promoting life through organized efforts by the public and private organizations that are dealing with health and also the efforts of the communities and individuals .To achieve this a plan is very important to enhance the communication between health policy and system. Health policy includes three things ,decisions ,plan and action that are undertaken to achieve specific health care goals within a society. Before making a policy for health we need to consider the health needs of the

people in that particular country.so background of that country is essential ,a situational analysis is essential. Peoples health status and health situation differs. To analyze the health situation we need to do the health assessment and also focus the focus the social determinants of health. Health is state subject so assessment of different dynamics of that particular state is very important ,The social ,economic, political ,ecological and cultural dynamics of the population.

Three things in health policy



Advantages of health policy

- It is a lens for the future
- primary objective is to achieve health for all
- Giving directions to different groups who are involved in the health care and health system

- Helpful to set priorities

The plans, programs and policies are required to be reviewed from different viewpoints to evolve a dynamic process. Policy makers should address the significant health problem and also careful about which segment of society mostly needed it. Health policy which gives importance to prevention, promotion and health maintenance is a much better model.

Today it is extremely risky to fall sick we either die or go bankrupt .How to provide accessible health care to 1.2 billion people .Ask people about their priorities .Health care for the people must move beyond a few vertical programs and incorporate provider priorities. It should be people centered.

8. WHAT IS HEALTH CARE ETHICS?

“Science can tell you how things relate to each other science will never tell you what you ought to do”

Health care ethics is how to make morally good choices and to do well, based on beliefs and values about life, health, suffering and death. Ethics is about the values that should be respected by all health care workers while interacting with individuals, families and communities.

Human resource is the core building blocks of health system

How to deal with the power dynamics in the health system.

Humanize the doctor treatment relationship

9. HEALTH IS POLITICAL

Politics, power and ideology which influence people in many ways. Public policy as a determinant of health .Health and its promotion, are profoundly political.

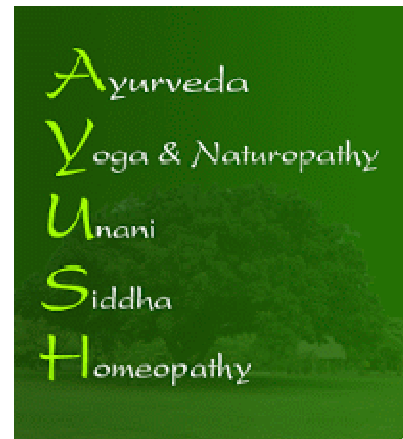
Why health is political?

✚ **Health inequalities**-Like any other resources or commodity under a neo liberal economic system some social groups have more privilege than the others

- **Health determinants**-The social determinants of health are dependent on political actions
- **Citizenship**-The right to a standard of living adequate for health and living is an aspect of citizenship and a human rights. Power is exercised over it as part of wider economic, social and political system .changing this system requires political awareness and political struggle.

In this above context awareness of political nature of health will lead to a more effective health promotion strategy and more evidence based health promotion practice.

10.Promotion of AYUSH (world's largest democracy) 70 percentage of people are AYUSH.focused attention to development of education and research in alternative medicines.But the question here is which one is alternative.if we get sick first we are using our traditional medicines,then we will approach other treatment facilities according to our individual choice.Allopathic treatment overpowered our country .but the department of Ayush is progressing at the same time we should think about how much country's budget is allocated for AYUSH.I firmly believe that as community health professional it is our duty to facilitate importance of the introduction of AYUSH in our community.



CONCLUSION

It is obvious that we have all the necessary tools of reaching the goal "Health for All" but we need to fully utilize the existing favorable climate, secure clear dissection and put all our energies to make it happen. 80 % of the health problems are been solved within the community and family only 20% we need to go for doctors. We need to develop a health system where people are not passive recipients but active participants'. Finally,all the reforms can become a reality only when the people implement them have integrity. It is not just the causes of disease and death that need to be addressed.It is also major questions about what constitutes health

and enhances life so a new pattern of health care and approach that are flexible, responsive, people centered and based on, collaborative, networking and leadership with focus on Social, political, cultural, ecological context since social phenomenon is changing each and everyday.

FIELD VISITS

SIn No	Organization name	Actions
1	SNEHADHAN, Camillian community care Centre for Persons living with HIV, Bangalore	Addressing the comprehensive needs of HIV infected persons and providing holistic and comprehensive health care to the sick
2	APD, Associations for people with disability , Bangalore	Transforming the lives of people with disability to create a inclusive society
3	SEVA IN ACTION, Bangalore	Bridging the gap that exists between the needs and provisions required for people with disabilities
4	KAIROS, Kannur Association For Integrated Rural organization and support	Working with marginalized people for their development
5	Shanti pain and palliative	Holistic care for the terminally ill
6	FRLHT, Foundation for revitalization of local health traditions	Conservation of Indian heritage

Each and every field visits was unique and insightful on the basis of the service the concerned institutions are providing.

Visit to Snehadhan helped me to refresh my awareness and understanding about Persons living with HIV and the changes happened so far. I could able to understand the attitudinal shift of society in respect to stigma and discrimination in the subsequent years. Introduction of ART made a huge impact on the PLWHIVS .death rate has been reduced

Visit to APD, Association of Persons with disability not Association for persons with disability.OrganiZation name itself shows their ability .Thelma madam said “when we reach in the last 10 years of life before death all of us have some kind of disability”. The organization is helping the disabled able persons to reduce the impact of disabilitythrough medical,vocational,social and psychological rehabilitation .ultimately disabled people can actively participate in the main stream of community life. Their community based rehabilitation program me is helping them to achieve social integration..

Visit to Seva in action made me realize disability is a social issue and also human rights issue. Seva in action is a movement to deal with all these and they have made a difference in the lives of disabled people. Dealing with the problems of the most marginalized in the disability and demystification of rehabilitation technology is rewarding. Different kinds of programs helped the disabled persons to become more economically secure and build their self-esteem that in turn increase their quality of life. Preventing disability is also important for the community health professional.so these type of visits helped us to get more awareness about the current status of disability in our country.

Field trip to Kerala was both informative and enjoyable. We exploredtwo organizations in Kerala. We first visited KAIROS,Kannur,they are trying to create a society of justice and peace. Understand the different rural development programs implemented by KAIROS,their projects are both sustainable and participatory. The activities of Self groups are amazing. They are giving importance to the most ecological dimension of health, important threating issue i.e.: water literacy and water conservation. The program Inclusive children parliament is real innovative

idea .it will help the children to take decisions about their own problems in their tender age ,all will indirectly leads them to be good citizens in the future.

Visit to Shanti pain and palliative was both informative and painful.it focuses caring not curing. They are promoting a culture of healing to the terminally ill persons irrespective of caste,religion,age or illness. Interactions with the pain and palliative society members was thought provoking.one member said “Each life is a life and volunteer ship is a responsibility.it counts a lot to me about the responsibility of each citizen towards terminally ill persons. The service offered by the society is amazing. I could able to get an understanding about how the care of community people will make an important remark in this very sensitive issue. A talented sensitive doctor, nurse or volunteer can make an impact on the patient and family members here. They are using different approaches with different patients according to the need of that particular patient and family. After my visit I did remembered a sentence which I have already read in one book. Here it goes. In the ultimate analysis,we are all mere temporary custodians of the wealth we generate, whether it is financial,intellectual or emotional. The best use of all your wealth is to share it with those less fortunate. The cycle of life.....to be born, one must die-so why not die with dignity.

Visit to FRLHT was a unique experience. I learned many aspects of conservation of natural resources and how they are using these resources into Indian systems of medicine. Though allopathic treatment established a standard in the Indian psyche if we get any illness definitely all Indians use to try initially our grandma remedies that includes herbs from our garden. Here comes the relevance of revitalization of our medical heritage.it is high quality medical practices. Foundation reaching success in the creative application of traditional health sciences for enhancing the quality of health care in rural and urban India.

PART- B FIELD PLACEMENT



**NAME OF THE FIELD WORK AGENCY: ACTION FOR COMMUNITY
ORGANISATION DEVELOPMENT AND REHABILITATION,GUDALUR(ACCORD)
CONNECTING THE DISCONNECTED**

NILGIRI DISTRICT PROFILE

District Headquarters	Udhagamandalam
Population(Census 2011)	7,35,394
Total Male	3,60,170
Total Female	
Children Under age six	66,799
Scheduled Caste	32.08%
Scheduled Tribe	4.46%
Literacy Rate	5,69,647(85.2%)
Area	2,452.50
Total Household	197,653
Total workers	349,974
Taluk -	Ooty, conoor, Gudalur, Kotagiri, manjoor, Pandalur
Municipality-	Ooty, Conoor, Gudalur, Nelliyalayam
Town Panchayat	11
village Panchayat	35
Revenue villages	54
River-	By Kara

Dam-	Bykara,sandinella,mukruthi,avalenchi
Adivasi population In Gudalur block-	20,000
Adivasi groups in Gudalur	(PANIYA,MULLUKURUMBA,BETTAKURUMBA,KATTUNAIKEN

ACCORD(Action for community organization,rehabilitation and development)

History of the field placement agency

Various tribal communities of the Gudalur region lived in villages peacefully in relative isolation until 1985.They heavily depend on land and forest over which they had the traditional rights.

The Gudalur initiative started with the realization that outsiders intrusion in the tribal area and they were forced to move from their own land and also denied their human rights .The action for community organization,rehabilitation and development (ACCORD) was born in November 1985.

Vision of accord-To help the tribal community of the Gudalur valley in the Nilgiri district of Tamilnadu to take control of their own lives.

MISSION-To redesign the system for human rights,health,education,housing and culture. To help the adivasi community to cope with the onslaught of modernity on their way of life and to prepare them to emerge from their forest retreats with their heads high,proud of their culture and their people.

Different phases of Accord activities

Beginning Phase-Human rights interventions

Phase two-Development interventions

Phase three-community institutions

Future plan-Strengthening adivasi leadership and area centres

Expanding community institutions

Establishing collective enterprises

Housing

Aim of accord was the holistic development of adivasis and their initiatives made a huge impact on adivasi community. Displacement affected their wellbeing and the central problem faced by tribal people was the lack of identity earlier they need some outside support but now they become self-reliant. Accord will help the communities to empower to address their problems by themselves.

AMS was established with the support of tribal groups. It stressed the need for the preservation of tribal identity. Adivasis have had felt a strong urge to work for their own upliftment. Accords interventions demonstrated how a social movement can make a difference when everyone in the community is involved.

LEARNINGS FROM FIELD WORK AGENCY

Gudalur is a Panchayat Town and taluk in Nilgiri district, Tamil Nadu. Nilgiris known to be the Blue mountains of eastern and western Ghats. It is the highest mountains ranges of south India. The word Gudalur means The meeting place, i.e., Koodal (joining) + Uru (village). It is a joining place where the three states boundaries meet Kerala, Karnataka and Tamil Nadu. History Says that it is a land of hard workers. This is the place where we can see people from Kerala and Tamil Nadu live together cordially. Gudalur is blessed with natural and human resources with a varied landscape. Though some parts had become very dry, other areas remained green. People here are multilingual, multi-religious and culturally diverse. Both non-tribal and tribal residing here.

Tribal have different languages but still they know Tamil and they can manage Malayalam too. They have heterogeneous socio-economic, cultural milieu with a varied landscape. Different

adivasi groups of the region lived in villages. Most of them live only in one hamlet constituting around 10 to 20 households. They are fragmented and scattered and have a simple life and heavily depend on land and forest. There is little individual difference at the level of socio economic and cultural background. **Here all are equal, rich or poor. No power dynamics.**

Tribal communities live in various ecological conditions ranging from plain, hills and inaccessible areas. They are at different stages of social economic and educational development. A few tribal groups have adopted a main stream of life but some others are still primitive. In the earlier days tribal lives were filled with music. Stories of the forest and fields, their joys and sorrows have all found voice in their songs. Based upon the individual choices some started new life styles but at the same time they are concerned about the continuity of their culture

UNDERSTANDING THE COMMUNITY PRIORITIES

Sources of livelihood of different tribal groups

Mullukurumbas

They are well disciplined and their economy has passed the primitive stage.

Occupational activities of mullakurumbas

Most of them have cultivable lands, others are Agricultural laborers, plantation workers, working in private and public sectors some are engaged in business and petty shops running.

Bettakurumbas

They are the fearless people in the forest (friends of wild animals)

Occupational activities

Majority working in forest department as watchers and elephant care takers. Others are engaged in collection of forest produce and selling to traders, self cultivation and basket weavers

Paniyas

Paniyas are the most socially backward group. Majority of them are working under local landowners scattered throughout the Gudalur Taluk

Occupational activities

Most of them are agricultural labourers,plantation workers,self-cultivators,working in tea factory,watchmen,suppliers of fuelwood,working in Ngos.

Kattunayakans

UNDERSTANDING THE COMMUNITY PRIORITIES

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Kattunayakans They are the chiefs of the kadu

Occupational activities

They are involved in mixed economic activities like forest produce collection, honey collection, agriculture, labour work and also engaged in work given by the forest department and some working in Ngos.

Settlement pattern

Pattern of settlement is dispersed, isolated and clustered. Most of them live only in one hamlet constituting around 10 to 20 household. Villages are circular, quadrangular, round depending upon their geographical orientation.

Economy

People are free from the clutches of the Zamindars. The backbone of the economy is tea plantations. Government is taking effort to protect the tea sector.

Politics

Most of the land is largely held by high ranking property owners of the dominant castes. Caste based vote bank system. Now ST population has representation in the village panchayat. But still regulated by Nontribals unequal distribution of resources. Govt had undertaken suitable measures to eradicate

Gender

No gender discrimination. Socially tribal women have the autonomy to select their partner and have equal status with men.

Education

A large number of adolescents are out of school get married early, many are exposed to tobacco, or alcohol abuse. Especially there is high dropout rate between middle school and high school.

I could able to collect information from different sources (school headmasters, accord education coordinators, community leaders) and in their perspective reasons are as follows.

One govt primary school teacher narrated about their attitude towards education in his own words actually this teacher is taking effort to motivate their parents and finally frustrated and concluded in her words - "enne thalada ammava njan nannavilla".

Domestic-lack of shared parental responsibility (father who have left home, Alcoholic father) so lack of role model. No future orientation, children are often kept at home to care for the younger children, early marriage,child-labor is wide spread.

Accessibility-many tribal villages do not have education facility within in a walking distance.

Culture-like other wild animals and plants they too enjoy freedom. So they will not like to be in the rigid class room structure.

Infrastructure-overcrowded class rooms so lack of attention by teachers.

Basic amenities-

Housing

Many villages have government housing facility but quality is very poor. Most of the homes in the villages in which I visited have only minimum of shelter and safe drinking water. Thatched huts with one or two rooms and a place for cattle and poultry. The rooms are ill ventilated,dark and dusty. The roofs are leaky and floors are soaked. All are struggling for the basic requirements.

Electricity, water and telephone

Some villages had been electrified but many remote villages are still struggling to get electricity many steps were taken by the government and ACCORD to bring drinking water and succeeded. At the same time safe drinking water is an issue for many. They use to take bath in the nearby stream. Almost everyone around has a mobile of his /her own.

Transportation

The rough and hilly terrain of Gudalur can only transverse via jeep or motorcycle. The accessibility is different and difficult further towards the villages. Construction of link roads connecting many villages but the remote tribal villages have no roads.

Health systems, Health seeking behavior and health expenditure.

Primary health care centers,sub-centers, private hospitals,NGO hospital all are providing health care services. At the time of emergency they are depending allopathic treatment. Health seeking behavior is associated with socioeconomic, demographic factors and also faith and satisfaction about the treatment. Here the choice of health seeking behavior is influenced by their culture and

socio economic background and accessibility of health services. Distance also begins to play an important role. Tribal are giving first preference to Ashwini hospital, their second choice at the time of illness is govt. services. Minority group are using other alternative medicines. Mixed picture of continued belief in the old system and a steadily rising faith in the new. They believed that diseases caused by hostile spirits, the ghosts of the dead or the breach of some taboo. What is spiritually caused therefore, must be spiritually cured and this is the main reason why the people in the interior prefer to go to their own tribal native healers first then only they will go to treatment

Health Problems

Major health problems found among the tribal are respiratory tract infections, hypertension, anemia, frequent cough, fever and cold, worm infection, Ulcers, tuberculosis, urinary tract infections, Sickle cell anemia, and substance abuse disorders.

WHAT DO THE PEOPLE SAY?

Expressed needs from the community I interacted with many people in the community and they expressed their immediate needs to address is land rights-patta, many tribal don't have land, burial ground preservation, issuing of Community certificate, Scholarship, Unemployment. School Dropout issues, Alcoholism, Old age problems. Problem of alcoholism is rampant here and require a different approach. Majority of the tribal people viewed alcoholism as their problem. Repeatedly raised the issue of alcoholism. It was realized that alcohol was no longer a moral or health issue alone. It had become a development issues. This large scale trade of liquor was sponsored by the state government itself.

REFLECTIONS ABOUT ACCORD

PATHS ARE MADE BY WALKING – I have read this Sentence in ACCORD website and I found out it is true. “Yes they walked ,still walking and made many paths and still making new paths.....”

Aim of Accord was the holistic development of Adivasis and their initiatives made a huge impact on Adivasi community. Displacement affected their well-being and the central problem faced by tribal people was the lack of identity. Earlier they need some outside support but now they become self-reliant. Accord will help the communities to empower to address their problems by themselves. MS was established with the support of tribal groups. It stressed the need for the preservation of tribal identity. Adivasis have had felt a strong urge to work for their own upliftment. Accords Interventions demonstrated how a social movement can make a difference when everyone in the community is involved. I could get the realization of meaningful partnership bottom up approach and countervailing power.



I could able to connect with the Axioms of community health in their work. Accord Facilitated the tribal community people to take care of their own health and also made them to realize their autonomy. Accord leadership enabled them to raise voices to get their rights and partially they succeeded still they need to fill some gaps. Though tribal old traditional herbs were very powerful in the olden times they never ever visited any hospitals but now they have their own allopathic hospital so more inclined to that vast majority of them forgot the traditional herbal medicines so initiators have to rebuild that system again.

The staff (all are tribal except a few) was extremely supportive and was willing to help me in any way that they could

REFLECTIONS

It is entirely a new way of perceiving and understanding, indeed a new way of living and being. Great confusion –a confusion of understanding, a confusion of cultures and values

REFLECTIONS ABOUT GENDER LIVE LIVELIHOOD, ECONOMIC STATUS AND HEALTH

Both men and woman are getting equal pay depending upon the work. Seasonal variations affect their livelihood. They have simple life and no power relations between men and women. Women enjoy equal status with men. No gender discrimination. Socially tribal women have the autonomy to select their partner and have equal status with men.

Mullakurumbas are integrated into the main stream. Except mullakurumbas others have little difference at the level of socio economic and cultural background. Other groups have almost similar socio-economic structure and not worried much about the income. All have their own unique home management traditions. Most of the family's income is managed by the female members. Male members are spending most part of their money to consume alcohol. Every village have Special place for GOD (Daivapura or Kavu). Infrastructure facilities are lacking in many villages No electricity, using crude lamp, depending on surface water for drinking and cooking purpose (open well, river water, spring water etc respectively)

Tribal communities may take a long time to reach the level of other castes in social and economic advancement because of their ambivalent attitude to move forward and the internalized and externalized stigma plays a major role in that. Tribal were not in any-way inferior to the rest only different in terms of values, beliefs and practices. One of the greatest sufferings encountered by the tribal in the region has been the alienation of their ancestral land. Most tribal people live in remote rural hamlets in hilly, forested areas, where illiteracy, poor physical environments, malnutrition, inadequate access to safe drinking water, lack of personal hygiene and sanitation make them more vulnerable to disease. So government implemented different programs.

Health service providers are committed to give appropriate care though they are target oriented. The outcomes are maternal mortality rate and infant mortality rate reduced. Tribal are receiving antenatal care and immunization programs and hospital deliveries are increased

Implementation Challenges faced by service providers are the **Accessibility and acceptability**-to cover distance of many kilometers to get access to it and sometimes disappointed with the ambivalent attitude to receive treatment and also the physical strain

KEY OBSERVATIONS

- ✚ How they are treating their women. Both men and women have equal dignity, no dowry death, no female infanticide.
- ✚ Tribal elders have complained of the loss of their old traditions.
- ✚ Outside world is polluting them
- ✚ The more interior the villages are, the more sufferings. They are completely detached from all resources.
- ✚ Alcoholism, in every corner of the globe has been the biggest factor in the down fall of tribes everywhere. I could able to see same scenario here too.
- ✚ Non-tribals go away from their home town but here they are stick in their own village.
- ✚ Women are valued, bride grooms pay a token to the brides family.
- ✚ Community health workers trained from among the Tribal people. This approach is a model to implement everywhere is based on faith in the people.
- ✚ Almost all the health animators are Women. Women can contribute more on the basis of their culture and traditions.
- ✚ Community based health insurance is supporting the tribal people in the time of crisis.

MY CONCERNS

Personal encounters with tribal family context made me confused with this thought whether the tribal children's developmental needs are met or not? A few tribal groups have adopted a main stream of life, while at the other end there are others who are still primitive. All intervention strategies should focus the **extremely isolated ones (Those who are exposed to the outside world have little motivation to develop)**

If you want to learn about the health of a population look at the air they breathe, the water they drink and the places where they live –Hippocrates. A good environment contributes to wellbeing and wellbeing is the definition of health.

Need to address the social determinants, both structural and intermediary determinants

Approach should be area specific and need based. Emotional coaching to parents for safeguarding and promoting welfare of the child is also needed. The holistic focus of adivasi is universal but the priorities of tribal's will vary from state to state and from time to time depending on cultural and socioeconomic conditions.

Paradigm Shift from Emotional dependency to self reliance- out come of Accord leadership

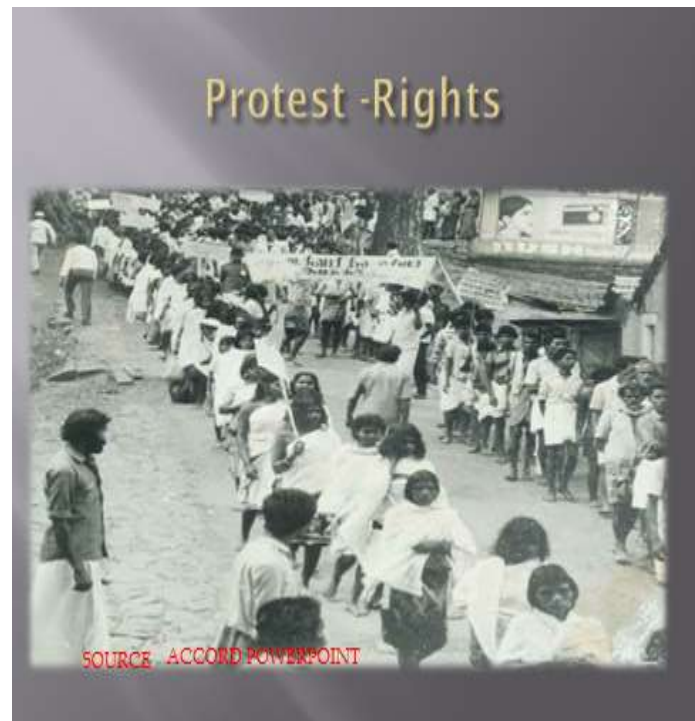


Transformed into



CONCLUSION

Before starting my placement I was certainly apprehensive about many things, however the experience turned into more than I envisioned. Really a paradigm shift in my own attitude and thinking. I could able to understand how all axioms of community health being implemented there at the same time some gaps is there. So the initiators have to redefine again the strategies' culture specific approach at the same time give attention to individual differences because most cultures are overlapping and so heterogeneity of culture is the problem now. True development is the development of the needs of the most needful. so everyone who is involved with tribal welfare have to think whether equity is there if not build a system which is reaching to all. In this regard alcoholism and mental health promotion is the need of the hour. Need to start initiatives to strengthen the emotional, financial and health literacy of the tribals.



BRIEF RESEARCH ARTICLE

Perception and Attitude of using sanitary napkins as part of menstrual hygiene among tribal girls and women

Menstruation is a phenomenon unique to the females. The onset of menstruation is one of the most important changes occurring among the girls during the adolescent years. The interplay of culture socioeconomic status and menstrual hygiene practices are noticeable. The profile of the women's reproductive health is greatly influenced by the women's perception and attitude towards menstruation and more importantly her menstrual practices during it. Women having better knowledge regarding menstrual hygiene and safe practices are less vulnerable to reproductive tract infections and its consequences. Tribal life is entirely different from other communities and their cultural restrictions and taboos are unique during menarche and menstruation. Their menstrual practices are also interwoven with their culture. Therefore the present study aimed to understand about adolescent girls and women's perception and attitude of using sanitary napkins as part of menstrual hygiene. This brief study was conducted

among nursing students of Ashwini hospital, school teachers of vidyodayassa teachers, health animators of Accord and other key informants at the primary health centre and very few village girls in Gudalur Taluk, Nilgiri district, Tamilnadu in the month of April 2014.

Participants were non-randomly selected from the respective centres. Interviews and focus group discussions were employed. This article explores the acceptability, affordability, hygiene and disposal issues related with menstruation period and addressing their preferences during menstruation. The study was located in Accord and Ashwini and few villages because all the respondents from this sources are representing the tribal community in Gudalur.

Disposal issues

Health animators and nursing students pointed out that in most of the villages no proper place to dispose sanitary napkins, nursing students also supported this statement. Burial of the pads was an issue. Lack of adequate water supply also associated with disposal.

Acceptability and Hygiene

School teachers reported a strong preference for the pads over traditional methods, primarily due to their greater effectiveness and easier to change. Govt school teachers who are working with tribal students also opined that sanitary napkins are easy to use and hygienic the napkins are distributed by primary health Centre staff every month in the rural schools where they also make the adolescent girls aware about the hygienic conditions as part of the school health program me.

When asked whether the pads worked better than cloth majority agreed that pads worked better. Most of them had only two or three pieces of cloth and so ended by wearing damp cloth much of the time. Later on it will lead to infections. Surprisingly all the nursing students are preferring cloth and they considered cloth is hygienic and one student said that pads itched and unclean and had the experience of bleeding through. Not only that they were not aware about the difference between cloth and napkins and the hygiene related with that. Only one health animator said that traditional methods were adequate.

Some responses

“pads are better as no need to wash”

“I prefer cloth it is more hygienic”. “sanitary pads need to be changed more frequently.”

“sanitary pads need to be changed more frequently”

Affordability

The economic status of the family has a direct influence on use of hygienic methods during menstruation

Health animators insisted that their daughters are using cloth because pads are unaffordable though the government is supplying through primary health care centers but the quality is very poor

“We would like to use napkins,if pads are available at an affordable cost”

Some may have heavy flow during their menstrual cycle so they tend to use both sanitary napkins and cloths on sanitary pad along with cloth.

The reported negative points about the pads were very low. However throughout the study most of the respondents seemed to be fine with pads. All listed the fact that pads did not have to be washed. Some said they used cloth Lack of proper place to disposal is an important problem. Many tribal villages do not have access to basic facilities such as water, toilet and lack of space. Disposal issues have to be addressed. So there is an urgent need to improve the housing conditions. Some participants preferred sanitary napkins rather than cloth. The interestingly all the respondents seemed to be fine with both, pads and cloth.

Limitations

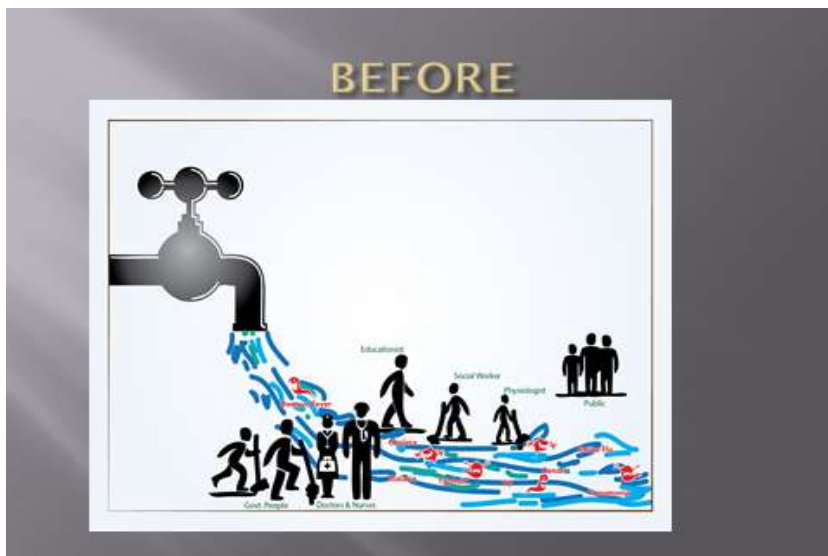
The study was limited by the size of the sample and short length of time. Therefore, it is essential that further study over a longer period of time be done.

CONCLUSION

Gone are the days when the tribal society treated menstruating women as untouchable. Things have changed and modernity have helped tribal women break the taboos and misconceptions of olden times. Today, tribal women living in the extreme remote villages are using and willing to use sanitary napkins at home but will use pads while travelling. During menstruation, at the same time menstruating and menstrual practices are still connected with socio cultural restrictions among tribal community. So flexible in their choices and not much aware about the

risk and health consequences of unhygienic during menstruation.

OVERALL SUMMARY (TRANSITION FROM FLOOR MOPPER OF DISEASES TO TAPTURNER OFF DISEASES)



- ☐ Let me conclude with this Gestalt poem...famous psychologist Fritz pearl regarding how to respect a person's autonomy.....before working with people it will be helpful if we keep this in our mind.This is the "*Gestalt Prayer*" stated by Fritz Perls and it is often argued as statement of independence in a person's social life.We humans are all actively, changing organized phenomenon's... or "*gestalts*".We, individually are in a fluid state of both independence and interdependence with our physical surroundings and people in our lives. Thus the Gestalt prayer is philosophical statement of self-autonomy in one's personal relationships.

"I do my thing, and you do your thing

I am not in the world to live up to your expectation

And you are not in the world to live up to mine

You are you and I am I,

And if by chance we find each other,it's beautiful

If not,it can't be helped"

I would like to summarize this report with this question floor mappers of disease in the field of health or tap turner off of diseases which one is the sustainable solution... of course Tap turner off of diseases. Isn't it? That is what I have learned in CHLP from SOCHARA

While reflecting on what I have gained from the program,I came to one main conclusion. But I believe the most important lesson I have actually learned is more about the process of learning than the actual material and knowledge gained.CHLP is really a synergistic result of combining education and real life experiences. After my field work I began to understand that cultural competence was a foundation upon which to enrich my career. The vision of compassion plus competent action can indeed change the world. Community is our art form the canvas of our transformation.Most realistic solution for providing health care to the vast population in the rural areas is to have community health workers trained from among the people. Health care

cannot be imposed on the people. It should begin from and by the people. This approach is based on faith in the people. If we give appropriate training they become more resource full and capable.

Of course social work and community health are perfect partners in many ways, Both are change agents, function as system maintainers, holistic understanding of social phenomena is the core value of both profession. So social work degree along with community health fellowship will help me to support vulnerable group and bring about positive change in their lives

“Remain a beginner till the end, like a child endowed with tremendous faith and patience. So move forward. Go to your respected areas, feel the suffering of the people and work hard. There is lot to learn. Let us do what we can do. May God’s grace bless us all”-AMMA

Perfect Partners



My journey of responsibility continues.....

Some snap shots of tribal village visits in Gudalur

with tribal old age women



CLOUDS OF DARKNESS





With tribal counselor in PHC



**MFC discussions in
Hyderabad**





PART-C

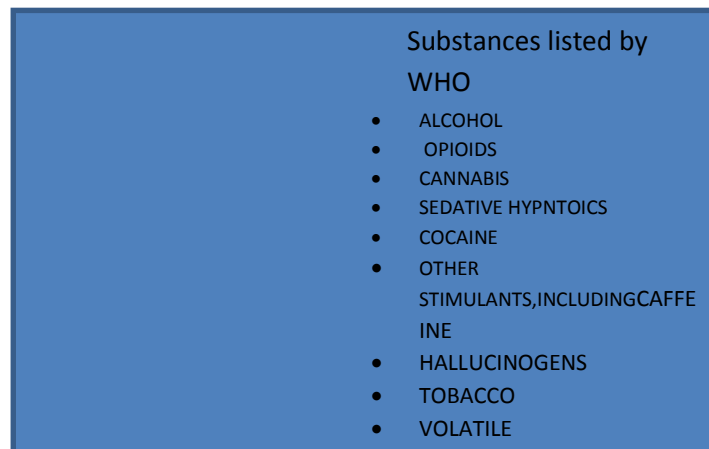
FIELD INVESTIGATION REPORT

A study on factors influencing substance abuse among tribal youth with special reference to Gudalur block, Nilgiri district, Tamilnadu

“What we are doing is like a drop in the ocean but we want to make that drop, without which the ocean is not complete”-Mother Theresa

INTRODUCTION

Drug addiction and alcoholism is a problem affecting all sections of the society irrespective of the economic, social or education levels of the victim. As the drug epidemic continues to painstakingly seep into the country's social and cultural aspects, drug abuse naturally trickles into our younger generation-a generation refusing to be left out. In the area of substance use disorders a drug or a substance is any chemical that, upon consumption, leads to changes in the functioning of human mind and more specifically leads to a state of intoxication. A wide variety of drugs is available and is abused. The world health organization lists substance use disorders for the following classes of substances.



Making up one fifth of the population 15-24 years old, carry with them India's future. The youth of our nation will eventually determine the country's moral, political and social persuasions. Bearing the burden of a densely populated country like India is no small task and drug abuse does nothing to lighten the load. The youth of our nation has massive responsibility. And as India's potential rests delicately in their hands the drug epidemics continues to rage on the side-

lines. Just as a single footballer's attitude and actions can hurt his whole team and cause them to lose the match, illicit drugs have the potential to thwart the success of India's future.

Teen and young adult drug use

“Educational attainment not only affects the economic potential of youth, but also their effectiveness as informed citizens, parents and family members” says the national family health survey of India(2009). They bring up a good point: education is a vital part of any nation's philosophy for success. Of course, education is important, but education-like so many other ideas in life, is a two way street. If the students don't end up doing their part in the educational process, the system can quickly backfire. Public schooling can ironically turn into breeding grounds for addicts. In and out of the classroom, teens and young adults are influenced by the social acceptance of drugs. This lack of personal responsibility, and the general apathy surrounding the issue has filtered down to the youth – creating a normality in drug abuse. Illicit use among the youth, specifically teenagers, presents an impending threat to our nation.

Background

WHO defined youth as ‘the individual belonging to the age group of 15-24 years? Youth population is the most susceptible population to initiate substance use in India. (<http://www.whoindia.org/SCN/Tobacco/Report/TCI-Report.htm>) This is because youths are easily influenced by Peer pressure, sibling pressure, substance use by parents, easy availability, colourful and attractive packaging of such substances, lucrative advertisements through mass media by celebrities and lack of awareness regarding consequences of substance use on health.

Globally 4 out of 10 US AIDS death are related to substance abuse and addiction. Estimated economic cost to society due to substance abuse and addiction are illegal drugs 181 billion dollars /years, Alcohol is 185 billion dollar /years and tobacco is 158 billion dollar /years. India is experiencing a rapid health transition with large and rising burden of chronic non communicable diseases including substance abuse. Drug and alcohol abuse is a matter of great concern in India both due to its established linkage with HIV/AIDS. Since India opened up its economy to the world in the 90's, the country has gone through rapid socio-economic upheavals. This

globalisation was accompanied by rapid urbanisation and industrialisation which brought along prosperity and changing values and life styles. Common substances used in India is tobacco, alcohol, cannabis, opium, heroin are the major drugs of abuse in the country.

About one fifth of the world's population or more than a billion youths who are living in a world that is rapidly changing exposing them to new value system, modern communication and often unfamiliar or hostile cultures. WHO rightly said-“if current trends continue, 250 million children alive today will be killed by tobacco”

The incidence of drug abuse among children and adolescents is higher than the general population. This is notably because youth is a time for experimentation and identity forming.

In India an NGO survey revealed that 63.6% of patients coming in for treatment were introduced to drugs at a young age below 15 years. According to another report 13.1% of the people involved in drug and substance abuse in India are below 20 years. (www.childlineindia.org.in/children-affected-by-substance-abuse.htm)

Tamilnadu

Alcoholism is becoming widespread problem in the Indian society and Tamilnadu is no exception. The age of first exposure to alcohol is dropped to 15 years. This trend is causing socio economic Problems but little is being done to arrest this social trend. On the contrary the state govt is encouraging alcoholism to gain revenue. Tamil Nadu state Marketing Corporation is a company owned by the Tamil Nadu Government which has a monopoly over wholesale and retail vending of alcoholic beverages in the state.(Tamilnadu every day, 11th July 2013 –problem of alcoholism in Tamilnadu)

Statement of the problem

Adolescence is a period of transition from childhood to adulthood. These are the formative years when the maximum amount of physical, psychological and behavioural changes take place. Tribals are also in the way of transition and are reaching the mainstream and also influenced by many factors in which they are not exposed before. The problem of tobacco and alcohol consumption among the residential tribal school students of tribal area is an important one. A cross sectional study was conducted in selected residential tribal schools of Nagpur district in central India. Study result showed that 2.86% of school students were indulging in smoking

while 41.74% were using tobacco in smokeless form. There have been many suicide among paniyas in recent times. The reason vary from poverty and indebtedness, conflict within the family or its breakup due to migration by some members, alcoholism, chronic stress due to insecure and impoverished livelihood conditions, feelings of alienation or loneliness, lack of psychosocial solidarity or community feelings-all by products of the present day living conditions. Alcoholism and other psychic and sociocultural ramifications constitute the major problem among the tribal people. Researcher had discussion with Adivasi munnetra sangam leaders, health animators of Accord and had brief visits to different villages. From the discussions and observation researcher got a message that substance abuse is a significant problem in the Gudalur region. Boys are more likely than girls to use all substance and use them in risky ways. Substance use has widespread consequences on the user, his family and the society at large. Physical consequences of drug use are enormous. Physical consequences of drug use are enormous and differ from substance to substance economic loss due to money spent on substances, loss in productivity, conflict with family members, crime, stigma and discrimination are some of the major social, familial, financial, legal consequences. Today's tribal people social structure shows an alarming increase in family dysfunction, personal distress, substance abuse, depression, suicide. It is widely accepted that substance abuse in boys is closely linked to their overall social situation, status and a variety of local, economic and cultural factors. Adolescent and youth population is considered as very decisive population for the prosperity of any nation. These are the special reasons why we need to concentrate more on youth so that it can be corrected at an early age. Under these circumstances, it was considered useful to examine the reasons for the existing situation. So that actions will be taken to overcome this. Many studies were conducted on substance abuse among the youth in urban areas. However no detailed studies have been undertaken on these aspects in the tribal population in Gudalur Block. Hence more such studies are required to know the factors influencing this behaviour so that preventive actions can be taken as early as possible.

RESEARCH METHODOLOGY

Research question

What are the various factors influencing substance abuse among adolescent tribal boys?

General objective

1. To Understand the factors influencing tribal youth to substance abuse

Specific objective

- 1.To identify the socio-economic and cultural factors leading to substance abuse among tribal youth
- 2.To assess the personal factors influencing youth to substance abuse
- 3.To understand the regulatory mechanisms response to substance abuse

Universe and Unit Of study

Five different groups of tribal are living in different ecological conditions in Gudalur block. Population of the study was tribal youth and the key stakeholders belong to tribal community in the programme area of the partner organisation, ACCORD, Gudalur. The participants chosen on the basis of their lived experiences, unique status, experience and knowledge

Ethics

The study was approved by Adivasi munetra sangam members(AMS)

Sampling

Purposive and snowball sampling.

Snow ball sampling chosen for youth. The key respondent was selected with the support of Ngo staff and that participant suggested someone else who might be willing for the study. Researcher choose participants who gives a richness of information as per their unique experience

Study design

It was a qualitative study using FGDS and in-depth interview. Interview guides were semi structured, open ended and probing questions. Questions for the FGDS focused on participant's experiences and perceptions about factors leading to substance use among youth. Questions for the key informant interviewers focused on the interviewers experiences about factors influencing substance use.

Interview guides and consent forms were piloted to check for their validity and language appropriateness. FGDS and interviews were digitally recorded, transcribed the verbatim, and if it was performed in Tamil and Malayalam, translated into English.

Data collection

In-depth Interviews were held with youth aged between 14 to 24 years.

Focus group discussions-Two focus group discussions were held. One with NGO staffs and other with Adivasi munetra sangam leaders. Participants were selected purposively with assistance from health animators. Six members from different tribal groups were selected. FGDS were selected on the basis of tribal group and also on the basis of positions in the Adivasi munetra sangam. All focus groups were conducted in Malayalam and tamil and lasted 90 minutes to one hour.

Tools of Data collection

Semi-structured interview checklist

Data Analysis

Interviews and other information were all recorded in the local language, Tamil and audio taped and transcribed verbatim for analysis into English. The transcripts were read carefully several times to allow the researchers to become familiar with the participants experiences and meanings. So researcher could able to get a clear picture about the study conducted. Field work and reflections supported this. Themes emerging from the transcripts were assigned codes. The data for each code were compiled in Microsoft word. These were then summarised to arrive at the results.

FINDINGS

Socio-demographic information of the respondents

Age of the key participants interviewed individually ranged between 18 to 25 years, all of them studied up to 8th to 12th standard and discontinued education for various reasons. Now all of them working in unorganised sectors as painters, construction workers and Ngo staffs. Except one all other participants initiated using drugs in their school days. Only one started this habit after entered his work. Two focus group discussions were held. one with NGO staffs and other with Adivasi munetra sangam leaders. NGO staffs selected for FGDS are from mullukurumba, Betakurumba kattunaicken, Irulas and Paniya tribal groups and they are handling different positions in the ACCORD as school supervisor, teacher, health animator, pharmacy assistant and project assistants and have experiences with ACCORD between 2 to more than 10 years. FGD

members from Adivasi munetra sangam leaders are from different tribal groups and they are also handling different positions as Area centre coordinators, secretary,president and also started working in AMS since 5 to 15 years.

1) PERSONALFACTORS

1.1 Money spend

All participants said the Money spend on drinking is 1500 to 2000 per month and hans daily 10 rupees. All of them are going for work and getting more wages and they don't know how to save money so spending their earning in negative channels.

1.2 Motivation

All participant started using drugs by the influence of their peers. Some started at the time of schooling some after started working with other elders. Some using to get physical and psychological relief after work. Motivation behind drug use was for fun with friends, to get relief from pain and during festivals and so on.Initially they started using only for fun gradually they are addicted to it. Few participants shared it is because of parents drinking habit they also started like that seeing their parents drinking when they are small children.

Some of the responses of the key participants

“We feel like we are possessed we forget everything when we play we will be too much into it”

“They feel more energetic after drinking so it is a booster”

“No,I didn't do it in school.After I dropped out studies, I used to work, I saw people along with me using it and I too started and gradually it became an habit” ”

“I feel relaxed.and will get sleep after tiresome

According to NGO staff

“children seeing their parents drinking so later they also started drinking”

“There is always a tendency among the youth to imitate others”

1.3 Source of drugs and various drugs used

Various drugs used by youth are alcohol Hans, tobacco, beetlenut chewing. They do buy alcohol from beverage shops and other items from small petty shops.

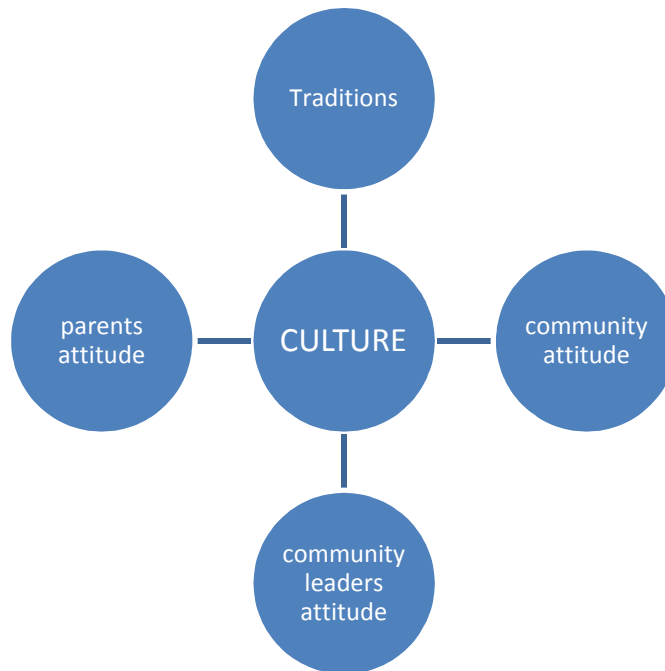
1.4 Attitude and knowledge

Every participant have negative attitude towards drug usage. They are aware that it is bad. One participant told that it is going to spoil tribal community only one participant said he is not using alcohol because it will affect others in the family so he is using only Hans. All of the participants are very well know about the harmful effects of alcohol and other substances

1.5 Influence of media

No one has hero worship and imitating heroes from the movies. All are influenced by friends or family members not through media.

2)SOCIAL AND CULTURAL FACTORS



2.1 Traditions

Most of the participants expressed that their culture is changing rapidly and that is not a positive change too. Earlier days their life is filled with music dance, hunting and other entertainment programmes. Joint family system shifted to nuclear family but now because of the interactions with different cultures and boys are migrating to other states for work and their daily wages also increased. Ultimately leads to changes in their basic life style include dress code, food fads and leisure time activities etc. Olden days they used to offer Alcohol to God at the time of special celebrations but only elders drink after the rituals and was limited to that particular occasion but now each and every occasion whether it is death or marriage every one use all type of drugs.

According to NGO staff

“Influence of many cultures and interactions with Non-tribal and media influencing them in negative ways”

2.2 Parents attitude

Most of the families fathers and elder ones drink. But their attitude towards children's usage is negative and they use to scold them for that. Only one respondent said that his parents are not aware about his drinking habit.

2.3 Attitude of community people and community leaders

Majority of the interviewers expressed attitude of community people and leaders towards substance use is negative but no one will ready to stop that. They did many discussions and meetings but not effective.

In olden days elders used to drink illicit liquor which was made in their own villages but only elders drink. Youth was really scared to do any negative things in front of the elders and did it secretly but now all changed. As part of their culture they had many rules and regulations all are ready to listen the headman in their particular village. He was the person who is having the authority to punish whenever anything goes wrong in their village. Many social changes happened most of them got education and knowledge he only dealt all the issues related with the community people. So some sort of discipline was there community head man was there to look after all issues related with their community people. They also said service providing organization organized many meetings to implementing strategies to remove this evil but only females attended.

Some responses:

“Now a days community feelings also disintegrated, all became self-centered. No one is there to give them proper guidance”

A younger NGO staff who participated in the focus group discussion shared that “our community is like a bus without a conductor”.

Only one participant said even *“our community majority of us are drinking and involved in these activities so they are not bothered about this”*

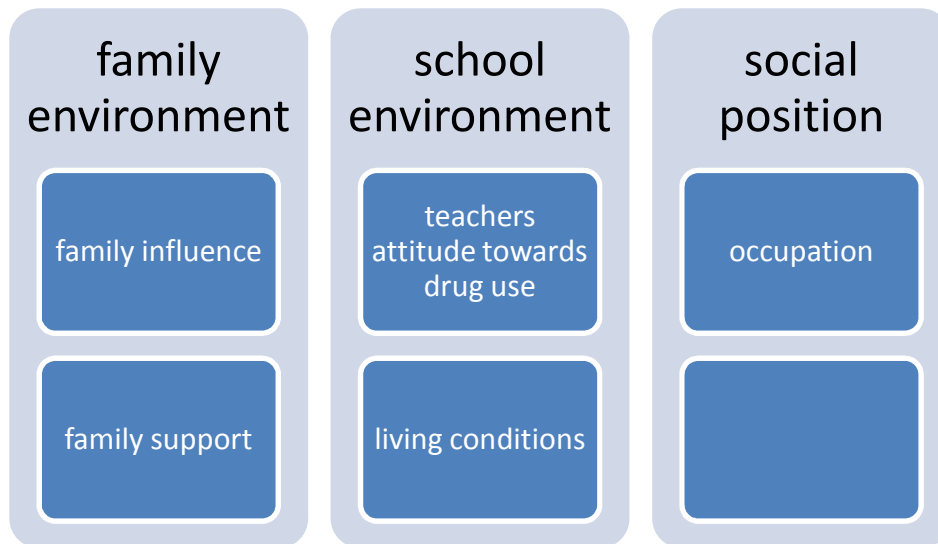
Only one respondent said that his parents are not aware about his drinking habit.

“All are using this so they don’t have the right to advice others. No one have the capacity to give guidance to others. AMS leaders also drinking so how can they change”.

According to AMS member

“People have more money and knowledge. And also was influenced by non-tribal agents are there to sell this. Beetle-nut using they started by seeing their parents and other substances from their parents. So imitating behavior”

Social factors



2.4 Family environment

Most of the participants shared that their family environment is not conducive for the smooth development of them. Their fathers and elder brothers are using these kind of substances especially alcohol and also expressed that they do have fights at home.

Response from FGD-They did not get any proper guidance from their parents in their childhood.

2.5 Family influence

Majority of the respondents expressed that in their family most of the elders are drinking alcoholism and using Hans, smoking tobacco etc though the parents are close to each other sometimes domestic violence occurs also because of alcoholism. They indicated that they do learn this unhealthy habit from their parents. So indirectly parents and elders are influencing them and promoting substance use.

A key informant acknowledged: *“observing elders I too developed this habit of drug use”*

“Yes I too started this habit after seeing my elders using substances at home”

2.6 Family support

All most all the participants indicated that they do get support from the family and also family members do encourage and appreciate them if they do something good. Only one participant told that his father was not supportive only his mother is taking care of the family. All of them said they do share their inner feelings to friends more than parents.

2.7 Geographical conditions-climate

Most of them opined that climate is influencing them. If they drink their body will be warm “if the climate is cold, we will drink to get warm”

2.8 School environment

School environment was good and they had many fun times there at school. School environment was very good and all teachers were friendly and used to advise them when they are doing any wrong thing. All had very good memories about school. In their school days teachers used to take awareness classes about the harmful effects of drug usage when they were studying.

2.9 Social position

Regarding stigma and discrimination most of the respondents said they never faced any discrimination in school. In the school also every one treated them equally both teachers and classmates. They do attend non-tribal wedding and other social functions. Fathers drink with his friends. So children also imitating

2.10 Living conditions

Interviewers expressed In olden times nothing was there to eat so our ancestors were chewing beetlenut to suppress hunger. Gudalur valley is a hilly terrain and the climate is always cold so one reason for using drugs is to make their body warm. Most of them are working and getting wages at the same time Govt is providing free services also. They don't know how to spend money so they are spending it in unhealthy ways. Some participants said youngsters know the sufferings of their parents so they do give a small share of their wages to parents and rest of the money they spend on these. The settlement pattern also influencing them most of them are living in clustered settlement so they are exposed to both positive and negative things. If one person start any bad habit that person will pass it on to the entire village.

Two key participants From NGO acknowledged :

“my village was an educational center learned many things from the village. We do respect elders and scared to do anything wrong. But now no community and all become self-centered and all are thinking globally. May be this will be problem for this habit. Settlement pattern is the strong positive factor in our culture. Friendship link also changed. Now all are alone.”

“Many positives. We are seeing and observing many generations, young, old middle age but now everything changed wages increased no one have commitment towards family and no responsibility”

REGULATORY MECHANISMS

Majority of the respondents shared accessibility and unrestricted easy availability paved way to increase in alcohol consumption. Construction of link roads to almost all villages is a means to increase the accessibility. In Gudalur block itself 4 bars and 25 Tasmac shops, so availability plays an important role here. Regulations by the govt is also very poor. Bar near to mosque and school all shows that there is a gap in the implementation of laws. At the same time Treatment facility for addicts are not available. Both from government side and private.

Alcoholic Anonymous member responded

“Actually distributors are more dangerous than victims”

DISCUSSIONS

Adolescence has been defined by the WHO as the period of life spanning the ages between 10 and 19 years and youth as between 15 and 24 years. Since the dynamic transition which takes place during this period of life has as much to do with social cultural conditions in which young people live. Adolescence drug abuse is one of the major areas of concern in adolescent and young peoples behaviour. It is estimated that, in India, by the time most boys reach the in ninth grade, about 50 per cent of them have tried at least one of the substance of abuse nature (Dealing with substance abuse – Munmum Mukherjee, Health Action July 2014).

Substance abuse has been an on-going issue for the world’s indigenous people. It is a social and health issue for indigenous communities worldwide, and has been the focus of many studies. The effects of this have led to family and community breakdown and continuous to be prominent struggle in many indigenous people.

Tribal youths also living in a world that is rapidly changing exposing them to new value system, modern communication and often unfamiliar or hostile cultures. Tribal land and forests have come under the control of outsiders who dehumanize their men through alcohol. Some will not give wages instead of that they will offer alcohol and poor people they will satisfied with that. The consequences of alcohol impact their physical and emotional well-being. Drug use was not only their individual choice social and family circumstances playing an important role. Accessibility and availability is the most important factor there in Tamilnadu. They should be treated as peoples and not as objects of schemes planned by the dominant decisions makers. In 2003 Tamilnadu .govt took control of the sale of Indian made foreign liquor. TamilNadu Prohibit private parties from owning liquor stores making the state govt the sole retailer of alcohol. This increased the availability and accessibility. Unrestricted easy availability of alcohol and tobacco is the major trigger factor from the Govt side. Construction of roads to each and every tribal village make the transportation easy. Alcohol and tobacco are the most commonly used substances.

Alcoholism is known distinctly associated with suicides, especially when drinking starts at an early age.

Conclusion

The study helped the researcher to explore and understand the extent to which personal, social and cultural factors contribute to youths drug abuse. Drug use is an ongoing and escalating global health problem. Drug use and abuse is a problem of the youth and has increased in the age group of 15-25 in the last years. Numerous reasons were found out from the study transition from old culture, Easy availability, experimentation, free food from Government, disintegration of family values, financial and health illiteracy. The Gudalur valley is at the tri-junction of the states of Tamil Nadu, Kerala and Karnataka. so there is a strong influence of all three dominant cultures. The recent years have witnessed momentum changes that have influenced their lives and thinking in many ways. The world is fast moving from fragmented countries and cultures towards becoming a global village. it is also urbanizing rapidly. The value system are changing. No one has been left untouched by the economic liberalization, media explosion and

technological relevance. The tribal are children of nature and their life style is conditioned by the ecosystem. The deprivation of land and forests are the worst forms of oppression that these people experience. The constitution of India makes special provisions for socio economic and educational development of these groups. Despite the govt initiative, the existing socio economic profile of the tribal communities is low compared to the main stream population. A culture specific approach at the same time give attention to individual differences because most cultures are overlapping and so heterogeneity of culture is the problem now. At the present juncture when we face a competing and challenging world situation ,what the tribal people need is GOODGUIDANCE to change their ambivalent attitude towards positive change on the other side will check whether they are happy with their present situations if so let them move forward with their own soul.

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APPENDIX 1:Topic guide for in-depth interview

Self Introduction

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.

1. Which language you comfortable with tamil or Malayalam
2. Your name?
3. How old are you?
4. What are you doing?
5. Can you tell something about your family?
6. Can you please tell me about your childhood?
7. What about your schooling?
8. Do you have wide ranging social circle? How often do you interact with your friends and other members of your social circle?
9. Do you like this climate?
10. How do you enjoy it?
11. Do you think that this climate also influence you to start any new habits?
12. What sort of habits?
13. How did you first start it?
14. Does your friends influence you ? How did they start?
15. Can you tell me some adventurous activities usually do with your friends for fun?
16. Does any of your friends or family members use alcohol ,tobacco or any other drugs?
17. Have you ever tried or experimented tobacco, alcohol or any other drugs?
18. How old were you when you first tried tobacco, alcohol or any other drugs?
19. Can you tell me the reasons for initial drug use?

20. Where do usually smoke and with whom?
21. How frequently you use all these? How much money spend to buy these substances?
22. Can you tell me the experiences after consuming these substances?
23. Are you feel more relaxed or confident and also feel a sense of growing ?
24. Can you tell me about the harmful effects of these substances
25. which is the latest movie you watch? Are you get inspired by the hero who uses these substances?
26. Do you like this climate?
27. Do your family or friends ever tell you that you could cut down on your drinking or drug use?
28. Are you agree with this statement? "It is normal that young people will try drugs atleast once"
29. When ever you feel sad with whom you will share your personal feelings? With mother, father or friends?
30. When you are upset ,what you will do ?Are you try to talk freely with others or any other ways to solve your problems?
31. Does your father /mother appreciate your effort?
32. Your parents are aware about your drug habits? If so their reactions?
33. Do you have any idea about community peoples response towards alcoholism, tobacco usage and other drugs?
34. Do you think that alcoholism, tobacco usage is widespread in your community now days? Can you tell me your views about that?Is it part of socialization ?
35. What are the main festivals and celebrations in your community?

36. Can you tell me the different rituals and customs associated with those celebrations?

37. Does every body from your community gather together for social functions?

38 :Have you ever attend any social gatherings other than your community? If so what is those occasion?

39:Can you please explain the experiences of those occasions? Is there anything else of relevance that you would like to add?

ANNEXURE -2

FOCUS FROUP DISCUSSION CHECKLIST –KEY STAKE HOLDERS(COMMUNITY LEADERS AND NGO STAFF)

I am aware that alcoholism and other substance abuse are very common in this region. Can you tell me more about it.

Probes: What are the social changes taken place so far?

: Can you tell me the major livelihood of your community?

: What are the settlement patterns? Is it influence the behavior ?if so is it influence positively or negatively?

: Can you please explain the strength and weakness of your community?

:Tell me your views about substance abuse ?

:Are you aware that here adolescent boys are using tobacco, alcohol and other drugs?

:Can you tell your view about such habits and how they developed such habits?

:Is it part of the belief system ?

: Is Gudalur a tourist area? Do you think that tourism also play an important role in

developing such habits?if so How?

: Who will take decisions when ever anyone of your community encounter any problem

: Is it the community leader or the concerned family itself?

:Have you ever discussed the problem of substance abuse of boys in the community meetings?

:Do you think teenagers need role models from home and community?

:What are the changes from the government side to tackle this issue?

:Have you ever noticed that availability and accessibility of drugs make the teenagers to start such habits

:Is there anything else of relevance that you would like to add?

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