

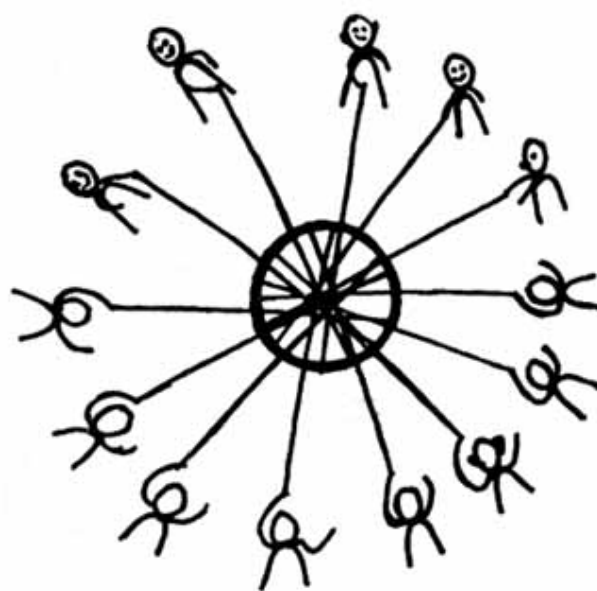
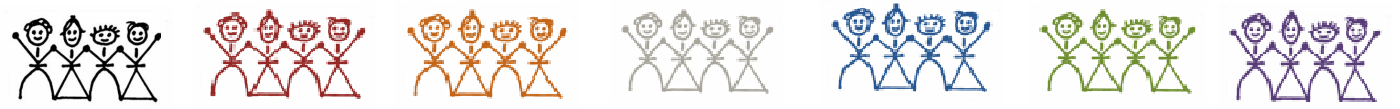
2014-2015

Community Health Learning Programme

A Report on the Community Health Learning

Experience

REGINA RYNGNGA



SOPHEA



sochara
building community health

ANNUAL REPORT

MY JOURNEY THROUGH A COMMUNITY HEALTH LEARNING PROGRAM



REGINA RYNGNGA

2014-15

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Abbreviation

NABARD-National Bank for Agriculture and Rural Development

ASHA-Accredited social health activist

USHA-Urban social health activist

ANM-Auxiliary Nurse Midwifery

VHSC-Village health sanitation committee

SHG-Self help group

HIV-Human Immunodeficiency Virus

AIDs-Acquired Immunodeficiency syndrome

ARSH-Adolescent Reproductive and sexual health

Acknowledgement

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My sincere thanks go to my parents with their love and hope for my future they allowed me to join this fellowship program

Lastly, I thank the staffs and my fellow traveler for their love, care, cherish moment, their support and encouragements in times of difficulties which now I am happy with works.

Background of my journey

My name is Regina Ryngha from Meghalaya, East Khasi hills district. My parents have brought me up in a small rural village in Saikarap. I started my schooling in my village and after I pass my nursery class my parents sent me to stay in convent for schooling and as a child, my life, was brought up in the hands of Missionary Sisters of Mary Help of Christian and being in the convent mixing with the other I have learnt and experienced certain things that have changed my life. These moments are unforgettable in shaping my life personally. I completed my primary and secondary school from St Ursula Border Area Higher Secondary School Mawlong. My new life started when I was shifted to study in Shillong with my brothers and sisters; it was the first time in the city, as the days went on I adjusted and managed with the life in cities and completed my matriculation from Mary Mount Secondary School Mawtarwar. After I passed my mind was disturbed as I did not know which stream to go to. My brother went and submitted the application and I joined Arts stream. After completing my higher secondary school when the results were out I was so surprised and happy as it was my first time to get second division and in my heart I thought this is my first door to enter the world so I go and apply for college and through written test I was selected and was a college student for three year and completed my graduation from St Mary's College Shillong. Again I was stuck where to go and what course to choose then my friends and aunty give suggestion to join social work course; at that time I think this is the good way to go because I always have the passion in working for people so I applied for Master of Social Work in Martin Luther Christian University. Master degree being for two years I have experience in field work in the community and non-government organization and when I completed my master degree I was searching and applying for job and at the same time to refresh my mind I search organizations to volunteer for and for four months I volunteered for social audit at Social Service Shillong. I came to know about SOCHARA from my faculty and I that time I was very excited in exploring myself so I checked the website and inform my parents I want to go further study and with their permission I decided to join the fellowship programme.

Reason for Joining SOCHARA

As I come from Social Work background and have knowledge in working in the community I always have a desire in my heart to be with people community and serve for a better future in community especially the marginalized groups. I decided to join the fellowship programme with the goal to explore, experience myself and gather more knowledge about community health, to understand about the importance of maintaining good health so that with the knowledge and experience that I will get I will be able to serve better for the needs of community.

My learning objective

1. To understand about Communitization
2. To understand about globalization
3. To understand about primary health care
4. To understand about Social determinants of health
5. To learnt about Paradigm Shift

My learning's from collective session

Health

I understand health as a state of physical which a person should be free from any disease, mentally free and able to cope with normal stress and understand his own abilities for contributing in society, socially adaptable and having good relationship in community and spiritual wellbeing in the sense each individual develops and understands positive morals, values and ethics in caring for himself and the community.

Community

From the group discussion I have understand Community is a group of people living together in a geographical area having a common goal and objective to build and bring welfare in the society as a whole.

Community health

Community health is a process of enabling people, to exercise collectively their responsibility, to their own health and to demand health as their right.

Community development

Before I understand community development as having proper infrastructure like big buildings, roads, schools, colleges, government projects and schemes but now I understand community development in community health means looking after and making use of the available resources in the community, promote preventive, promotive care and to reach the unreached by involving community people to participate and take decision for their own needs.

Paradigm Shift

From bio medical to social community model through the Paradigm Shift perspective I understand that in hospital they are only service provider and doctors looks after only disease in individuals and control the patient but in the social model to achieve health for all we have to move at the grass root level and get an in-depth understanding about the health problems, empower people, give awareness and work according to their needs

Medical model	Social model
Individual	Community
Patient	People
Disease	Health
Providing	Enabling
Drug technology	Knowledge/Social issues
Professional control	Demystification

Primary health care

The idea of primary health was adopted in the declaration of the international conference on Primary Health Care held in Alma Ata, Kazakhstan in 1978 known as the Alma Ata Declaration and became the core concept of the World Health Organization's goal of Health for all. I understand the health system is linked with primary health care, secondary and tertiary health. Primary health care is universal health which every individual and community are able to afford, it is also the first approach of contact with people and through it development of the health system are linked from ground level like prevention and promotion through behavior change communication and involving community to participate and take decision like Village health and Sanitation committee.

Social stratification

Social stratification is the structure of division in the society with unequal amount of distribution of Caste, class and gender.

I understand caste is the belief system in Brahmins, Kshatriyas, Vaishais and Shudras and by this belief people are excluded as through documentary film which I have seen in class. It made me reflect on that in a community where people are living when passing by the road and the house of the Brahmin they have to remove the chappal which shows low caste people are not being respected as a humans and even when they take tea in restaurant they have to wash their cup

themselves which affects them physically and mentally as they are not getting any respect as a human being. Their basic needs have been excluded and they are in isolation in receiving health care. In the health care setting they are facing discrimination, anemia among women and underweight children is higher in lower caste and social determinants of health affect the health of these people. So, social stratification is the major problem the low caste people faced discrimination from various angle and they feel inferior and disconnect from education and health care facilities.

I understand class is the major problem in achieving health for all as the richer become richer and poorer become poorer because due to inequalities of money, power and position the poor are being separated from decision making and are excluded from in any social cultural activities.

I understand gender is a social construct which represents the role and responsibilities of men and women which sees women as a home maker and men as bread owner. This leads to ill health because women eat insufficient food which results in anemia and malnutrition which then affects life of the baby. Any responsibility in the family is decided by husband so men always dominate women and domestic violence is common.

Axiom of community health

Axiom of community health is like a pillar for every community health workers. From the session I clearly understand to be a community health worker we must learn from the community and apply our skill according to the capacity of community and always bring community together in discussion, and decision making and to build a sense of equity. Health should be connected to development activities like giving awareness to the people about the existing medical program towards preventive, promotive and rehabilitative, forming community organization through farmer, youth and women club, recognizing available resources and involving indigenous health resource like traditional healers, folk medicine practitioner, traditional birth attendants, allopathic system of medicine, herbal medicine and time tested home remedies and through the community health approach by building alternative socio political, economic and cultural system in which health will become a reality for all people.

Globalization

Globalization is borderless and seamless and every country in the world is importing, exporting and exchanging technology that brings more competition in production and in the market. Many private companies are taking all the resources from India modifying the resources and exporting them back to India at a high price which this has affect the economy of people. Liberalization, privatization and globalization affect the environment of people because richer become richer and the poorer become poorer. The barriers in the health system are increasing as private hospital are sprouting like mushrooms in our country and primary health care has failed to reach the basic needs of the poor and marginalize people, and there is no equity. Globalization is linked to social determinants of health because health does not work in market logic as the people are not the decider.

Social determinants of health (SEPCE)

I understand social determinants of health as the root cause of inequalities in social, economic, political, and cultural and ecological. In the community the people who are poor are prone to diseases like malaria, tuberculosis due to poverty and unhealthy environment especially in the urban slum in which people are not accessing safe drinking water and sanitation. The low caste person has been excluded from the society in participation and decision making.

Research (quantitative and qualitative)

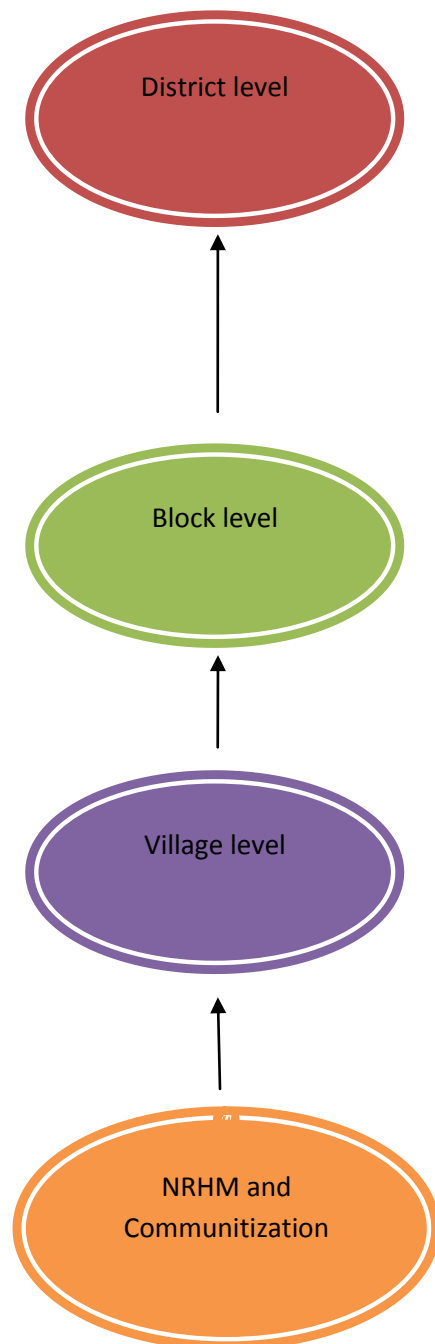
In my post-graduation I got classes on research in which my teacher taught about quantitative and qualitative research but she explain in detail about quantitative and I understand that quantitative research is to do with numbers and it always objective. During my Master degree I conduct quantitative research and thought research is only for passing graduation.

In SOCHARA I understand Research, whether quantitative and qualitative, is evidence material for any developmental work in the community. I understand more about qualitative research as an in-depth study of an individual/community to get an in-depth understanding about the issue and it is a realistic study as the individual/community expresses from the experience they are facing and for me through this study we capture the real feeling of people and understand the real situation which happening in the society and get to know more about the social problem in the

community. We interpret the study according to their answer which I find to be a new learning and I choose to conduct a qualitative research.

Participatory action research is a new learning and it is a long process to achieve and through this I understand the participants are researcher and a researcher is the participants in which mutual benefits are important.

NRHM and Communitization



I understand National Rural Health Mission as a model of Communitization because it is a bottom to top approach which strengthens the participation of people in decision making to ensure the good quality services. In NRHM different committees are formed like Village health and sanitation committees at village level, Rogi Kalyan Samitis (Patient welfare committees) at primary health centers and the community health centers, and untied funds are given. ASHA is the representative of the people who is selected by the people in the community and her work is to identify all pregnant women in the village and encourage people for delivery in the hospital because the aim of NRHM to reduce maternal and infant mortality rate and help the pregnant women to get benefits from Janani Suraksha Yojana. The ASHA through training she has got she serves and help the people in maintaining good health by counselling mothers for good nutrition and maintaining health and hygiene.

Monsoon game

From monsoon game I learnt that Agriculture is related to monsoon and the farmer's earnings depend on good monsoon and when monsoon is not good at the particular year farmers are distressed in paying the loan to landlords and also supporting their families for food and medicine and when the game is over I realize the situation which farmers are facing and the rising of farmer suicide when they are not able to pay the loan, the influence of political party on the poor people and social exclusion.

Medical pluralism

I understand medical pluralism as many types of medicine which people are using in our country like Allopathic and AYUSH. I understand AYUSH is the good medicine for our health and it was available in our surroundings and in our homes but the thing is the people are lack of knowledge and they depend on allopathic medicines which are in the market. I personally feel awareness to the people is important in spreading the needs to preserve and conserve traditional medicine by planting in our garden.

Public health management

I understand Public health management is a multidimensional area in Protecting people's health which prevention, promoting and restoring health is the main goal for improving people health through collective and social action which a part of community health. It is also a framework of networking with the different level of non-government organization, education department and having partnership with them. In public health management human resource, management of health program in the village and planning, monitoring and evaluation is important as this will help the project in understanding better in strength and weakness and in improving better for the health of people

Reflection-Through this session it help me understand about the importance of management from all direction whether in the NGO, institution or any department in future and as a community health professional I have to learn the complexity and the challenges of the problem and how to manage with respect to the value and have responsibility within myself, to have a leadership skill and keep in mind about the documentation, monitoring and evaluation of each work that I do as it is importance for future reference and learning for myself.

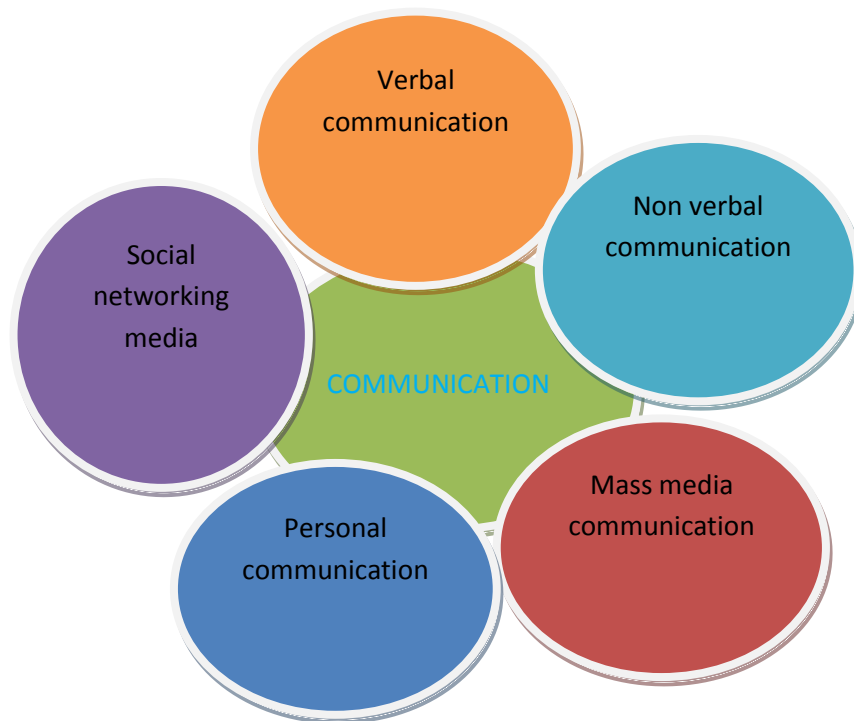
Health and economics

I understand health and economy are very interrelated that if the health budget is less, the health of the people is poor as the poor people are not able to afford costly medicine when prolong disease occur. I understand about the different types of health insurance in health care and expenditure like total health expenditure, public health expenditure, private health expenditure, out of pocket expenditure and per capita health expenditure. Out of pocket expenditure is one type of privatization. I understand about four types of parameters in health economy that is solidarity, risk pooling, cross subsidy and equitable.

Ethic in health care

From the different guest lecturer and journal club I understand ethic is a branch of philosophy which deals with values and vices. Ethic in health care is very important because we are dealing with human being and we should always kept in our mind about the autonomy, beneficence, transparency and justice to the people and the ethic depends on the character of people.

Communication skills



Reflection: Communication skills is a powerful message to people in any form of action whether verbal and non-verbal communication through role play, street plays that demonstrate the social problem in the community, pamphlets writing in people language and action through social media like Anna Hazare fighting for corruption motivate people in supporting him as he is the one who advocate on behalf of the people in country and social networking also play a very important role in people participation.

FIELD VISIT AND PROTEST

Vimochna protest

Protest on shifting the burn care unit from the causality ward. Solidarity for patient is what I feel



is a good response for pushing the government to understand about the pain and the suffering of the patient and one thing that I like in this protest is not only shifting but demand from the government to give a proper care for the patient.

One Billion Voices



In this protest what I found that the people who are from Dalits community are raising their voice by demanding justice in respect and freedom from violence through role play like seeking proper health care, Child marriage, respecting in work place for those who involve in construction works and the other women in society. The Dalits women has make their protest through action as when people sees with their own eyes it communicate people mind in a deep meaning

Bhopal gas tragedy

Solidarity for the affected people in gas tragedy in Bhopal for the last thirty years, in this protest while I am listening for the speech giving by different person about the history of the gas tragedy, problem of people who are affected which I feel it was so painful till today many children who are born are affected which is violence of human rights and environment was polluted as the government was not doing and not responding the voice of people.

Blind walk

Participating in blind walk I understand the word “empathy” because when I blind fold myself in black cloth I am thinking where is my world and how I will walk but when the vision impairment people lead us I reflect back each and every individual is unique and have their own talents and abilities and the thing is we need is to improve their skills by giving a proper guidance and support

Rajendra Nagar Slum

It is my first time to visit slum area and in this visit I have seen about the condition of people who are living in slum and through observation the people are lacking awareness on health, sanitation and housing and through the visit I understand about the problems which people are facing in urban slums as well as about the social determinants of health.

Snehadan

It was a very painful moment for me when I saw the children who are at the stage of growing up and need the love and care from parents because of the HIV/AIDS infected they have to be separated from their parents and also faced the discrimination in the society. From this visit I have learnt that awareness to the community is very important so as to prevent people getting HIV/AIDS and I understand the supporting from the family is very crucial and when they get the support they are free from psychological problem and they can maintain their health properly.

FRLHT

Through the visit in Foundation For Revitalization of Local Health Tradition I realize many of the plants which is around our environment and we are seeing in the villages are the medicinal plant in which it help for the minor illness and if we are using these medicine it save the life of many people and also money. I also understand preserving and conserving medicinal plants is very important and also collaboration with the local health traditions.

Seva in Action

This is a voluntary organization working towards developing an inclusive society, and values the abilities and potential of person with disabilities and considers them as contributing members in the society. From this visit I have learned people with disabilities are very talented in creativity work and they are dedicated in their work, I understand appreciation to this kind of people is very important like encourage them to do better and working to work in this field dedication and patience is very important.

Learning from field placement

My first and second field placement was in Bhopal, Madhya Pradesh in the Sathiya Welfare Society organization in urban slum of Indranagar and Meera Nagar in this field work I have to understand about the community and find out the problem in community

Understanding about organization

Sathiya welfare society came into existence in 2003 and has got its legal status on 28th April 2006 under the Society Registration Act 1973. It originated with ten youngsters who focus on empowering the people in the community, fight for their rights and take new challenges in their hands. The area which they focus is mainly developing and capacity building, providing training on livelihood skill enhancement, developing strategic and short term planning of organization. The approaches are mainly the community mobilization, people sensitization and involving the community through participatory approaches and build their consciousness through developing and democratic set up. The organization is not only fighting for the rights of the people but also prepared the community to take their rights by involving them in process of ensuring rights for their brothers and sisters irrespective of belongingness of caste, culture and creed.

Sathiya welfare organization work in five district of Madhya Pradesh that is Rajgarh, Sehore, Betul, Shajapur, Agar and five slums in Bhopal that is Indranager, Meera Nagar, Krishna Nagar, Ichwar Nagar and P.C Nagar.

Sathiya welfare organization has the non-hierarchal organogram in which the head office was in Bhopal and in a team they has the State and District co-coordinator, each staff has their own responsibility for the work and if any problem or difficulties arises they used to consult together in a team.

Sathiya welfare organization work with different disadvantage groups like tribal, rural and urban poor by providing them skilled based on training and linkage them with the market directly. It also attached them with various self-employments which run by the government. It also campaigning to the people on Panchayati Raj Institution, The focus area at presence is Malnutrition, Mother and Child health as these are the major Issues which they are found in working with the community, in the slums now they are focus with the Adolescent and Women

health. The organization has a networking with NABARD in which they coordinate with banks to ensure credits flows among its members and forge better bank borrower relationships in forming SHG and Farmers club. It also forming as a bridge between the administrative facilities on health communities reach facilities and it also working and strengthening the local health facilities providers like Aganwadi worker and helpers, ASHA, ANM, VHSC and Community as well by strengthening their knowledge, capacity building through trainings and providing them information on various health schemes and facilities which are available by the government.

Their Vision is to access Rights for all by ensuring active participation of women and men from the Marginalized sections of society by involving them in a process of decision making on the basis of informed choices and strengthening local self-governance system in reality and their aim is to strengthen and empower the community to demand their rights and community participation.

Understanding about community

History

The people who are migrated to the Indranagar slum are from Maharashtra, Khanwa and Riva. Indranagar slum earlier was thick forest and the Marathi group came to settle in the year 1972 having with four or five houses and one crusher machine which people at that time were going to work during night time. People who lived in the slum invite more relatives to come and settle there and day by day the population is increasing. The owner of the crusher tell the people not to come near that crusher because it will affect their family and the stone will move near to their house but the people move to build houses and settle so, due to the increasing of the population near that crusher it has been transfer to the other place more than fifteen to sixteen years ago. With the standing in elections by P.C Sharma the people support him and after winning an election the slum is getting road, water, school and ration card. With the coming of Prime Minister Indira Gandhi and Chief Minister Arjun Singh they were given lease paper.

Culture

The people are coming from different states and also within the state hence their culture is different and unique as in Muslim community their traditional dress is kurkha and salwar suits,

they married same caste like pathan to pathan, pakhir to pakhir and sayed to sayed. In marriage male wear suits and girl sari, Maher was given as a kind of security from boy side and they believe to Haji, mullah and celebration are Eid, Ramzan and Mohorrom.

In Marathi community traditional dress for men is kurta, dhoti and cap while women sari in a form of dhoti and in marriage men wear suits and women normal sari like Hindu marriage. Their traditional food is Puran puri. Every year on 14/April they celebrate Dr Bhimrao Ramji Amedkar birth anniversary as he was a social activist fighting agianst social discrimination and he also belong to Marathi community and after thirty days they celebrate Buddha Purnima.

Livelihood

The major sources livelihood of people is women involve in Domestic works and Men as daily wage like house painter, electrical shop, selling vegetables and other in government job

Community priorities

Community people first livelihood because livelihood is one of the importance needs to them as without a proper job, people face problem in the family on surviving their life and supporting their children. Secondly they prefer Health because when they have a good health they are able to go for work and support family and lastly they choose Education because if they do not have proper job and due to poverty they cannot send their children to school.

Social problems

Through the interaction with different groups in community the social problems identified are: alcoholism, gambling and domestic violence among the elders, the children especially the boys they do not have good values and character in the society they speak with bad words and they also consume alcohol, eating betul nuts and smoking.

Social Determinants of health-The social determinants in community are (SEPEC)

1. Poverty
2. Sanitation
3. Housing

4. Un safe drinking water
5. Migration
6. Health care services
7. Early marriage

Medical pluralism

The people in the slum are depending on Private clinic as well as the Government hospital which is very far and only at the time of delivery they go to government hospital. In slum I have met one dai who is still practicing traditional birth. During an interaction with her she said that she learnt by herself conducting delivery and she has got the training and certificate from the J.P hospital, the people came to know her when she conducted delivery for one woman in the community and from that time people used to call her to conduct delivery in their house, before delivery time she used to check first whether it is normal or not and whether it is a time for women to deliver otherwise if she cannot handle she used to send them to the hospital; if normal she was doing by her own, she says there are two types of checking, when the pregnant woman's body is hot then it is nearly a time to deliver and when the body is cold it takes time and for payment she never demands she take whatever people give her. She says now there are less people who delivered at home because of the coming of the scheme for the female child that is Ladli Laxmi Yojana. After delivery for the baby the dais cut the umbilical cord of the child with a clean blade which has been boiling in the warm water.

Her husband was affected by a disease which resulted in white spots on his body and it was itching and it spread all over the body right from the head and the disease was of 15 years. He said that he went to the hospital for check-up and the hospital said they have to operate him and they also want to advertise in the media but he doesn't want to involve media as he wants treatment first and family members also did not want him to stay in the hospital as there was no one who would wait for him. The man said that the medicine which he got from the hospital is not helping him so, some other person suggested to him to go to the traditional healers and ask for help from the traditional healer in Khargone. The traditional healer told him to apply the whole body with the leaf of the Neem and to drink that water. Through that his sickness is reduced but the white spots are still remaining, till today he is still taking the help of the Neem and taking bath only with warm water as if he takes with the cool water the disease is more and he never used soap. He also

says he believes in traditional medicine as there no need to buy as he gets it freely from the nature.

Types of Clusters

The people are settling nearby with their family members, relations and also with the group of their own community. The women of Marathi community used to sit together after they had finished their work to discuss their problems together.

Anganwadi Centre in community-There is two Anganwadi in the Indranager slum

- The first Anganwadi was started on 1985
- The second Anganwadi was started on 2007

The aganwadi are rented in which they have no facilities of water, toilet and the room are very small. The children are getting cooked food; they also give iron folic acid to the adolescent and pregnant women.

Schools in the community (Slum)

In Indranagar slum there are two schools one is private school and the other is Government school.

Health institutions/Clinics in community (Slum)

In the Slum there is one Private hospital, two or three private clinic and one DOTs centre. There is no nearby Government hospital but the people used to go to J.P hospital for delivery and only few people went to take medicine as the distance eight kilo meter and the people says it was the waste of time and money as they have to spend the whole day in a long line.

Public Distribution System

Public distribution system was near the 12 no stop in which it takes only five minutes to walk and they used to get ration once in a month like rice, sugar and kerosene.

Government Scheme and projects

Introduction about the hospital

Jaya Parkash hospital is the Mother and Children hospital which has 350 beds and 18 surgeon doctors. They also were running the national and the state program, in which it was announced and initiated as a Baby friendly hospital at the state level, the Baby friendly hospital is a worldwide programme of the World Health Organization and UNICEF launched in 1991. It is a global effort for improving the role of maternity services to enable to mothers to breastfeed babies for the best start in life.

Learning

Breast milk bank is milk which have taken from mother with the help of a pump and stored in Autoclave room for one and two hours to give for the newborn child who are born premature in special care unit. Nutritional rehabilitation centre is a centre for malnourish children and here they counsel the parents about the need of good nutrition they provide special food of 10-15 grams per day to children for 14 days. Lab training skill which was given to the nursing staff and the ANM at the state level and the training are antenatal check-up, neonatal check-up, delivery, management of the first, second and third of delivery, immunization and blood pressure. I have learned about Janani express call centre and Ladli Laxmi Yojana scheme from Madhya Government

Reflection

I was very happy in getting a chance of visiting J.P hospital in which it was very different from the hospital that I have visit in my own state.

Through the visit of different unit it makes me reflect that this hospital is serving in saving the life of mother and child as I have seen in the intensive care unit of a new born baby and how the staff was giving care and protection to them.

With the help and responsibility of the aganwadi worker to refer to Nutritional Rehabilitation Centre those children who are malnourished has saved the lives of many children.

Urban setting

In urban setting with the 74th Amendment 1993 there are three urban local bodies that is Municipal corporation, Municipality and Nagar Panchayat. In Municipal corporation there are ward body like Maulat Samitee and councilor. The councilors are elected by people and the role and responsibilities of the Municipality is to look after the welfare of the community like construction of road, water supply, sanitation, sewage dumping. In the urban there is no structure for health care like in rural areas; they have the district hospital and dispensary.

In Meera Nagar community people are having access to water, electricity, mobile, roads, and television and they also have temples. The major problems which the people are facing are sanitation, poverty and improper dumping of waste because of which health and hygiene are poor. I have also learnt about the problem of adolescent girls- gender discrimination is still existing in the mind of the people and this starts within the family itself so it affects the growth and development of the adolescents physically and mentally, adolescent are lacking awareness about health and hygiene during the menstruation and most of them find discomfort with themselves and they are not getting health education in school, they eat less nutritious food and drink less of water, the adolescent are not aware about the important of Iron Folic Acid tablets. Most of the adolescent boys are drop out and they are involve in substance abuse like smoking, alcoholism, sniffing whitener and eating gutka. I also leant about the ARSH program which they involve the services of Counseling on menstrual hygiene, management of menstrual irregularities, anemia, and tetanus toxic for pregnant and adolescent girls, contraceptive adolescents program, counseling and services for termination or unwanted pregnancy, RTI/STI and HIV/AIDs preventing education and management, counseling on problem of sexual and the scheme of the adolescent.

I learned about the work of Gauravi centre in Jay Prakash hospital in Bhopal, Madhya Pradesh. In this center the victim seek help by coming to the center or calling by toll free number 18002332244, the organization help for the victims of rape, dowry harassment, medical aid for Domestic violence, help in filing First Information Report (FIR), provide legal advice and psychological counseling in which there are two counselors. Now there are around 800 people from 13 districts and 4 states accessed the centre. 13 cases have been filed in the fast tract court and it is run through confidential. M.P was the state which rape cases happen regularly and

around 12 such cases occur every day. The common cases for domestic violence are women raped, poisoned and burnt. I learnt about Adolescent friendly clinic and its works with a counselor giving counseling about teenage pregnancy, taking of iron folic acid, family planning. The center collaborates with the different Non-Government Organization like Angan trust and Bachpan, ASHA/USHA in Bhopal in which from here they used to give awareness and having discussion in the community and school about life skills education, career counseling, health and hygiene, menstruation, early pregnancy, unsafe abortion and consequences and they used to do the followed up programme through phone. I have learnt about the program run by helpline center for adolescent from 10-19 years, in this center in a day they receive 50-60 calls and most of the calls are from boys. The problems which adolescent are calling are due to relationship problem, study pattern, family issues, suicide cases, substance abuse and personal problem. The staff they used to go to the field for conducting programs in school and slums and they used to do the followed up through phone. My reflection is the services provide in the J.P hospital has benefitted a lot and save the life of people like adolescent who have been guided in a good time. Through helpline or face to face interaction has empower women in many ways and the center is really helping especially for the poor and uneducated person to file the FIR for any problem which make their life worse.

I have learnt in making logical framework analysis which is a very important tool I will be using in future when start working. The organization was running education centre in the slum for the school dropout and two staff they used to go and teach the children about the different subject and also encourage the adolescent to write their own story to improve their reading and writing and apart from that they also give awareness about the important of nutrition, health and hygiene through this I have learnt women and adolescent are very interested in completing their education. From my part when I was in the centre with I used to teach simple English and the adolescent were very happy and through observation I find girls are very intelligent and they are very fast in learning new things.

My third field work in Bethany Society in which I was placed in Mawkyrwat South West Khasi Hills, Meghalaya.

About Bethany Society

Bethany Society is a not for profit, secular, registered, charitable society established in Mendal, East Garo Hills, Meghalaya in 1981, under the vision and inspiring leadership of Sister Rosario Lopez.

Their dream is of an earth fully alive, wherein everyone enjoys fullness of being, they work towards forming partnership with people, communities and resources so as to create opportunities to empower, enhance dignity and lead to security of health, food, livelihood and shelter in a sustainable manner. They are working with people in vulnerable situations such as persons with disability, children, youth and women living in extreme poverty, particularly those living in the remote areas, they are working in North East India and the major focus is Meghalaya. To fulfill their dream they value excellent collaboration, interdependence and networking.

Their strategy is

1. To organize programs on disability which are inclusive, barrier free and rights based, using the Community Based Rehabilitation (CBR) approach.
2. To create sustainable livelihoods, particularly among rural communities, through application of appropriate technology and promotion of micro-enterprises.
3. To develop an attitude of stewardship towards the earth and diverse stakeholders.
4. To create and join networks for greater impact.

The names of their various projects and the locations are

1. Hostels for people with persons of disability in Shillong and Tura
2. Jyoti Sroat School in Shillong
3. Roilang Livelihood Academy in Shillong
4. Community Based Rehabilitation (CBR)
5. Sustainable Rural Livelihoods
6. Training Non Government Organization personnel in mainstreaming disability

7. Promotion Mental Health across Meghalaya
8. Reduction of Emission from deforestation and forest degradation(REDD)
9. Promoting conservation through livelihoods
10. Promoting Braille Literacy in North East
11. Eye screening and medical intervention for eye services in Meghalaya
12. Caring for the aged

Learning's

From this field work I have learnt about the work of Bethany Society and community based rehabilitation program in which they focus on health, education, livelihood, social inclusion and empowerment issue within the community like forming Self Help Group for person with disability and through this group people are benefitting in supporting themselves and family. They also give training the people in tailoring and weaving. I also learnt about the importance of home based intervention which makes people independent through various techniques and also using the available resources in community. I learnt mental health is an area which more intervention is needed to make the people aware about the sign and symptoms and to take prevention early.

Reading

1. Where there is no Doctor
2. Public Health Resource Network the main streaming of women's health reproductive and child health module for health worker female(ANM)
3. Taking sides by Dr C.Sathyamala et.al Year: 1986
4. Article on adolescent health

My inside learning

1. Equity
2. Empathy
3. Personal development
4. Integrity
5. Health Management
6. Values
7. Communication skills
8. Listening skills
9. Celebration

Research

“A study on the economic and social challenges faced by women with disability and their experience of accessing the available government service in the villages of Mawkyrwat, South West Khasi Hill, District Meghalaya”

Research question

What are the social and economic challenges faced by women with disability and their experiencing in utilizing the government services?

Background of the study

Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional development or some combination of the above. Disability may be present from birth or occur during a person's life time.

According to the World Health Organization Disability is *an umbrella term, covering impairment, activity limitation, and participation restriction. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while participant's restriction is a problem experience by an individual in involvement in life situation. Thus Disability is a complex phenomenon, reflecting an interaction between features of a person's and features in which of the society he or she lives*

The WHO estimated that more than six hundred million people across the globe live with disabilities of various type due to chronic diseases, injuries, violence, infectious diseases, malnutrition, and other causes related to poverty. It also says people with disabilities are subjected to multiple deprivations with limited access to basic services, including education, employment, rehabilitation facilities. Over the world social stigma plays a major role in hindering their normal social and economic life.

According to the census 2011 they have had been collected eight types of disability that is in seeing, hearing, speech, movement, mental retardation, mental illness, multiple disability and other. The population of disabled people is 26,810,557, male population is 14,986,202 and

female is 11,824,355 which show population is higher among males and most of the disabled person are living in rural areas.

In a study conducted by Disability Employment Initiative of Shishu Sarothi and Tata Institute of Social Sciences, Mumbai it was found there is an inadequate rate of employment among people with disabilities in which 83 per cent of people with some form of disability were unemployed. The study was conducted in Tinsukia and Kamrup in both rural and metro districts of Assam and many districts in Meghalaya of East Khasi and West Khasi hills.

Rationale

Women are the vulnerable group in the society in which they have many responsibilities which they have to fulfill. So I choose to conduct study to know more about the problems faced by women with disability and the challenges they are facing in the family and the society. The studies also aim to know the government scheme implemented in the community and utilization by the people.

Objective

1. To assess the economic and social challenges faced by the women with disability
2. To assess about the level of awareness regarding the services schemes for people with disabilities and their experience of utilization of it

Methodology

- Study method-Descriptive study
- Study design- Qualitative study
- Sampling design-Non-probability method with purposive sampling
- Study period- From 22/September to 14/November 2014
- Study population-Women with disability
- Study Area-The area of the study is in the villages of South West Khasi Hills District
- Data collection-The study include in-depth interview with ten women with disabled from 20-43 years of age
- Tools of data collection- the study used an in-depth interview guide and the recorder
- Methods of data analysis –the method of data analysis is Atlasti

- Ethical aspects- informed consent was obtained prior to the interview and confidentiality of participants maintained

Results

Description about the study

The respondent for my study are from the age 24 years to 43 years, seven of them are married and the family size ranges from one to twelve members and is a mixture of joint and nuclear families. In my study I have taken people with physical, vision and hearing disability. The history of illness resulting in disability is of multiple reasons with some of women disability due to sickness which their parents or aunty are not able to identify and for which they have not taken early treatment. In the others disability is present from the time of birth.

Economic challenges

Occupation

From among ten participants six women are practicing different occupation like agriculture, rearing cattle, working as government servant and domestic work, one is student, and three of them are doing home base activities and their husband is only the bread owner of family and their income is 250 to 350 per day. For other participants who are working their income are from one thousand to five thousand rupees. Four women are satisfied with payment as one woman said I am satisfied with what I earn, two women are not that much satisfied with payment and said it was benefitted little bit like spending at home for buying thing for daily used and for medicine. The other women said she is not that much satisfied but through the ASHA association we are searching for a better step to get better salary.

P1: If my husband go for NREGS work we cannot manage as payment is less and it takes time to get the payment(she looks so sad) and he go as daily labourer and from that payment also only 350 (sound is very soft) per day. It is difficult to manage the whole family.

P3: I feel it was less and sometime distress and find difficulties as I have many children and I had to spend for education but cannot help I have to satisfied (sound very soft)

All the women are involved in various training like vocational training which they get from various departments and non-government organization. Through the training women have got so

much benefit for themselves and two of women still continue to earn and support their families through weaving and stitching by the machine which she buy from the stipend money. She said

it was very helpful as I manage to do by myself for stitching clothes for daily used and going to church for my children's instead of giving to others.

Another woman who has vision impairment said

through education and training which I have receive from Shillong now I am confident and I am not feeling shy to speak with people, I am able to faced people and knowing something from vocational training, I am able to earn my livelihood and now in the village most of the people are knowing me.

Another women who is an ASHA facilitator of Mawkyrwat and has got training on water conservation, on HIV/AIDs from Meghalaya Aids Control society, Shillong, ASHA training, T.B training ,broom weaving sponsored by DRDA in Mawkyrwat, doing the foundation course in Fernando said “*all trainings have benefit me and also to the society as a whole*”.

Engagement in self-help group and benefits from a group

Most of the women whom I have interview are involved in self-help groups and with the joining in the group they gain benefit in term of supporting one self, family and each other in their group like in applying disabled certificate for the member in a group as

P 5...says I feel very happy because I get benefit from the group and through the group I get Chief Minister Pension scheme

P 8... say It has benefit a lot in which I got to save money for family and future, and also for buying pig and chicken for rearing at home to support the family.

Social challenges

Discrimination from family

Three respondents are facing discrimination in their family through words and they are isolated from other people when others visit their home as one of the respondent said *my sister used to say you are “foolish”*, another respondent say she is facing discrimination but after sometime she says she is not facing.

Another respondent says

before they used to discriminate but for now I never find as before if anybody come at home they put me in other room as they are feeling shy but now in the church I get a chance to read bible with the help of the braille

As for other seven respondents, their families are taking very good care of them and understand them as two respondent said

P1: No...All my children respect me and obeyed me

P 8: No...my family they give a special care and support me very much and even now I have a child but always they are beside me and they never grumble when I work for the community and I thank God for what I am now was because of his love.

Discrimination from community

Of ten respondents, six of them are not facing any discrimination and four of them are facing discrimination from community by words and are not allowed them to participate in durbar as the respondent said

P1: There are so many people who are jealous which I heard by my own ears but I do not want to throw words

P5: I always thinks that people are looking down at me because I was not like them and for other they give and for me they are not given and I hope when next durbar come I will get a chance

P10: No...the people they love and respect me and they used to discuss together if they have any problem but the problem is from the headman of the village he does not understand me and the other People with disability

No discrimination in health care

All respondent did not face or come across any discrimination in the hospital they are getting good response from the people in the hospital and also from the health care provider as

P3: No...they are good and they are not partial, they do the same as in the rural area they are still understand

P9: they treat very well and for medicine and check-up I get half rate

Schemes

Knowledge on schemes

From ten respondents nine of them have knowledge on scheme given by the government like Chief Minister scheme, four on Indira Awas Yojana and two of them has B.P.L card but the other do not have B.P.L, one respondent has no knowledge about the scheme and also because she did not applied yet the disable certificate. The respondent said

P1: the Chief Minister pension Scheme for people with disabilities and we used to get 6000 in a years from the ICDS office

P10: I have got Only Chief Minister Pension scheme as I have Disability certificate

Benefits and utilization of schemes

The respondents says schemes benefits them very much and the participants utilize the schemes in supporting family and themselves as two of them said

P3: For the money I used to save in the Bank as one of my elder child is studied in class eleven and the other two in class eight and nine. So, during the opening of the school I withdraw that money for the purpose of school fee and buying books, with that money it helps to save on the daily expenses but that also for the future to come I have less saving.

P9: I spend for the needs in the family like repairing the house and searching for medicine as I want to be pregnant and I want to have my own baby and for money that I get I used to save in the bank for my future as I do not know how my future will be.

Discussion

The women are facing economic challenges directly and indirectly as the women who depend earning on of their husband are finding difficult in supporting their families and even the working women are finding little challenges but the women have been supported and empowered through self-help group and vocational training.

P1: The first challenges in my life is I find difficult in sending my children to school as I was uneducated and I cannot prepare well them for study and to work with my mind and body also is difficult as with what I will manage and sent for higher education I cannot afford and give them only meals (she talk in a soft words)

P5: as women who work as a daily labourer sometime it is very difficult to give what the children wants but as much as possible I used to give them by lending from the shop which is in community and give back when I get the money

Discrimination is one of the major problems in the society, in my study I found less women face and experience discrimination from family and community and the entire respondent are getting respect from the health care system as one of the women said in our culture especially in rural area people are still having a sense of understanding. When I was interacted with the headman of the village and asked about the behavior of community people towards people who are disabled he said before people used to discriminate but now people rarely will discriminate about person with disability and he also said for now they are planning to include women in the durbar as he saw women are empowered with their work.

From the family most of the women are not facing discrimination as through observation I find the family are supportive and through their response with the confidence voice they said they are not facing any type of discrimination and for those who are staying with their parents and the earning for family in time of difficulties and problem their brothers and sisters who are married and staying with their own children they also support and contribute to the family. One woman who was married and had a child staying with a family said her mother and family members give a full support for her.

The scheme also is one of the assistance in supporting for people with disabilities. The participant are aware about the scheme which all of them are knowing about Chief Minister pension scheme and housing scheme and through this scheme the women are benefit so much as half of the things which they need to support at home with the getting of the scheme they are able to save for future.

Conclusion

From the study positive and negative result is seen: related to economic challenges the participants are partly facing challenges in supporting their family due to less payment and also their husbands are only bread winners but when it come to the benefits from the training and being involve in self-help group all women are able to support themselves and family. The participants as not facing much discrimination as they are being respect by the family and with regard with the scheme they are getting benefits and to conclude the people are empowered with the support of Bethany Society through the projects of community based organization (CBR).

Reference

http://www.censusindia.gov.in/2011census/population_enumeration.aspx

www.who.in/topic/disabilities/en

5th National Bioethics Conference

Theme –Integrity in health care, and research

1st day-Parallel session

Topic-Ethics and reproductive health

Dying to give birth-

The Sama Foundation Organization was given a talk on Surrogacy in which she says the Surrogate womb as bio capital which the baby she is carrying in her womb is not her but for the others fulfillment. She share about their research in South Delhi Infertility clinic which 2500 promise for donating her eggs for a Surrogacy process in which a 26 year old woman died while trying to give birth to someone else dream.

Learning's-

I learned about Surrogacy process in which it is my first time to heard that is like an industry which the women come because of the financial problem and due to this that some of the women dies in giving birth for other needs which is un ethical to the body of the women as the compensation of money also is not getting if they are not produce a healthy baby like disabled child which affect the life of the surrogacy mother later and another problem for surrogacy mother after delivery they are not getting the child which she has carry for nine months and no proper breast milk to the child, no love and affection between the surrogacy mother and the child. I have learnt criteria for selection for surrogacy is 21 year the youngest and 34 years the eldest according to the norm of India only two child has to be produced but due to financial problem some surrogacy mother have come for the third and fourth time and also the surrogacy mother has been not informed or given a proper information for the time of delivery and consent that it is not her child and also that she cannot produce her own egg but through the donation of others and till now there are many challenges for the surrogacy mothers people think they are the sex workers.

Reflections:

This session is very helpful and painful to me as I understand about surrogacy and why women undergo for surrogacy, the merits and demerits of it in which for the surrogacy mothers there are more problems in the form of earning at home and also affect her physically and mentally when they have to undergo the pain of carrying baby without their own production and face many

challenges in the surrogacy process and abortion when they produce an unhealthy baby which has killed the value of the women and they are not thinking of their health because of the money in protecting the interest of the industry and doctors.

Parallel workshops-

Topic-Preventing over diagnostic: Targeting the drivers and harms of too much medicine

Dr Anita Jain was introducing about the concept of over diagnostic through four types of question that is what is over diagnostic, what are its drivers, what are the consequences and what can we do about us To get the answer of these four questions she has divided into various groups in which first we have to write about one problem which we have experience in taking unnecessary medicine or unnecessary checkup which through a group we have finds out the drivers and the consequences by each and every person have experience and see in their life.

Leanings

The drivers of over diagnostic are Doctors them self in which due to inadequate knowledge doing unnecessary test and prescribing unnecessary medicine to the patient, secondly from the patient side in which some parents force the doctor to treat and cure the patient or sometime the ignorance of the patient, thirdly hospitals like private they treat people for their own business and also lack of accountability to the people, fourthly media also play a role through wrong advertisement which motivate the people to use it. Through the group discussion I understand that over diagnostic is not only doctors problem but through multi problems which created by the individual itself and also private companies.

Reflection:

It is unethical as over diagnostic harm the patient and increase health care costs because doctors conduct unnecessary x-rays and some doctors are unaware about the illness of the person and also think only the benefit of earning money but not the condition of the patient. The people also should get the correct information from the other people who has the knowledge and to be aware and updated with the world before going for consultation and checking of medicine and be always question in the upcoming of advertisement in media.

2nd day-Parallel session

Topic: Clinical ethics

Ethical dilemmas in genetic counseling-

Genetic counseling is a process by which patients or relative at risk of an inherited disorder are advise of the consequences and nature of the disorder, the probability of developing or transmitting it, and the options open to them in management and family planning, it also involves making used of the medical data to come to a diagnosis, it also define the role of heredity in the said disorder and give probable risk of recurrence, consider the various alternative option that may available and also make the patience understand their problems and to chose option available. The Genetic counselor from St Join in her presentation discuss about the components of genetic counseling like Diagnostic in which they discuss and record the history of the patient and family members, they discuss risk assessment ,they communicate with the other department staff ,they discuss about the different option through non directive counseling asking parents consent and decision but counselor only guide and direct the patient and then long-term contact and support are followed up by the counselor to the patient. She also given the case study of the congenial hearing loss in which they have not done the prenatal diagnostic and affect the baby and the dilemma is that due to chromosomes up normality of both the parents, the finding of the history is that the people are not aware of the problem they have. Some of the dilemma of the counselor is the people not knowing the proper diagnostic they do not know about the cause and they come late, secondly time factor, thirdly economic factor in which expensive of test and lastly limited centre who are doing the test.

In thee I Trust-A survey of trust in physician in Tamil Nadu

Vijayaprasad gave his presentation a study on trust in physicians in Tamil Nadu in which he says why they study trust and he present the answer trust is a value of health care so the study was done to develop a conceptual understanding of the dimension and determinants of trust in physician in resource poor developing health system setting .he says in the study he involve a qualitative explorative of trust in physician in which there are broad dimension of people in trusting physician like assurance of treatment ,a sense of confident, willing to accept the drawback like patient and doctor relationship, respect and trust between to the patient and loyalty of patient to go back to the same doctor, he also said they involve development of scale to assess trust in physician by quantity trust through Likert scale 1-strongly disagree and 5-strongly agree and implement factor analysis through factors influencing trust in physician were group into five components of the factor analysis namely shared identity, behavior of the physician, personal involvement of the physician, simplicity and comfort. In the discussion of the study

communication and behavior competence seem to be corner stone of healthy physician trust relationship.

Leanings:

From Ethical dilemma in genetic counseling I have learnt integrity from the counselor has been kept confidential as they have used Non-directive counseling in asking consent of the parents and patient and also give option to the patient, the counselor only guide and direct the patient and it is my first time that I know about the available of genetic counselor.

From the study of trust in physician in Tamil Nadu I Have learned people who are involve in the study are closely connected to their physician as from the physician behavior they has build trust and honest with their work in deliver health care services to patient which show a strong influence of trust from the patience and the patience also are closed to the patient without any discrimination.

Reflection:

Through these two presentations on clinical ethics it teach us in giving services to the people through various form like counseling or treatment we have to keep the value of the person in making right choice and decision for the patient so that it will not harm them physically, socially, mentally and economically and allowed the patient to speak and take decision but not to suppress them. The value of trust is very important in each individual as it build a good and close relationship in understanding the difficulties and problems of people.

Workshop

Topic-Clinical ethic case consultation

Learning's:

From the presentation given by Robyna Irshad Khan, I have learned about that in Aga khan University hospital they have a consultation form which they make and keep all the record of the patient and who take the decision when any serious case of patient arise. I also understand the importance of clinical ethic consultation in which the doctor need to consult with the ethical committee in identifying, analyzing, and resolving ethical issues arising from the patient or relative side coming with a serious illness and coming from a low income family in which they cannot afford the treatment but the patient at that point of time needs to survive and also there are some case with the disease cannot treat in which through the consultation the doctor take the decision and later consult with the family member and the family member take the decision.

Through her presentation and discussion with the people in the session I have learned taking decision in case consultation is different from Pakistan and India in which in India when it come to decision the family has to decide.

Over all learning

1. I understand on how the body of people has been displace in different form like Bhopal Gas disaster in which many people have died and till now people are suffering
2. Through the short plays it show that how the doctor treat the patient without asking or well examine the problem which the patience have but interesting only prescribing medicine which unnecessary and not suited to his illness.
3. In Doll exhibition I was so touch by the different picture in which one picture it show how poverty affect the health as the mother taking the baby together for agriculture, it also depicted about domestic violence and alcoholism
4. Dualism of human being in the body which is physical realm and the mind involve in mental realm. I learned about divergence of technical and human which the physician world is looking about disease, biology and science of facts, objective reality, pain, and to cure which is very different from patient world like he experience in illness, experience in motions, subjective reality, suffering and care
5. Integrity in women health has violated as the case in Bilaspur Chhattisgarh

Feedback: Through National Bio Ethic Conference I understand the important of Integrity in health care by listening to various presentations which now I realize honesty should start with the small thing in respecting other dignity.

Conclusion

In one year fellowship program I understand clearly about community health and also in working with the community we should not go as a professional but as a learner from the community and this will be the bonding of people in the community and always think as my community. In the years to come I will always remember the tap turner off rather than mopping the floor. Through the theory which I get from I was apply in the field in which I have learnt and experience in various area with different culture of people and understand the health condition of people in different community.

Photo gallery



Housing in Indranagar slum in Bhopal



Workshop on adolescent health in
Pastoral center in Bhopal



Interaction with adolescent girls in Meera Nagar slum



Activities of Adolescent on health and



Interview the women with physical disability



Interview the women with vision impairment



Home based intervention with the staff of Bethany Society, Shillong.

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